Children's Clinic

Trusted by Families for Generations

(406) 281-8700
3401 Avenue E, Billings, MT 59102
1232 N. 30th Street, Suite 100, Billings, MT 59101

Index

Contact Info	2
Meet Our Providers	3
Visit And Immunization Schedule	5
Children's Clinic Patient Handbook	6
Guide For Post Circumcision Care	15
Programs At The Children's Clinic	16
Lactation Resources	17
Postpartum Depression	20
Proper Handling Of Breastmilk	21
Other Breastfeeding Resources	22
Infant Formula Feeding	23

Contact Info

Main Phone
(406) 281-8700

Main Fax
(406) 281-8708

Website
www.childrensclinicofbillings.com

CHILDREN'S CLINIC WEST END

3401 Avenue E | Billings, MT 59102
(Across from Ace Hardware and Billings OBGYN on Zimmerman Trail)
Hours: Monday through Friday - 8am to 5pm | Saturday - Closed | Sunday - Closed

CHILDREN'S CLINIC DOWNTOWN

1232 North 30th St., Suite 100 | Billings, MT 59101
(Lowest level across from the main entrance to St. Vincent Hospital)
Hours: Monday through Friday - 8am to 6:00pm | Saturday - 8am to 5pm | Sunday - 11:30am to 5:30pm

Weekend same-day availability may end early - call ahead to confirm appointment availability.

www.childrensclinicofbillings.com

Meet Our Experienced Providers!

TERESA BLASKOVICH, MD, FAAP

Dr. Blaskovich earned her medical degree from the University of Washington and completed her pediatric residency at Phoenix Children's Hospital. She is board certified in pediatrics and has been part of Children's Clinic since 2017. Known for being thorough and unhurried, she has particular interests in newborn care, inpatient pediatrics, and teen and women's health. She is a Montana native and mom to one son.

KYLE BODLEY, DO, FAAP

Dr. Bodley earned his Doctor of Osteopathic Medicine from Kansas City University of Medicine and Biosciences and completed his pediatric residency at Rainbow Babies & Children's Hospital in Cleveland, Ohio. He is board certified in pediatrics and has partnered with Children's Clinic families since 2011, where he is known for his relaxed style, warm humor, and knack for putting kids at ease. He is married with three children.

GORDON COLLETT, MD, FAAP

Dr. Collett received his medical degree from the University of Utah Medical School in 1986. He completed his internship & residency at the University of Missouri jo & joined Children's Clinic in 1989. He is board-certified, a member of the American Academy of Pediatrics, & is married with six children.

JESSYCA CRIPPS, MD

Dr. Cripps earned her medical degree and completed her pediatric residency at Texas Tech University Health Sciences Center in 2026, and holds an MPH from Northwestern University. She joins Children's Clinic in September 2026, with special interests in preventive care, infant feeding, and lactation support. She is married with two children.

DANI GILLASPIE, DNP, PMHNP

Dani earned her BSN from Montana State University and later returned to complete her Doctor of Nursing Practice in 2021. She is board certified as a Psychiatric-Mental Health Nurse Practitioner and joined Children's Clinic in 2022 to help launch its behavioral health program. She provides medication management and connects families to community resources, seeing patients at the West End clinic and via telemedicine statewide.

TANYA JAGODZINSKI, MD, FAAP

Dr. Jags earned her medical degree from the University of North Dakota School of Medicine and completed her pediatric residency at the University of Wisconsin. She is board certified in pediatrics and has cared for Children's Clinic families since 2007. Known for being thoughtful and thorough, she has clinical interests in sports medicine and infectious disease. She is married with three children.

NICK LARSEN, MD, FAAP

Dr. Larsen earned his medical degree from Creighton University and completed his pediatric residency at Children's Mercy Hospital in Kansas City, Missouri. He is board certified in pediatrics and joined Children's Clinic in 2024. He has particular interests in weight management, sports medicine, and newborn care. Outside the clinic, he enjoys hunting, golfing, and skiing with his wife and child.

Meet Our Experienced Providers!

CHELSEA LUNDGREN, CRNP

Chelsea earned her nurse practitioner degree from Frontier Nursing University in 2021. She joined Children's Clinic in 2024 to lead the practice's Adolescent Health program, bringing prior NP experience in endocrinology and psychiatry to the role. Chelsea is board certified and is known for taking the extra time to make sure both teen patients and their parents truly understand the plan of care. She is married with four children.

MEGAN POSER, FNP-BC

Megan earned her nurse practitioner degree from Gonzaga University after previously working as a peds and PICU nurse at St. Vincent Healthcare. She is board certified and has worked as a nurse practitioner in pediatrics since 2016. Megan joined Children's Clinic in 2022, where she's known for never rushing through a visit – taking the time to answer every question and putting kids at ease. She is married with two children.

DAVID STANDISH, MD, FAAP

Dr. Standish earned his medical degree from Creighton University School of Medicine and completed his internship and residency at Phoenix Hospital. He is board certified in pediatrics and has been part of Children's Clinic since 1989. Known for being straightforward and informative, he has built decades of trust with Billings families. He is married with two children and a proud grandfather.

KATE YAPUNCICH, MD, FAAP

Dr. Yapuncich earned her medical degree from Creighton University School of Medicine and completed her pediatric residency at the Mayo Graduate School of Medicine, and is board certified in pediatrics. A Billings native, she returned home after nearly two decades practicing outside Montana, joining Children's Clinic in 2018. She takes a practical, evidence-based approach and collaborates with families on decisions. She is married with four children and nine grandchildren.

MARISSA YEPEZ, FNP-C

Marissa earned her nursing degree from Texas A&M University, working as an RN in cardiac and Level IV NICU units before earning her nurse practitioner degree from Texas State University. She is board certified and has worked in outpatient pediatrics since 2019, joining Children's Clinic in 2023. Marissa is known for taking the time to listen and explain, and provides comprehensive care to patients from newborns through teens.

