JMA Pediatrics

Jeffers, Mann & Artman

Welcome to JMA Pediatrics

A Complimentary New Family Resource Guide

Welcome to Parenthood

Congratulations on the birth of your baby!

We're thrilled that you've chosen **Jeffers, Mann & Artman Pediatrics** to partner with you in caring for your newborn. Our team of highly qualified providers is dedicated to supporting your family and ensuring your child's health, growth, and happiness.

About JMA Pediatrics

As a **Patient-Centered** medical home, **Our Mission is to provide Excellent Medical Care in a Caring, Family-Centered environment and assist Families in building Happy, Healthy Children.** Your provider is at the center of your child's care, supported by a coordinated team of nurses, care coordinators, and specialists.

Strong, loving relationships are essential to a child's development, and we believe the connection your family builds with your provider is an important part of that.

During your first two months with us, we encourage you to meet several providers to find the one who feels like the best fit for your family. At your child's **2-month visit,** you'll be asked to select a **Preferred Provider.** This provider will be noted in your child's chart, and we'll do our best to schedule well visits and available sick visits with them. You may change your preferred provider at any time.

We are an established group of providers who have been serving the area for nearly 30 years. Our providers are board certified and follow the American Academy of Pediatrics recommendations and other evidence-based guidelines to improve the overall health of our patients.

Our providers and nurses participate in regular continuing education to stay current with the latest pediatric guidelines and technology. Monthly team meetings ensure that our care remains consistent, evidence-based, and family-centered.

Office Hours

Monday–Friday: 8:00 AM – 5:00 PM

Weekend Hours (Raleigh location - Newborn and Sick Visits Only):

- Saturday & Sunday: Call between 8:00 AM – 12:00 PM to schedule a same day appointment.

Emergencies & After-Hours Care

We have a provider on call **24 hours a day, 7 days a week.**

For urgent medical concerns that cannot wait until normal office hours, call: **919-831-5682** or call your office location and follow the prompts to reach our answering service.

If your child requires **immediate medical attention,** please call **911.**

Scheduling Appointments

Call to schedule appointments for both **well visits** and **sick visits** between 7:30am to 4:30 pm.

- Routine well checks may be scheduled up to 1 year in advance to ensure availability with your provider.
- Sick visits are generally available the **same day** you call.
- For non-urgent appointment requests, you may also message us through the **Patient Portal** or through our secure texting platform.

Billing & Financial Questions

If you have questions about our financial policies, billing statements, or your insurance, our Billing Office is here to help. Please feel free to reach out to our billing team at 919-999-1912 with any insurance or account-related inquiries.

Digital Check-In

To help make your visit quick and convenient, we use a secure digital check-in system. Prior to your child's appointment, you'll receive a link by text or email where you can update your child's information, verify insurance, make payments, and complete any required forms at your convenience. When you arrive, you can check in using your phone by scanning a QR code or by using one of the tablets available in our office. If a co-pay is due, it can be paid at that time. Once check-in is complete, your family will be brought back to see the provider with minimal delay.

CHADIS

Child Health And Development Interactive System (CHADIS) is an online tool we use before your child's visit. It lets you fill out developmental and behavioral questionnaires at home, so your provider can review your answers ahead of time. This helps us focus on what matters most to your child's health and development during the appointment — and saves time at check-in.

A few days prior to your appointment you'll receive an invitation code to complete your child's forms. You'll log into CHADIS on your phone or computer, register with your email and password, then select your child and fill out the questionnaires we've assigned to you.

Patient Portal

This secure portal gives you online access to your child's health information. You'll receive an email invitation to create an account and link your child's records.

- Once logged in, you can view lab results and immunizations, send non-urgent messages to the care team, request appointments and prescription refills and access visit summaries.
- **Important:** Access for children 18 and older will transition to the young adult's own individual account
- If you have trouble with the invite or can't see your child's information, contact our front office for assistance.
- For password issues, use the "forgot your password" option on the login screen.

Secure Texting Platform

Need to reach us quickly for a non-urgent question, medication refill or appointment scheduling? Use our secure and HIPAA-compliant messaging platform. It's easy and often faster than calling.

Requesting Medical Advice and Prescription Refills

To help us respond as quickly as possible, please have the following information ready when requesting medical advice:

- Your child's current weight and temperature (if they are sick)
- Pharmacy name and phone number
- A list of current medications and any allergies

Response Time Expectations

- **Voicemails and secure text messages** left during regular office hours will be returned **within 2 hours.**
- **Patient portal messages** sent during regular office hours will be returned **by the end of the business day.**
- Allow up to **2 business days** for refills to be processed.

