

## Changing pediatrician explained



### Why families change pediatricians

Families change pediatricians for many legitimate reasons. Some are logistical: moving, a change in insurance network, inconvenient office hours, difficulty getting same-day sick visits for infants, or a practice location that is no longer realistic with work, childcare, or transportation. Others are relational: parents may feel rushed, unheard, or uncomfortable asking questions. Sometimes the practice is excellent medically but does not match a family's communication needs or expectations for after-hours pediatric care.

There are also medical continuity reasons to change. A baby with prematurity, feeding complications, congenital conditions, developmental concerns in babies, or recurrent hospitalizations may benefit from a practice that coordinates closely with subspecialists, offers robust triage, or has experience with medically complex children. Conversely, a family may leave a large academic practice for a smaller office where they can more often see the same clinician.

Changing does not mean the previous pediatrician was necessarily wrong. It means the care relationship needs to work for the child and caregivers. Pediatric care is longitudinal and preventive; trust, access, and clear communication matter because they influence whether families seek advice early,

keep well-child visits, and follow through on referrals or monitoring plans.

## **Signs it may be time to look for a new pediatrician**

It may be time to consider a change if you repeatedly leave appointments confused about the plan, cannot get timely guidance for urgent symptoms in young infants, or feel that your questions are consistently minimized. A single frustrating visit is not always a reason to switch; clinicians and families can have difficult days. But persistent mismatch deserves attention.

Other signs include difficulty obtaining test results, unclear follow-up after abnormal findings, repeated administrative errors, or inability to coordinate care among specialists, therapists, and hospitals. For infants, missed communication about weight checks, jaundice follow-up, feeding plans, or vaccine timing can have practical consequences. If your baby has a chronic medication, allergy, or condition requiring monitoring, reliable communication is especially important.

Values can also matter. Parents may want a clinician who explains evidence behind vaccines, sleep safety, nutrition, developmental surveillance, antibiotic stewardship, or lactation-related concerns in a way that is direct but respectful. If you need to repeatedly avoid certain topics because the conversation feels judgmental or unsafe, the therapeutic relationship may not be functioning well.

## **How to choose the next pediatrician**

Choosing a new pediatrician is partly practical and partly clinical. Start by confirming insurance coverage, hospital affiliations, office location, hours, and whether the practice accepts new patients. Ask how quickly newborns and sick infants can be seen, whether there is an after-hours pediatric triage line, and who covers weekends or holidays.

It is reasonable to schedule a meet-and-greet or introductory call if the practice offers one. Questions to ask pediatrician candidates may include how they manage same-day sick visits, vaccine counseling, feeding issues, developmental screening, medication refills, test results, and referrals. For a baby, ask specifically about the infant well-child visit schedule and how the

office handles weight checks or bilirubin follow-up when needed.

Consider the practice model. Some families prefer seeing one primary clinician consistently; others value a group practice with extended hours. Neither is automatically superior. The best fit is the model that provides safe access, good documentation, respectful communication, and a clear plan when your child is ill.

Confirm the clinician's board certification or pediatric training and practice scope.

Ask about response time for portal messages and phone calls.

Clarify whether telehealth is available and when in-person evaluation is required.

Ask how immunizations, growth charts, and screening results are tracked.

Check whether the office can coordinate with hospitals, lactation consultants, early intervention services, and pediatric specialists.

### **Transferring records without losing continuity**

The administrative step that matters most medically is the record transfer. A complete chart helps the new pediatrician understand your child's baseline, prior diagnoses, vaccine history, medication reactions, growth trajectory, screening results, and family history. Ask the new office what release form is required, then request records from the prior practice as early as possible. Some offices send records electronically; others use fax, secure portal, or printed copies.

For babies, prioritize immunization records for babies, newborn screening results, hospital discharge paperwork, birth history, growth charts, bilirubin results if relevant, feeding or weight-follow-up notes, allergy lists, medication lists, and any emergency department or hospital records. If your child has seen specialists, request those notes too; specialist documentation does not always automatically reach the primary care office.

Keep your own copy of critical information. A parent-held folder or secure digital file can include vaccine dates, medication names and doses, allergies, diagnoses, surgeries, hospitalizations, and names of specialists. This is not a substitute for the medical chart, but it is useful during urgent visits,

travel, or a first appointment with a new clinician.

Try to avoid a gap between practices. Schedule the first appointment with the new pediatrician before formally disengaging, especially if your baby is due for vaccines, growth monitoring, medication follow-up, or developmental surveillance. If your child is currently being evaluated for an acute problem, ask whether it is safer to complete that workup before switching or to arrange a direct handoff.