SHANNON YONTS, MD, FAAP

Dr. Yonts earned her medical degree from the University of North Dakota School of Medicine and completed her pediatric residency at Primary Children's Medical Center in Salt Lake City. She is board certified in pediatrics and has been part of Children's Clinic since 2012. She is known for taking the time to truly listen so families feel heard and know their concerns matter. She is married with three boys.

LESLI GOULD, BA, IBCLC

Lesli is an International Board Certified Lactation Consultant® (IBCLC®) & Certified Lactation Educator (CLE) specializing in education & clinical management of breastfeeding. Lesli works closely with the Children's Clinic doctors & parents to help facilitate the breastfeeding relationship between parent & baby. Lesli is married & has three kids & one grandchild.

Schedule of Recommended Preventative Care Visits & Immunizations

1 Week: (2-3 Days Post Discharge from the Hospital)
Lactation Care is Provided - Beyfortus (RSV Dose 1 of 1, if not administered in the hospital)*

2 Weeks

2 Months:
Pediarix (DTaP Dose 1 of 5, IPV Dose 1 of 4, HepB Dose 1 of 3) - Hiberix (Hib Dose 1 of 4) - Prevnar 20 (Dose 1 of 4) -Rotarix (Dose 1 of 2)

4 Months:
Pediarix (DTaP Dose 2 of 5, IPV Dose 2 of 4, HepB Dose 2 of 3) - Hiberix (Hib Dose 2 of 4) - Prevnar 20 (Dose 2 of 4) - Rotarix (Dose 2 of 2)

6 Months:
Pediarix (DTaP Dose 3 of 5, IPV Dose 3 of 4, HepB Dose 3 of 3) - Hiberix (Hib Dose 3 of 4) - Prevnar 20 (Dose 3 of 4) - Flu/COVID**

9 Months

12 Months:
MMR (MMR Dose 1 of 2) - Havrix (HepA Dose 1 of 2) - Prevnar 20 (Dose 4 of 4)

15 Months:
DTaP (Dose 4 of 5) - Varivax (Varicella Dose 1 of 2) - Hiberix (Hib Dose 4 of 4)

18 Months:
Havrix (HepA Dose 2 of 2)
(must be 6 months from Dose 1)

2 Years: Havrix (HepA Dose 2 of 2) (if not given at 18 month check)

30 Months

3 Years

4 or 5 Years:
Kinrix (DTaP Dose 5 of 5, IPV Dose 4 of 4) - ProQuad (MMR Dose 2 of 2, Varicella Dose 2 of 2)

11-12 Years:
Gardasil (HPV Dose 1 of 2) - Boostrix (Tdap Dose 1 of 1) - Menveo (MenACWY Dose 1 of 2)

16 Years:
Menveo (MenACWY Dose 2 of 2) -- Bexsero (MenB Dose 1 of 2)

DTaP - Diphtheria/Tetanus/Acellular Pertussis
Tdap - Tetanus, Diphtheria, & Pertussis
Prevnar 20 - Pneumococcal Disease
MMR - Measles, Mumps, & Rubella

RSV - Respiratory Syncytial Virus
MenACWY - MeningococcalACWY
Varivax - Varicella (Chicken Pox)
HPV - Human Papillomavirus

Hib - Haemophilus Influenzae
Hep A - Hepatitis A
Hep B - Hepatitis B
Men B - Meningitis B

Rotarix - Rotavirus
IPV - Polio

Beyfortus is a drug that acts as a preventative antibody, giving protection against respiratory syncytial virus (RSV) that a baby's immune system cannot yet provide on its own. It may be administered during RSV season (fall to spring) in a child's first RSV season. Certain populations may receive a second dose in their second RSV season.

Flu vaccine may be given starting at 6 months, then annually. If the 1st dose is given before 8 years of age, then a booster is needed at least 1 month later. COVID vaccines may be given starting at 6 months. Talk to your provider about the appropriate timing for your child.

A second dose of HPV is required 6 months after the first. This can be delivered at a nurse-only visit. If the HPV series is initiated on or after age 15, three doses are required. The second dose should be given 1-2 months after the first dose, & the third dose should be given 6 months after the first dose.

A second dose of Men B is required 6 months after the first. This can be delivered at a nurse-only visit. Bexsero (Men B) may also be administered as a 3-dose series to patients ages 10 & up at 0, 1-2, & 6 months. Talk to your provider about the appropriate timing for your child.

Children's Clinic Patient Handbook

Welcome to Children's Clinic! Thank you for choosing us to be a part of your child's healthcare team. We look forward to working with you to make sure your children receive the care they need to help keep them healthy & happy. Our goal is to provide & maintain a good provider-patient relationship.

OUR MISSION

We are highly-trained providers & staff who deliver comprehensive, patient-centered, & confidence-inspiring care from birth through our patient's teenage years.

Our practice uses evidenced-based guidelines to provide personalized primary, preventative, & health maintenance care as well as access to various specialty services. We also fully coordinate care for patients with disabilities, chronic illnesses, & other complex medical conditions. We hope the information provided here will answer many of the questions you may have about our practice.

TYPES OF PRACTICE

We provide comprehensive well child & acute sick medical care to patients from birth through 21 years of age. While we schedule all Sick visits (versus using a walk-in model), we are your urgent care! We have same-day sick visits, including visits after 5 pm on weekdays as well as Saturday & Sunday appointments. All our outstanding general pediatric providers deliver care for infants, children, & adolescents. You can learn more about our providers on our website: https://www.childrensclinicofbillings.com/about-billings-clinic-pediatrics

Each of our providers are board-certified in their specialty (pediatrics, family practice, & psychiatry) & are knowledgeable of community resources & regional subspecialists to provide your family with comprehensive, coordinated care.