When leaving a voicemail, patient portal message or sending a secure text message for nurse advice, please include:

- Your name
- Your child's name and date of birth
- The reason for your message
- A callback phone number

After-Hours Care

- After-hours calls are triaged by our answering service.
- A fee applies to after-hours nurse advice calls; this fee is **waived for infants under 2 months of age.**
- **Patient portal messages and secure text messages are not monitored or answered after hours.**

Electronic Medical Records

All JMA Pediatrics offices share a **secure electronic medical record system,** allowing your provider to access your child's chart from any location. Prescriptions can be sent electronically to your preferred pharmacy for faster service.

Laboratory Services

All our offices are **moderately complex CLIA-certified laboratories**, allowing us to perform many tests in-house, including:

- Rapid strep and flu tests
- RSV, mono, and COVID tests
- Complete blood counts (CBC)
- Lipid panels, bilirubin, urinalysis, and more

If additional testing is needed, we can send specimens to our partner labs for processing.

Minor Office Procedures

We are able to perform many **minor in-office procedures,** including:

- Laceration repair (skin glue or stitches for minor cuts)
- Simple abscess and wound management
- Wart treatment (freezing/cryotherapy)
- Foreign body removal (ear, nose, skin)

JMA Vaccine Policy

JMA firmly believes in the effectiveness of vaccines to prevent serious illness and to save lives. We firmly believe in the safety of our vaccines. We firmly believe that children and young adults should receive all the recommended vaccines according to the schedule published by the American Academy of Pediatrics (AAP).

Well Child Check-Up and Immunization Schedule

3-5 Day	WCC + Hep B (if not received in the hospital)
2 week	WCC only
1 month	WCC + Hep B (must be at least 28 days from 1st Hep B vaccine)
2 month	WCC + DTaP, Hib, IPV*, Pneumococcal, Rotavirus
4 month	WCC + DTaP, Hib, IPV*, Pneumococcal, Rotavirus
6 month	WCC + DTaP, Hib, IPV*, Pneumococcal, Rotavirus
9 month	WCC + Hep B
12 month	WCC + Varicella (Chicken Pox), MMR, Pneumococcal, Hib
15 month	WCC + DTaP, Hep A
18 month	WCC only
2 years	WCC + Hep A
2 ½ years	WCC only
3 years	WCC only
4 or 5 years	WCC + DTaP, IPV, MMR, Varicella
6-8 years	WCC only
9-10 years	WCC + HPV vaccine
11-12 years	WCC + Tdap, Meningococcal ACWY, HPV (if not previously completed)
13-15 years	WCC only
16 year	WCC + Meningococcal ACWY Booster, can start Meningococcal B
17-20 years	WCC + Meningococcal B (if not previously completed)
21 year	WCC + Possible Tdap

Flu Vaccine is recommended for all children 6 months and older

Beyfortus - an immunization for RSV (Respiratory Syncytial Virus) is recommended for all babies 0 to <8 months during RSV season (October – April)

WCC = Well Child Check
DTaP/Tdap = Diphtheria, Tetanus and Pertussis
*DTaP, Hib, IPV given in combo vaccine called Pentacel when available

Your Baby's First Days

- Congratulations on your new arrival! Becoming a parent is an incredible experience filled with excitement, joy, and so many new emotions. It's completely normal to feel a mix of happiness, nervousness, confidence, and uncertainty as you begin this journey. Please know you are not alone - every parent experiences moments of both wonder and worry while adjusting to life with a new baby.
- Your baby is already discovering the world! Newborns can see, hear, and smell right from birth. They recognize gentle voices, react to bright lights, and are drawn to colors and movement nearby. Even though their vision is still developing, they love to gaze at faces and simple patterns.
- These first days in the hospital are a wonderful time to get to know your baby. Take advantage of the opportunity to learn from our staff and ask question - we're here to support you.
- This booklet is designed to guide you through your baby's early days and answer many of the common questions new parents have. Keep it nearby as a handy resource as you learn, bond, and grow together.
- We're honored to partner with you in caring for your new little one.