### **What to tell the previous pediatrician**

You do not need to provide a long explanation, but a brief, respectful message can be helpful. Many families simply say they are transferring care because of location, insurance, scheduling, or a better fit for their needs. If there were communication or access problems, you may choose to share feedback calmly; practices sometimes use this information to improve systems.

If the relationship has been strained, you can keep the message administrative: request records, confirm the transfer destination, and thank the team for prior care if that feels appropriate. Avoid delaying the record request because the conversation feels awkward. Medical continuity is the priority.

In rare situations involving serious safety concerns, such as repeated failure to communicate urgent results or unsafe advice, consider speaking with the practice manager, patient relations department, or your insurer's member services. If immediate medical care is needed, contact an appropriate healthcare professional, urgent care, emergency department, or local emergency number rather than waiting for an administrative resolution.

### **Explaining the change to your child**

For babies, the explanation is mostly for the emotional environment around them. They respond to caregiver tone, pacing, and comfort. If you feel guilty or anxious, try to frame the change neutrally: the family is going to a new doctor's office where people will help keep the baby healthy.

Toddlers and preschoolers benefit from short, concrete language. You might say, "We are going to see a new doctor who checks how you are growing and helps when

you feel sick." Avoid portraying the old doctor as bad or the new doctor as scary. If your child asks why, simple answers are enough: "This office is easier for us to get to," or "This doctor can see us when we need visits."

Older children may have preferences. Ask what they liked or disliked about the old office and what helps them feel comfortable during exams. They may care about privacy, pain during vaccines, being spoken to directly, or having time to ask questions. Acknowledge their feelings while making clear that adults are responsible for choosing safe medical care.

For children with anxiety, autism spectrum disorder, sensory sensitivities, trauma history, or complex medical needs, preparation can make a major difference. Ask the new office whether you can send notes beforehand, request a quieter room, schedule at a less crowded time, bring comfort items, or use a visual schedule. If your child relies on routines, a preview of the visit may reduce distress.

### **The first appointment with the new pediatrician**

The first visit is a chance to build a shared map of your child's health, not just to repeat the old chart. Bring a pediatrician appointment checklist if that helps you organize details. Useful items include insurance information, medication bottles or a current medication list, allergy history, immunization records, growth or feeding concerns, specialist names, and top three to five questions.

Be concise but honest about why you changed pediatricians. A new clinician does not need gossip, but they do need context. For example: "We needed more consistent access for sick visits," "We moved," or "We wanted clearer coordination with specialists." This helps the new pediatrician understand what matters most to your family.

Expect the clinician to review growth, development, nutrition, sleep, safety, vaccines, family history, and any current concerns. If your child has an ongoing issue, such as poor weight gain, reflux-like symptoms, eczema, constipation, wheezing, or developmental delay, the new pediatrician may want to confirm details, examine the child, review prior records, and decide whether additional evaluation or referral is appropriate. They should not be expected

to endorse a prior plan without adequate information.

### **Special considerations for newborns and babies**

In the newborn period, timing matters. Many babies need early outpatient follow-up soon after discharge, particularly if there are feeding concerns, weight loss, jaundice, prematurity, or maternal-infant complications. If you change pediatricians during this period, confirm that the new office can provide newborn follow-up within the recommended timeframe given at discharge.

Do not assume the hospital automatically sent all information. Bring newborn discharge paperwork, feeding and diaper logs if relevant, bilirubin results, birth weight, discharge weight, blood type or Coombs test information if known, and newborn screening documentation when available. The new clinician may need to assess hydration, weight trajectory, jaundice risk, and feeding effectiveness.

For infants, vaccine timing is another important continuity issue. If records are incomplete, the pediatrician may need to reconstruct the immunization schedule from reliable documentation. Parent memory is helpful but usually not enough for official vaccine records. Ask both old and new offices how to access the state or regional immunization registry if applicable.

### **When the change is really a transition to adult care**

Although this article is in a baby-focused category, many families think about pediatrician changes across childhood. For adolescents and young adults, leaving the pediatrician may be part of a structured transition to adult primary care. Harvard Health and UMass Memorial Health emphasize planning ahead, transferring records, confirming insurance, and helping teens learn their own medical history and medications.

A gradual transition is especially important for young people with chronic conditions, developmental disabilities, mental health needs, or complex medication regimens. Teens should learn to describe their diagnoses, allergies, medications, surgeries, family history, and emergency contacts. They can practice checking in, asking questions privately, making appointments, and understanding confidentiality.

For young adults with significant disability or special healthcare needs, families may also need to discuss guardianship, supported decision-making, consent, and who can access medical information after the age of majority. These are legal and medical coordination issues, so they should be discussed with appropriate healthcare, legal, and social service professionals before the transition date.