GROUP PRACTICE

Children's Clinic is designed as a group medical practice. While we encourage you to select a Primary Care Provider (PCP) by your third visit to our office, there may be times when your preferred provider is unavailable. Fortunately, we will then be able to schedule you in with one of our other great providers so that care does not have to be postponed. Although we try to be accommodating to patient preference & provider availability, we suggest that patients be willing to see any provider available for urgent (sick) care. Our electronic medical record enables all of our providers to access information about your child's health & current treatments, regardless of which location you go to or which provider you see. It is your prerogative to wait for an open appointment in your PCP's schedule for follow up & routine appointments. However, please understand that there may not be an opening for a few days or weeks, depending on your appointment request & that provider's schedule. We do pay close attention to our provider's accessibility, however, & work hard to ensure that you can get in to see the provider you choose within a reasonable time frame.

CLINIC HOURS

Kids do not stop getting sick at 5:00 p.m. on Fridays! Knowing this, Children's Clinic is staffed by a pediatric provider 7 days a week. We also have extended hours on weekday evenings to accommodate the acute care needs of our patients.

Monday - Friday:	Saturday:	Sunday:
8:00 a.m. - 6:00 p.m.	8:00 a.m. - 5:00 p.m.	11:30 a.m. - 5:30 p.m.

APPOINTMENTS

Our patients are seen by appointment only. While we serve as your home for sick visits & offer urgent care appointments, we prefer scheduling those sick visits versus a "walk in" model. That way, you do not have to wait hours in a waiting room around other sick kids if a handful of patients walked in at the same time.

We reserve appointment slots each day for scheduling same-day sick visits & we vary the number of reserved appointments by day of week & season of year to make sure we have appropriate availability. Well child, medication recheck appointments, & other non-acute appointments sometimes are scheduled out several weeks, so when you can plan ahead, we encourage you to call in advance to get your appointment on the books.

Additionally, some visits require more time than others. To make sure we set aside enough time to properly care for your child, please provide appropriate information to the receptionist upon scheduling your appointment if your child has a detailed problem (such as ADHD, learning disability, or is in need of a procedure or immunization).

Saturday & Sunday appointments are generally not prescheduled. Most Saturday & Sunday appointments are reserved for acute/urgent care so our established patients can avoid an emergency room visit. These appointments are for urgent needs which cannot be postponed until Monday. Examples of acute/urgent care needs are if your child significantly worsened on Friday or Saturday night or woke up with a high fever, severe diarrhea, or vomiting.

To schedule an appointment, Please call (406) 281-8700 & select option 2.

FOR EVERY APPOINTMENT, PLEASE BRING:

- Your insurance or Medicaid card
- A list of current prescription & non-prescription medications, vitamins, & supplements
- A description of your child's problem (how long have they been sick & how it has been affecting them)
- A list of questions you would like to discuss with a member of your medical team

Please note: If you arrive more than 10 minutes late for your scheduled appointment, you may be asked to reschedule in order to allow us to provide timely care & minimize the waiting time for all our patients.

NEW PATIENTS

It is helpful to have all medical & immunization records sent to us before the visit so these can be put Into our EMR. Please call the originating office & request to sign a release of records. Our clinic will text you 48 hours before your appointment to remind you of the date & time that it is scheduled.

SCHEDULING APPOINTMENTS FOR MULTIPLE PATIENTS

If you have multiple children & would like to have each child seen one after the other, we can accommodate your needs. Simply schedule them in adjacent slots when you call for your appointments. In general, we do not recommend this for more than two child well checks because it may be hard for little ones to stay in place for longer than that period of time. However, if you live far away from the office or have a special circumstance, we will do our best to accommodate your needs.

SPECIAL ACCOMMODATIONS

Children's clinic is accessible by wheelchair at both locations. Handicapped parking is available on the south side of the building at the west end office & on the north side of the building at the downtown location. Interpreters can be provided for your visit, if needed. Please let the receptionist know your needs at the time the appointment is scheduled so arrangements can be made. We have Spanish-speaking providers on staff & can utilize video translation services for all other languages for families who would feel more comfortable having their care delivered in their primary language.

MISSED APPOINTMENTS/NO SHOWS

We recognize that sometimes conflicts arise that prevent patients from attending scheduled appointments. However, when patients fail to cancel scheduled appointments when conflicts arise, we miss an opportunity to schedule other patients in the appointment slot who may really need medical attention. To provide quality care for as many patients as we can in any given day, we try to strictly adhere to the Children's Clinic's no show policy, which states that patients who repeatedly no show are at risk of being dismissed from the practice.

A no show is considered not showing up for a scheduled appointment, arriving more than 10 minutes late for the scheduled appointment, or phoning in to cancel/reschedule the appointment less than 30 minutes prior to the scheduled appointment.

If you are a new patient, you will be dismissed after your second missed new patient appointment. Established patients may be dismissed should the family accrue four no shows within a twelve-month pperiod. You will be notified via a letter to your home address if you have no showed an appointment. Patient dismissal letters will be sent via certified mail. We will continue to see your children for acute care visits for 30 days following dismissal from the practice to allow you time to transition to a different clinic.

SICK & WELL WAITING ROOMS

We offer separate sick & well waiting rooms at both of our clinic locations. We ask that you limit the number of guests that accompany you & your child on an office visit. Seating is limited in our waiting areas & your guests might be exposed to illnesses.

If you suspect your child is ill to any degree, please be considerate of all our patients & use the sick waiting room. If you think your child has Chickenpox, Measles, or TB & needs to be seen; please discuss entry plans with a receptionist or triage nurse prior to bringing your child into the clinic. If your child is immunocompromised, please notify us & we will room them immediately upon arrival to the clinic.

If you are unsure as to whether you should sit on the sick or well side, the receptionist in your pod will help you decide. They have been trained by our pediatricians as to what constitutes a sick or well visit, so please consider their request as to which waiting room to sit in.

WELL CHILD VISITS

Your newborn's first visit will be scheduled at the downtown office within a few days of birth. Subsequent well visits will occur at 2 weeks, 2, 4, 6, 9, 12, 15, 18, 24, & 30 months, & then annually starting at 3 years of age at the location of your choice. These visits involve an assessment of all aspects of your child's health, growth, development, & behavior. Please see our Schedule of Recommended Well Child Visits & Immunizations for information about which immunizations your child will receive at each visit. Routine health maintenance visits, immunizations, & screening tests are scheduled according to the recommendations of the American Academy of Pediatrics (AAP).