In The Hospital

- A hospital provider will examine your baby within the first 24 hours and daily during your stay.
- During your stay, your baby will receive the following medications and screenings:
    - Vitamin K injection (prevents bleeding)
    - Erythromycin eye ointment (prevents eye infection)
    - Hepatitis B vaccine (1st dose)
    - Newborn metabolic screening (blood spot test for rare conditions including sickle cell disease, cystic fibrosis, hypothyroidism, phenylketonuria and galactosemia)
    - Hearing screen
    - Congenital heart screening (pulse oximetry)
    - Jaundice (bilirubin) levels will be checked
    - Blood sugar monitoring may occur if there are risk factors (e.g., gestational diabetes)
    - Nurses and providers will guide you on how to feed and care for your baby.

After Discharge Instruction

Newborn's First Office Visit

When you are discharged, your hospital provider will tell you when to follow up with us, usually 1-2 days after discharge. Call us to schedule your first appointment.

During this visit, we will:

- **Monitor Growth:** Check that your baby is regaining their initial birth weight.
- **Assess Feeding:** Review your baby's feeding habits.
- **Screen for Jaundice:** Look for any signs of jaundice/elevated bilirubin
  - For elevated bilirubin levels, a quick test, using blood from a heel prick, will be performed here in the office, and we may ask you to return for daily rechecks until the level stabilizes.
- **Answer Questions:** Address any questions or concerns you have.
- **Insurance Coverage:**
  - It is best to contact your insurance company as soon as possible to prevent a lapse in coverage.
  - You have 30 days from the date of birth to add your newborn to your insurance policy.
  - Please note that your baby's first visit is a well visit and any follow-up visits before the two-week mark are considered "sick visits" and may require a co-pay or deductible, depending on your individual insurance plan.

Your Baby's First Months

Common Newborn Findings:

- **Acrocyanosis:** It is normal for newborns to have purplish hands and feet, known as acrocyanosis. As long as the discoloration is limited to the hands and feet, it is not concerning and will resolve as your baby grows.

- **Jaundice:** Approximately 25% of newborns may appear slightly yellow in color, a condition called jaundice. This occurs due to the breakdown of red blood cells, resulting in bilirubin accumulation. The liver processes bilirubin so it can be excreted in urine and stool. Sometimes, bilirubin builds up faster than it can be cleared, causing yellowing of the skin. Bilirubin levels are routinely checked in the hospital and, if needed, after discharge. Further instructions or

treatment—typically phototherapy—will be provided based on these levels.

- Milia: Tiny white cysts on the face and nose, called milia, are common and resolve on their own within a few weeks.
- Erythema Toxicum: A newborn rash with small red areas and yellow-white bumps, resembling insect bites, is called erythema toxicum. It is harmless and will resolve without treatment.
- Head and Eye Changes: Temporary reshaping of the skull from birth canal pressure during delivery is common after birth. Cephalohematomas (localized scalp swelling) and subconjunctival hemorrhages (red spots in the eyes) may occur and typically resolve within 2–6 weeks.
- Tear Production: Tear glands are immature at birth, so tears are not produced with crying until 1–3 months of age. Yellowish eye discharge in the first months is often due to a blocked tear duct (nasolacrimal duct stenosis). If the white of the eye is red or there is swelling, please contact our office.
- Epstein Pearls: Small white cysts on the hard palate, known as Epstein pearls, are normal and will disappear without treatment.
- Thrush: Oral thrush appears as white plaques on the tongue and inside the mouth and requires medication. If you notice this, please call our office during regular hours.

Normal Newborn Behaviors

- Sneezing
- Hiccupping
- Spitting-up milk (not generally forceful)
- Startle (Moro) response (primitive reflex)
- Straining with bowel movements
- Periodic breathing or short respiratory pauses (3–10 seconds) alternating with regular breaths, most evident during sleep

FEEDING

Initial weight loss and weight gain

Term newborns commonly lose up to 10% of their birth weight within the first few days after birth and generally start regaining weight by day three to five, with most returning to their birth weight by 10–14 days of age. Weight loss is not usually concerning unless it exceeds 10% of birth weight. If weight loss surpasses this threshold during breastfeeding, supplementation with expressed breast milk or formula may be advised to ensure appropriate growth. Infants typically gain about 1 ounce per day from birth until 3–4 months of age, then about 0.5 ounce per day from 4 to 6 months, and about 0.25 ounce per day from 6 to 12 months.