The AAP recommends using pre-visit screening tools to assist with early identification of health, developmental, & behavioral issues. We send screening questionnaires to patients via text one week prior to their visit. We ask that patients & parents complete the assigned questionnaires at least 24 hours prior to the appointment to allow providers & staff time to upload & review responses. We use the Edinburgh Postnatal Depression scale to screen new moms for postpartum depression at the 2 week, 2-month, 4-month, & 6-month visits. The Ages & Stages Questionnaire (a developmental screening tool) is to be completed for the 9-month, 18-month, & 2-year visits. We also use the M-CHAT-R (an autism screening tool) at the 18-month & 24-month visits. Patients with ADHD will be assessed using the Vanderbilt tool. The SCARED form, the CDI, or the PHQ-9 may be used to screen for depression. We also use the GAD-7 to assess anxiety. Finally, we utilize the CRAFFT tool to assess substance use behaviors in our teenage patients. Please note, however, that practice styles may vary & your pediatrician may alter the screening schedule to meet the needs of your child.

We must charge a small fee when a screening questionnaire is completed due to the time it takes to review & respond to the information provided. Most insurers pay for this service; however, if the claim is denied by your insurer as a "non-covered" service, you will be responsible for the payment. The American Academy of Pediatrics is working to ensure this service will become fully covered by all insurers & Medicaid. However, if you do receive our bill for screenings after denial of the claim by your insurer, please understand how important this service is to your child's well-being.

PHONE CALLS

A phone triage nurse will be available 24/7 to answer any questions you may have about your child's health. You can reach the nurse triage by calling (406) 281-8700 & selecting the phone nurse option from the phone tree.

The phone nurse may be busy giving advice to another caller, so you may have to leave a message for her. However, she will return your call in order of urgency as soon as she can. All calls will be returned on the same day. The phone nurse can help you decide if your child needs to be seen in the office or if there is something you might try at home first.

If your child is ill, please take his/her temperature prior to calling so we can help you determine how ill your child is more quickly. Our phone nurses have been educated & trained by our providers to assist you with medical advice. The reference book used by our phone nurses is Pediatric Telephone Protocols by Barton D. Schmitt, MD, FAAP. If your problem does require that you speak with a provider, your child's PCP or the pediatrician on call will return your call as soon as possible. Providers may not be able to return calls until after 12:00pm or until after 5:00 pm, depending on when they have scheduled patients to see in clinic. All phone calls are documented through our EMR into your child's chart for later reference.

AFTER HOURS/WEEKENDS

If you have a life-threatening emergency, call 911 immediately. If your child becomes sick after hours or on a holiday & you need advice, call (406) 281-8700. The answering service will route your after-hours call to pediatric trained registered nurses at Children's Hospital Colorado who will return your call, triage it, & contact our on-call pediatrician, as needed. If you don't receive a return call in 30 minutes, please call again.

INSURANCE

Children's Clinic accepts many insurance plans. Please check with your insurance directly to determine if Children's Clinic providers are listed as participating (in-network) providers with your particular insurance plan.

We know insurance can be complicated & we always try to assist patients in navigating insurance issues whenever we can. However, employers choose the insurance coverage their employees receive & we will not know the specifics of your insurance plan. It is your responsibility to assure that your insurance is active & to know the benefits it covers when you come to see us. Be sure to sign up any new family members (babies, etc.) with your insurance carrier immediately to obtain coverage. Insurance companies will deny all claims until new family members are added to your plan. Most insurance companies do not allow us to resubmit the claim after it is denied, requiring you to call your insurance company to ask them to reprocess the claim once your new family member is added to your insurance. It is best that you simply add your new family member ASAP to avoid denied claims.

BILLING POLICIES

Copayments, coinsurances, deductibles, & any charges for non-insurance covered services are due at check-in. You may pay with a major credit card, personal check, or cash.

Please call if you have a question about your bill. Most problems can be settled quickly & easily; your call will prevent any misunderstandings. Let us know if your family is under significant financial hardship. Special arrangements can be made for extended payment plans if necessary. If a reduced payment arrangement is made with the clinic, future copayments must still be made at the time of service. By law, they may not be included in a payment plan. We want to be sure that your family receives the care you need & deserve & satisfactory arrangements can almost always be made. Financial considerations should never prevent children from receiving the urgent care they need at the time they need it. Our patient accounts representative is here Monday – Friday. You can contact the billing office by calling **(406) 281-8700** & following the phone tree to be routed to the proper billing team specialist.

We must have updated confirmation of your insurance at every visit. It is your responsibility to let us know of any changes in insurance data, addresses, telephone numbers, etc. If no proof of insurance is provided, you will be responsible for the cost of the visit. As a courtesy, our billing office will handle submission of your claim for your appointment directly to your insurance company & will bill you for any remaining balance after the insurance has paid its share. Any charges remaining unpaid 45 days after the date of service are considered past due. In this case, we will make every effort to contact the person responsible for the delinquent balance & arrange an equitable payment schedule. However, if no effort is made to pay the balance due, it may be sent to a collection agency. In this situation the account will be put on a cash only basis & you will be required to pay cash at each subsequent visit.

LABORATORY & DIAGNOSTIC TESTS

We draw blood at both clinic locations of our office & send the samples to St. Vincent Healthcare for analysis. If your insurance requires you to or if you prefer to use another laboratory, we can send the orders with you to have your blood drawn there. Most other routine diagnostic & radiology tests are done at St. Vincent Healthcare, located at 1233 N. 30th Street. Your provider or nurse will call you to discuss the results of the testing & any needed follow up.

All positive lab results will be reported to you once we receive the information from the lab. Please remember that it usually takes 48-72 hours to return results. There are some tests, however, that are sent to the state lab & take longer to be returned, such as the newborn screening test & certain viral panels.

CIRCUMCISIONS

Circumcisions are routinely done in the hospital prior to discharge. All infants require a dose of injectable Vitamin K before the procedure can be completed. Children's Clinic will bill your insurance for the procedure. If your child is covered by Medicaid or any other insurance that does not cover circumcisions, payment is required before the procedure.

Due to the cost of equipment, the charge for in-clinic circumcisions is greater than the charge for the procedure being done in the hospital.

The policy of Children's Clinic is that this procedure must be completed before the baby is 3 weeks old, although some of our pediatricians decline to complete circumcisions even before that point.

REFERRALS

Most managed care insurance plans require referrals if you are seeking care from anyone other than your primary care provider. We have a list of specialists that we recommend on a regular basis that have been compiled based on positive experience with their services. If your PCP recommends you see a specialist, we will send a written referral along with a referral letter or office notes to that provider. Please allow 3 – 5 days for this to be completed before calling the specialist to make the appointment. Please contact the specialist's office 2 business days before your visit to verify that the referral process has been completed & they have received the necessary records. This will ensure no complications occur on the day of your visit.

FORMS

School physicals, daycare, camp, & similar forms take time to review & to provide all requested information. We will complete these forms as soon as possible but it may take up to one week. They can be mailed to you or picked up at either office location. If your child has not had a physical or well child check within the last 12 months, an appointment for a well visit will be required.

VACCINES

Children's Clinic believes children & young adults should receive all vaccines on the schedule recommended by the American Academy of Pediatrics (AAP). Vaccinating your children may be the single most important health-promoting intervention we perform as healthcare providers & that you can perform as parents/caregivers. If your child has not been seen in the past two years for a well child appointment, we will not provide vaccines at a nurse-only visit until a well-child visit has taken place to allow the provider to counsel you on the recommended vaccinations appropriate for your child's age.

Parents who choose not to vaccinate their children will be required to sign a Declination of Recommended Vaccines form confirming that we have counseled you on the benefits of vaccines & you are choosing not to vaccinate. Parents who refuse to sign the Declination of Recommended Vaccines form after choosing not to vaccinate may be dismissed from the practice. It is your responsibility to inform the provider at each encounter, including telephone calls, that your child is not immunized to ensure they receive the appropriate care. Please recognize that by not vaccinating, you are putting your child at unnecessary risk for life threatening illnesses, disability, & even death.

We are happy to provide you with a record of your child's vaccinations, if needed. All vaccines, both historical & current, will be entered into our EMR. Our clinic policy is that ImMTrax is considered the official record. ImMTrax is a state-wide computerized system that collects data from all vaccine providers & consolidates them into a single report. Although we may be able to complete it sooner, please allow 24 hours for this report to be generated.

PRESCRIPTION REFILLS

Children's Clinic requires you to contact your pharmacy directly to submit prescription refill requests for all prescriptions except for refill requests for ADHD medications. We then receive an electronic request from your pharmacy that will be processed within 48 hours.

If you are requesting a refill of an ADHD medication, please contact Children's Clinic directly. You can reach our prescription refill line by calling 406-281-8700 & following the phone tree. When leaving a message, please share your name, your child's name & birthdate, the name & dosage of the ADD or ADHD medication you want refilled, & the best number to reach you at to let you know that your prescription is ready for you to pick up. We refill ADHD prescriptions off of this line between 8am & 5pm, Monday through Friday, & refill requests will be processed within 48 hours.

Certain chronic conditions may require an office visit prior to the medication being refilled in order to monitor effectiveness and/or side effects of the medication. Similarly, refills for some medications can only be given to patients who have been seen within the last year. If your child has not been seen for a while, you may need to schedule an appointment before the refill can be completed. Antibiotics will not be prescribed over the telephone without a clinic visit. If your child is being seen for ADHD, most of our providers require an office visit at least every six months to monitor the medications effectiveness & side effects. Some medicines used for ADHD are controlled substances & the procedures for dispensing them are strictly regulated by the FDA.

MEDICAL RECORDS

A medical records release form must be completed before records can be released from our office. You may stop by either location to complete the form or we can text or mail it to you. Our clinic policy is that we are only able to release records that have originated from Children's Clinic. We will not release copies of anything sent to us from another physician or practice. There is typically not a fee for medical records, but in some legal circumstances, we may charge a fee. To contact our medical records representative, please call 406-281-8700, follow the phone tree, & leave a message.

MY CHART

MyChart offers you personalized & secure online access to portions of your electronic medical record (EMR) at no charge. It enables you to securely use the Internet to help manage & receive information about your health. At your office visit, you will be given a welcome letter which will contain an activation code. All you need is a computer connected to the Internet & an up-to-date browser & you will be on your way!

WITH MYCHART YOU CAN

- Self-schedule some appointment types
- View details of past & upcoming appointments
- Review your medications, immunizations, allergies, problem list & history
- Receive some lab results online
- Communicate electronically & securely with your care team
- Review health education topics provided by your doctor or nurse practitioner

MyChart may be used for routine communication with our office, but is not intended to replace office visits with your provider. Providers may not be able to answer all your questions electronically. They may request that you schedule an appointment to make an accurate diagnosis & determine the best treatment plan for your condition.

HIPAA

At Children's Clinic, we strive to keep your information private according to the guidelines of the Health Insurance Portability & Accountability Act of 1996 (HIPAA). This notice describes how medical information about your minor child may be used & disclosed & how you can obtain access to this information. The Notice of Privacy Practices detailing our HIPAA compliance can be found at any time by visiting our website. However, upon your request, we will provide you with a printed copy of the Notice of Privacy Practices. Simply ask a receptionist while you are at the clinic or call the office & request a copy be sent to you in the mail. We understand the importance of your privacy & every effort will be made upon check-in to maintain that privacy. Please assist the receptionists in verifying your information by staying at their desks answering their questions until the check-in is completed.