Breast Feeding

- Our staff includes certified lactation consultants to help with any breastfeeding questions.
- Until your milk supply is well-established (usually within the first two weeks), feed your baby whenever they seem hungry (on-demand feeding) and at least every 2-3 hrs. After that, a feeding schedule of every 2 to 3 hours is typically sufficient (8–12 times per day) for the first few months. If your baby sleeps longer than 3 hours between feeds, wake them to ensure adequate intake.
- Colostrum is the first breast milk produced. It is rich in protein, fat, and antibodies (immunoglobulins) that help protect your baby from infection.
- Whether you prefer to lie down or sit up when breast feeding, make sure you are in a comfortable and supported position.
- Engage and play with your baby for a moment to ensure they are fully awake before feeding.
- For latching, guide your baby's mouth to latch onto the entire dark area around the nipple (the areola), not just the nipple itself. This helps them get enough milk and prevents soreness.
- Try to empty one breast before offering the other (usually 10-20 min). This ensures your baby gets the higher calorie "hindmilk."
- Preventing nipple confusion: Don't let your baby "play" with the nipple or use it as a pacifier. Avoid pacifiers for the first 2-4 weeks after birth.

Soothing sore breasts and nipples

Around 2 to 3 days after birth, your milk "comes in," and your breasts may feel uncomfortably full.

- This feeling is temporary, lasting only a couple of days.
- To relieve discomfort, you can:
  - **Hand-express or pump** just enough milk to soften the dark area around your nipple (areola), which helps your baby latch on properly.
  - **Apply cold packs or cold cabbage leaves** to your breasts for 15-20 minutes, every 1-2 hours.
  - **Take a warm shower** to help milk flow. To protect your sensitive skin, place a towel over your breasts.
- Massaging your breasts in a circular motion can also help relieve pressure and move milk.
- After feeding, expose your nipples to air and apply a few drops of expressed milk to help with healing.
- Contact our lactation consultant if you have cracked or bleeding nipples.

Storing Breast Milk

- **Room temperature:** Freshly pumped milk can be stored at room temperature for 4 to 6 hours.
- **Refrigerator:** Keep milk in the refrigerator for up to 4 days.
- **Freezer:** Store in a standard freezer for up to 6 months. In a deep freezer, milk can last up to one year.
- **Labeling:** Always label milk with the date and time it was pumped.

Formula Feeding

In the Hospital

- **Schedule and Amount:** If formula-feeding, your baby may be offered an iron fortified formula every 2 to 3 hours.
- **On-Demand Feeding:** If your baby seems hungry earlier than the scheduled time, go ahead and feed him/her. Let your baby decide how much he/she wants to eat; don't force him/her to finish a bottle.
- **Expected Intake:** In the first couple of days, newborns might only take half to one ounce per feeding every 2-3 hours.

Feeding Techniques

- Position: Hold your baby at a 45-degree angle in your arms to make feeding easier and to prevent excessive formula from dripping out of the bottle.

Types of Formula

- **Ready-to-Use:** This is the most convenient option, especially for the first few days, though it is more expensive.
- **Concentrated or Powdered:** These forms are equally good and more economical. Follow the directions on the can for mixing.
- **Water Safety:** If you use well water, boil it for the first month of your baby's life.

Preparing and Storing Formula

- **Bottle Cleaning:** Wash bottles with soap and hot water, using a nipple brush, and rinse well. Sterilizing is not necessary.
- **24-Hour Supply:** You can prepare a 24-hour supply of formula.
- **Reusing and Discarding:** Never put leftover milk back in the refrigerator after a feeding, as bacteria can be introduced. Discard any unused formula in a small bottle after each feeding.
- **Rinsing:** Immediately rinse bottles after feeding.

Feeding Schedule and Diet

- **Feeding Frequency:** Expect your baby to feed about every 2 to 3 hours, with a minimum of eight feedings in 24 hours.
- **Waking to Feed:** If your baby sleeps for more than three hours, wake them up to feed.
- **Formula/Breast Milk Only:** Until six months of age, your baby only needs formula or breast milk.
- **Starting Solids:** Solid foods are generally introduced between four and six months, but always consult with your pediatrician before making any dietary changes.

Burping your baby

- Burp your baby once or twice during each feeding and again afterward to help them release swallowed air.
- **Over the shoulder:** Hold your baby against your chest and shoulder, supporting their head. Gently rub or pat their back.
- **Sitting on your lap:** Hold your baby sitting in your lap, supporting their head with your hand, and pat their back.
- **Adjusting to your baby:** Some babies need frequent burping, while others need very little. Since breast milk is easily digested, your baby may not burp every time.