STUDENTS & RESIDENTS

Our practice is associated with the Washington, Wyoming, Alaska, Montana, & Idaho (WWAMI) medical school & pediatric residency programs. Our providers also teach family practice residents from the Montana Family Practice Residency Program & occasionally take students from the Rocky Mountain College Physician Assistant (PA) Program & some nurse practitioner programs. Pediatric residents, family practice residents, medical students, PA students, nurse practitioner students, RN, & LPN students train & work with us in the office & may participate in your child's care. With your permission, these professionals will be involved in your child's visit in various ways. Please know, however, that our pediatricians or nurse practitioners will completely review their work, examine your child, & decide on the best treatment plan. We appreciate your cooperation with these programs.

If you do not wish to have a student involved in your child's care, please tell us immediately.

SAFETY

Our two clinic locations are weapons free zones. We prohibit patients & visitors from carrying open or concealed guns, knives, or other weapons into either of our clinic buildings unless the parent or visitor is an active & uniformed member of law enforcement. Patients, parents, or visitors who do enter the building with a weapon will be asked to return to their car & safely store that weapon in their vehicle for the duration of the appointment.

Guide For Post Circumcision Care

Baby must stay at the hospital for 1-hour post circumcision to be monitored by nursing staff.

How to care for the circumcised penis in the first week:

1. Take off soiled diaper.
2. Wash/sanitize your hands.
3. Wipe or cleanse the area gently.
4. Gently pull back infant's penile shaft skin, enough to see that the whole head of the penis is visible & apply a generous amount of vaseline to the head of the penis. You may also put some vaseline on the front of the diaper to prevent the penis from sticking to the diaper.
5. Put a new diaper on.

Vaseline needs to be applied with each diaper change. No tub baths for 2 days after circumcision. Avoid using soap on the urethral meatus (pee hole), as this can cause irritation. Dab the penis dry & reapply Vaseline. A scab will form after the circumcision & Vaseline needs to be applied until that scab is gone. It is normal for the site to bleed for a day or two. Check the amount of bleeding with each diaper change. Infants may be fussy following the circumcision. Tylenol may be given for discomfort, follow dosing recommendations for infant's age & weight.

On average, it takes about a week for the circumcised area to heal completely. Some may heal faster; some may take a little longer.

Reasons to call your pediatric provider after a circumcision:

- Bleeding from the penis that is the size of a quarter or larger. If this happens, put gentle pressure where it is bleeding with your thumb & index finger & hold for 5 minutes, then call your pediatric provider.
- If infant is not able to pee after the circumcision, call your pediatric provider or go to Emergency Department, if after hours.
- Signs & symptoms of infection include increased redness, increased swelling, foul smelling drainage or pus, & a fever higher than 100.4 degrees.

Boys may also develop penile adhesions or skin bridges between the head of the penis & the shaft. Penile adhesions can be prevented by gently pulling the foreskin back daily. If adhesions form, they will often release on their own when your son is between 3-5 years, since this is when boys have spontaneous erections & the adhesions will start to pull the shaft skin off the head of the penis. If it does not release, he could have a thicker adhesion called a skin bridge that needs to be numbed & snipped by a doctor.

If you have any questions or concerns, please call the clinic at (406) 281-8700.

Programs At Children's Clinic

REACH OUT & READ

Reach Out & Read is an evidence-based program that builds on the unique relationship between parents & medical providers to develop critical early reading skills in children, beginning in infancy. As recommended by the American Academy of Pediatrics, Reach Out & Read incorporates early literacy into pediatric practice, equipping parents with tools & knowledge to ensure that their children are prepared to learn when they start school.

Children's Clinic has partnered with United Way of Yellowstone County & generous corporate donors in the community since 2014 to provide every patient from 6 months to 5 years of age an age-appropriate book at each well child visit. Since the inception of the program, our pediatric providers have provided over 76,000 books to kids in our community!

LITTLE FREE LIBRARY

To further promote early childhood literacy & to provide access to books to children who may not otherwise have it, Children's Clinic built & installed a Little Free Library with grant money from the Montana Chapter of the American Academy of Pediatrics.

The Little Free Library motto is "take a book, leave a book," explaining the simple premise of the libraries. Children's Clinic staff stock the library with books they bring in from home & patients & their families are encouraged to grab a book on their way out, returning it at their next visit or exchanging it for their next great read.

CAR SEAT INSPECTIONS

Children's Clinic has a certified car seat inspector on staff! Any family who would like a trained set of eyes to double check whether they installed their child's car seat correctly is welcome to call the clinic & set up an appointment to have their car seat installation checked. Our trained staff will inspect the seat to make sure it is installed properly & can also provide car seat safety education. Our certified car seat inspector works with Safe Kids Yellowstone County.

Lactation Resources

Because the pediatricians at Children's Clinic believe that breastfeeding is the best start for all babies, they have provided free lactation services for decades. We have an International Board-Certified Lactation Consultant (IBCLC) on staff to help every family with all breastfeeding needs throughout their breastfeeding journey. Lactation supplies are also available at the clinic, including: hospital-grade breast pump rentals, nipple shields, pump replacement parts, breast shells, breast shields, & more.

As long as breastmilk supply is adequate & your baby is gaining weight appropriately, our pediatric providersfollow the recommendations of the American Academy of Pediatrics to feed your baby nothing but breastmilk for the first 6 months of life & to continue breastfeeding for at least one year. The World Health Organization (WHO) recommends continuing breastfeeding for at least two years. Breastmilk has been proven to be the best food you can feed your baby. Breastmilk makes healthy babies & saves lives! So, find what works for your family & know you are giving your baby the best possible start to life!

See more lactation resources online at www.childrensclinicofbillings.com

I'M HOME WITH MY BABY.

Now What?

Generally, the first- & second-night home from the hospital may be challenging! Your baby may be fussy! It is almost like she suddenly realizes that she is no longer in the warm, safe environment of the womb & life outside is scary! She may want to go to the breast often or may even forget how to nurse! This is normal newborn behavior.

An infant's instinct tells him that he needs to be held or be at the breast often, so hold your baby as much as possible & nurse whenever he shows feeding cues.

How do you make it through?! Offer the breast whenever baby shows cues (pacifiers may hide feeding cues & may narrow the latch), hold your baby skin to skin as much as possible, watch for feeding cues & feed on cue. Babies won't over feed. They know what they need, so follow baby's lead. Try not to go longer than about three hours between feeds (timing feeds from when you start the feed to when you start the next feed) or 10-12 feedings in 24 hours. **Always offer both breast each time you feed.** In these first couple of days, if baby is fed, freshly diapered, & comfortable, you may want to hand baby off to your helping partner & get some sleep! Your partner can hold baby skin to skin, dance with & sing to baby. Research has shown that holding baby & having skin contact actually helps your baby's brain development, regulates body temperature & blood sugar levels. Just keep in mind that things are going to get better as you all adjust to your new life together.

You are encouraged to hold your baby as much as possible. Don't let anyone tell you that you are 'spoiling him' or 'you baby is manipulating you.' Research tells us that babies don't realize they are separate from mom for many months after birth & by holding your baby & meeting his needs, you are teaching your baby to trust. Additionally, we are biologically programmed to 'let-down' our milk when our baby cries, so go to your baby when she needs you & know you're doing the right thing for your baby.

WHAT'S HAPPENING TO MY BREASTS?

The first breastmilk your baby will get is called colostrum. Colostrum contains high nutrients in a low volume & is exactly what your baby needs in their first days. It's a superfood & it provides baby's first protection against illness & infection.

Colostrum will transition to mature milk usually sometime between the third & fifth day after delivery. When your milk transitions -- or comes in -- your breasts may become engorged, swollen, firm, lumpy, & uncomfortable. During the engorgement phase, apply a cold compress to the breasts & to the areas that feel full & uncomfortable (under armpit up to the clavicle), nurse frequently, take a warm shower, & hand express. Hand expression in the first couple of weeks has been proven to be beneficial for long-term milk production.

For a helpful video, go to YouTube & search for "Stanford hand expressing."

Engorgement is about a 72-hour process. After the engorgement subsides, your breasts will feel more like normal. They may leak milk, but this is perfectly normal. This may or may not continue as you continue to breastfeed & it is not harmful.

BREASTFEEDING CAN BE PAINFUL!

When latching baby onto your breast, try to get a deep latch with the mouth closing on the areola, not the nipple. Your breastmilk actually has healing properties to it, so express a little & rub it into your sore nipples. Also, let air get to this sore tissues & use lanolin, as needed.

WHEN SHOULD I FEED MY BABY?

Feed on request or on cue. Put your baby to breast when you see feeding cues. Try not to go much longer than a 3-hour period between feedings.

Smacking lips	Hands to mouth	Sticking tongue out	Restlessness
Rooting (baby turns head & opens mouth ready to latch onto the breast & feed)			

Crying is usually a late cue, so try to get baby to breast before crying starts. If baby gets frantic when put to the breast, put your clean finger in their mouth so your fingernail touches their tongue & let them suck on your finger. Once they gets the rhythmic suck going, try latching. By the 5th day of life, babies usually transition into a feeding pattern of every 2 ½ to 3 hours. Your baby needs to feed from both breasts each time they feed (it's usually 10-15 minutes on each side)!

HOW DO I KNOW IF MY BABY IS GETTING ENOUGH?

Watch diaper output; about 1 wet & 1 stooled diaper for each day of life is expected up to the 5th day. Once your milk comes in, your baby will have yellow, runny stools. Normal breastfed stools are always yellow, runny, & seedy.

BOTTLE FEEDING

It is recommended that you wait until the fourth week of life to introduce a bottle. This allows baby to become well established at the breast before introducing a new skill. When choosing a bottle, a slow flow nipple is best. It is important to pace bottle feed when bottle feeding.

RESOURCES FOR THIS METHOD ARE:

http://www.bestforbabes.org/the-babes-guide-to-bottle-feeding

Paced Bottle Feeding by The Milk Mob - YouTube

WHEN SHOULD I CALL MY PROVIDER?

Indications that breastfeeding may not be going well would be if, after the first couple of days, your baby:

Has a dry mouth	Has orange-colored urine	Has a yellow skin tone (jaundice)

does not have enough wet or dirty diapers (see above)

will not wake up to eat at least 8 times in 24 hours or is constantly feeding for hours & does not seem satisfied .

WHEN SHOULD I SEE A LACTATION CONSULTANT?

If you are having difficulties with latching or positioning baby at the breast, continued nipple or breast pain, or if you feel that breastfeeding just isn't gong quite right, this is the time to contact Children's Clinic & arrange for an appointment with the Lactation Consultant. She will be happy to help you & your baby with any breastfeeding issue you may have at any point during your breastfeeding season.

Postpartum Depression

HOW TO KNOW IF YOU HAVE IT

While many women experience some mild mood change or "the blues" during or after the birth of a child, 10 to 20% of women experience more significant symptoms of depression or anxiety. Any woman can suffer from pregnancy or postpartum mood or anxiety disorders. However, with informed care, you can prevent a worsening of symptoms & can fully recover. It is essential to recognize symptoms & intervene as soon as possible so that a mother can get the help she needs & deserves.

Children's Clinic actively screens moms for postpartum depression starting at the 2-week visit using a screening tool called the Edinburgh Postnatal Depression Scale. However, if you want to do a self-inventory at home prior to your visit, the following questions may give you a general idea of whether you're experiencing postpartum depression.

Mothers

- Are you feeling sad or depressed?
- Is it difficult for you to enjoy yourself?
- Do you feel more irritable or tense?
- Do you feel anxious or panicky?
- Are you having difficulty bonding with your baby?
- Do you feel as if you are "out of control" or "going crazy?"
- Are you worried that you might hurt your baby or yourself?
- Do you have a personal or family history of depression or anxiety?
- Do you have a history of a thyroid imbalance?