GENERAL INFORMATION

Diapering and Dressing Your Infant

- **Diapering:** Fold the top of the diaper down, away from the umbilical cord, to keep it dry and help it heal.
- **Dressing:** Dress your baby in one additional layer of clothing than you are wearing.
- **Room Temperature:** No need to overheat your house. Your baby's temperature is similar to yours.

Umbilical Cord Care at Home

The cord clamp will be removed in the hospital before you leave. A small amount of yellow discharge or bleeding from the umbilical cord as well as a slight odor is normal as it dries and falls off. The umbilical cord should be kept dry, no cleaning is necessary. This will facilitate faster detachment.

Call your doctor immediately if:

- There is significant bleeding that does not stop with gentle pressure.
- The skin around the cord appears red or swollen.
- You are concerned about any signs of infection.

Bathing Your Newborn

Your baby will receive their first bath in the hospital nursery. At home, avoid submerging the umbilical area in water until the cord has fallen off. Until then, sponge baths 1–2 times per week are recommended.

For Your Baby's Skin

- **Avoid scented products:** Keeping newborn skincare simple is key. A baby's skin is sensitive and doesn't need scented products, which can cause irritation.
- **Stick to the basics:** Regular bathing and clean clothing are generally sufficient.
- **Protect the diaper area:** If needed use a protective barrier cream for the baby's buttocks to help prevent diaper rash.
- **When to seek advice:** If there are concerns about a baby's skin, a rash, or any irritation, contact our office and telephone trained triage nurse or provider can offer guidance.

Female Newborn Genital Care

- **Wipe front to back.** This is the most important step to prevent bacteria from entering the urinary tract and causing an infection.
- **Expect hormonal changes.** It is common and normal for newborn girls to have a mild, bloody, or clear vaginal discharge in the first few days or weeks of life. This is caused by the withdrawal of maternal hormones after birth.
- **Don't worry about breast buds.** Some newborns, both male and female, may develop small breast buds due to hormonal changes. This is also normal.
- **Monitor for concerns.** If the discharge continues for longer than a few weeks, becomes heavy, has an unusual smell, or if the skin around the area becomes red or irritated, contact your provider.

Male Genitalia

Circumcision Aftercare: Two Methods

Method 1: Immediate Removal

- **Healing**: The head of the penis will appear red and raw. This is normal.
- **Initial Dressing:** A Vaseline gauze dressing is applied in the hospital.
- **Continuing Care:** Once the dressing falls off or is removed, apply Vaseline to the head of the penis with each diaper change until the area is healed.

Method 2: Plasti-Bell Ring

- **Removal:** A plastic ring, or "Plasti-Bell," is used and will fall off on its own in 5 to 7 days.
- **Follow-up:** See your provider if the ring has not fallen off by 10 days.
- **Drainage:** A minor amount of brownish oozing is normal as the ring separates.
- **Bleeding:** Call our office if oozing is bright red.

Uncircumcised boys need no special care other than daily cleaning. It is not necessary to retract the foreskin for bathing.

Taking Your Newborn Out and About

- **Going Outside:** You can take your infant for a walk outside as soon as you leave the hospital.
- **Avoiding Crowds:** Keep your newborn away from large crowds for the first 8-10 weeks to protect them from illness.
- **Germs and Sickness:** Be mindful of people with colds, as germs can spread easily. Remind well-meaning individuals not to touch your baby's face or hands.
- **Crowded Places:** Avoid daycare centers for at least the first six weeks of life.

Fever in a Newborn

Definition: A fever is a rectal temperature of 100.4°F or higher in an infant under 3 months old.

- **When to check:** Take your baby's temperature if they feel hot, are feeding poorly, or seem unusually fussy.
- **Why it's serious:** Any fever in a newborn requires immediate medical attention due to their increased susceptibility to infection.
- **What to do:** If your baby's rectal temperature is 100.4°F or higher, call our office right away.

The Dangers of Smoking Around Your Baby

- Research has consistently shown that infants and children with one or both parents who smoke have a significantly higher risk of allergies and respiratory infections.
- To protect your newborn's health, it is essential to keep all smoking away from your child, especially inside your home and car.
- Exposing your baby to smoke increases the risk of Sudden Infant Death Syndrome (SIDS).