Families

- Do you worry that something is wrong but don't know how to help?
- Do you think that she is having problems coping?
- Are you worried that she may never get better?

These concerns are reasons to reach out for help. You can contact your family counselor, lactation consultant, or your OB doctor for help.

Phone Support: 800-944-4PPD

PSI Warmline offers support, information, & resources in your community, in English or Spanish.
The line is answered by staff during business hours, Pacific Time. Leave a message any time.
"Chat with an Expert" phone sessions are held each Wednesday. Talk with other women & a PSI facilitator on a free, anonymous phone session. Details at www.postpartum.net.

Information on this page provided by: www.postpartum.net

Proper Handling & Storage Of Human Milk

By following safe preparation & storage techniques, nursing mothers & caretakers of breastfed infants & children can maintain the high quality of expressed breastmilk & the health of the baby.

SAFELY PREPARING & STORING EXPRESSED BREASTMILK

- Be sure to wash your hands before expressing or handling breastmilk.
- When collecting milk, be sure to store it in clean containers, such as screw cap bottles, hard plastic cups with tight caps, or heavy-duty bags that fit directly into nursery bottles. Avoid using ordinary plastic storage bags or formula bottle bags, as these could easily leak or spill.
- Clearly label the milk with the date it was expressed to facilitate using the oldest milk first.
- If delivering breastmilk to a child care provider, clearly label the container with the child's name & date.
- Do not add fresh milk to already frozen milk within a storage container. It is best not to mix the two.
- Do not save milk from a used bottle for use at another feeding.
- Clean breast pump parts after each use. Visit the U.S. Food & Drug Administration (FDA) web site on cleaning a breast pump for additional information.

SAFELY THAWING BREASTMILK

- As time permits, thaw frozen breastmilk by transferring it to the refrigerator for thawing or by swirling it in a bowl of warm water.
- Avoid using a microwave oven to thaw or heat bottles of breastmilk.
  - Microwave ovens do not heat liquids evenly. Uneven heating could easily scald a baby or damage the milk.
  - Bottles may explode if left in the microwave too long.
  - Excess heat can destroy the nutrient quality of the expressed milk.
- Do not re-freeze breastmilk once it has been thawed.

HUMAN MILK STORAGE GUIDELINES

Storage Locations & Temperatures

Type of Breast Milk	Countertop 77°F or colder (25°C)(room temperature)	Refrigerator 40°F (4°C)	Freezer 0°F or colder (-18°C)
Freshly Expressed or Pumped	Up to 4 hours	Up to 4 days	Within 6 months is best. Up to 12 months is acceptable
Thawed, Previously Frozen	1-2 hours	Up to 1 day (24 hours)	Never refreeze human milk after it has been thawed
Leftover from a feeding	Use within 2 hours after the baby is finished feeding		

Other Breastfeeding Resources

RELIABLE ONLINE RESOURCES

- www.kellymom.com
- http://www.lalecheleague.org
- https://breastfeedingusa.org/
- https://uslca.org/websites-that-really-help
- https://www.womenshealth.gov/breastfeeding/
- http://newborns.stanford.edu/Breastfeeding/ABCs.html
- http://www.womenshealth.gov/publications/our-publications/breastfeeding-guide/

MEDICATIONS & BREASTFEEDING

When you have questions about what medications are safe while breastfeeding:

- http://www.infantrisk.com/
- https://toxnet.nlm.nih.gov

FOR PARENTS & PARTNERS

Feeding http://www.feedgood.scot

Play with your baby! http://baby-brain.co.uk/how-to-play-with-a-newborn-baby-0-3-months-what-and-why psychology-and-research/

RESOURCES FOR THE SUPPORT PERSON

- https://greatergood.berkeley.edu/article/item/how_nature_helps_fathers_nurture
- https://www.laleche.org.uk/supporting-a-breastfeeding-mother/
- https://www.fitpregnancy.com/parenting/fatherhood/guys-guide-having-baby
- https://www.breastfeeding.asn.au/bfinfo/we'retogether
- https://www.breastfeeding.asn.au/bfinfo/we%E2%80%99re-together-%E2%80%A6-breastfeeding-partnership
- https://breastfeedingusa.org/content/article/open-letter-partners
- www.newdadmanual.ca/

LOCAL RESOURCES

- Children's Clinic (must be a current patient), IBCLC on staff, 406-287-8700, childrensclinicbabies@gmail.com
- St. Vincent Mother Infant Floor, IBCLC on staff
- WIC, breastfeeding counselors on staff, located at Riverstone Health, 406-247-3370
- La Leche League, a worldwide breastfeeding support group & we are lucky enough to have one in Billings! 406-272-2055, billingslalecheleague@gmail.com, https://www.facebook.com/pages/La-Leche League-of-Billings
- Billings Baby Bistro, a local Mom-to-Mom support group, www.facebook.com/groups/BillingsBabyBistro

Infant Formula Feeding

WHICH TYPE OF FORMULA SHOULD I USE?

In the first year, iron-fortified formula should be used if choosing to formula feed your infant. The most commonly used formula is milk-based, which is made from modified cows milk.
Consult with pediatrician if you have questions about which type of formula is appropriate for your baby.

HOW MUCH FORMULA DOES MY BABY NEED?

- In the first few weeks, baby may want to feed every 2-4 hours, or 8-12 feedings within 24 hours.
- The signs of hunger are wake & toss, suck on a fist, & appearing as if he or she is going to cry.
- In the first few weeks, prepare 2-3 ounces of infant formula per feed & give more formula if baby requests.
- Sometimes, a baby may cry & just want to be held, to suck, or need to be changed & may not be hungry.

West End
3401 Avenue E, Billings, MT 59102

Downtown
1232 N. 30th Street, Suite 100, Billings, MT 59101

(406) 281-8700
3401 Avenue E, Billings, MT 59102
1232 N. 30th Street, Suite 100, Billings, MT 59101