SIDS (Sudden Infant Death Syndrome)

Sudden Infant Death Syndrome (SIDS) refers to the sudden and unexplained death of a baby under 1 year of age. To reduce the risk of SIDS:

- **Always** place your baby on their back to sleep—never on the stomach or side.
- Use a firm, flat sleep surface.
- Do not bed-share; your baby should have their own sleep space.
- Room share with your baby, ideally for the first year.
- Keep soft objects and loose bedding (blankets, pillows, bumper pads, stuffed animals) out of the sleep area to prevent suffocation or entrapment.
- Avoid overheating your baby during sleep.
- Ensure your baby is not exposed to cigarette smoke.

Car Seat Safety

When selecting an infant car seat, ensure it meets the safety standards set by the North Carolina Department of Motor Vehicles. The car seat should be installed in the back seat, facing the rear, for as long as possible—until your child outgrows the seat's rear-facing limits. Always secure your baby in the car seat, even for short trips. For more information, visit buckleupNC.org.

If your child has sustained a non-life threatening injury, please call our office for guidance before visiting urgent care or the emergency department.

When to Take Your Child to Urgent Care

You can contact our office at any time, day or night, for advice and a phone nurse will return your call within 2 hours.
If JMA is **closed** and your child needs care before our office reopens, consider taking your child to a pediatric urgent care center (rather than an Emergency Department) for the following:

- Has a fever with or without cold symptoms
- Has a sore throat or cough
- Has ear pain or tugging at ears
- Has red, inflamed eyes with or without drainage
- Has mild wheezing but is not having trouble breathing
- Is having an allergic reaction but is not having trouble breathing
- Has a mild skin rash
- Is vomiting or has diarrhea
- Has abdominal pain or constipation
- Has pain with or increased frequency of urination
- Has a headache or migraine without numbness, tingling or weakness

- Had a seizure with fever that stops on its own
- Has a minor cut that may or may not need stitches
- Has a possible skin infection
- Has a minor burn
- May have a sprain or minor bone fracture, and the bone is not coming out of the skin
- Has a possible head injury, but has not lost consciousness

Jeffers, Mann & Artman Pediatrics has created this list of Urgent Care Centers for your reference if your child needs urgent care after hours.

WakeMed Children's PM Pediatrics Urgent Care
Tel: 919-823-5437
2007 Walnut Street Cary, NC 27518

WakeMed Children's PM Pediatrics Urgent Care
Tel: 919-467-7425
1125 Hatches Pond Ln Morrisville, NC 27560

UNC Children's Urgent Care
Tel: 984-215-6435
2801 Blue Ridge Rd Raleigh, NC 27607

WakeMed Children's PM Pediatrics Urgent Care
Tel: 984-217-5437
8841 Six Forks Road, Suite 102 Raleigh, NC 27615

When to Take Your Child to an Emergency Department

Head to the nearest emergency department if your child:

- Is younger than 2 months and has a fever of 100.4°F (38°C) or higher
- Has a suspected fracture with visible swelling or unevenness and bumps in the injured area (a displaced bone requires realignment under sedation)
- Has ingested a poisonous substance or taken too much medicine. Consider calling poison control (1-800-222-1222) first if your child is stable
- Has a severe burn, such as deep burns covering large parts of the body surface, or on the face, extremities or genitalia)
- Has severe headache
- Has hit his head and lost consciousness briefly
- Has changes in alertness or unusual trouble waking
- Shows signs of dehydration, including very dry lips and mouth, absence of urination for more than 12 hours, and lethargy and confusion
- Has trouble breathing (including heavy, fast breathing)
- Has persistent chest pain or pressure

- Has thoughts of hurting self or others
- Had a seizure
- Has fever above 105°F

Jeffers, Mann & Artman Pediatrics has created this list of Children's Emergency Departments for your reference if your child needs emergency care after hours.

WakeMed - Raleigh Campus - Children's ER

3000 New Bern Avenue Raleigh, NC 27610
Phone: 919-350-8000

Duke Department of Emergency Medicine The Pediatric Emergency

Department functions within Duke's main Emergency Department.
2301 Erwin Rd
Durham, NC 27710
Phone: 919-684-2413

UNC Children's Emergency Department

The UNC Children's Emergency Department is located at 101 Manning Drive, in the basement of the N.C. Neurosciences Hospital.
101 Manning Drive
Chapel Hill, NC 27514 Phone: 984-974-1000

We're Here for Every Step

Whether it's your first baby or your fourth, we're proud to support your child's health with compassionate, expert care. Thank you for trusting JMA Pediatrics!