

## Questions to ask pediatrician



### Why the right questions matter

Parents often focus on finding a pediatrician who is kind and conveniently located, and both matter. But the deeper goal is to find a practice that can reliably support the medical realities of infancy: rapid growth, immature immune function, feeding changes, vaccine schedules, sleep transitions, and subtle early signs of illness. Babies cannot describe pain, nausea, dizziness, or respiratory distress, so access to skilled assessment and clear triage is essential.

Questions also reveal how a practice communicates. You are not looking for a clinician who agrees with every preference automatically; you are looking for someone who listens carefully, explains evidence-based recommendations, discusses uncertainty honestly, and helps you make safe decisions. If a pediatrician's communication style makes you feel ashamed or rushed, it may be harder to bring up sensitive issues later, including postpartum mental health, family stress, feeding difficulties, or developmental milestone concerns.

### Questions to ask before choosing a pediatrician

If possible, many families schedule a prenatal interview or meet-and-greet.

This can be especially helpful for first-time parents, babies with anticipated medical needs, or families deciding between several practices.

Are you accepting new patients, and do you accept our insurance plan?

Which hospitals are you affiliated with, and will you see my baby in the hospital after delivery?

How soon after birth should the first newborn visit happen?

How many clinicians are in the practice, and will we usually see the same pediatrician?

What is your experience with newborn care, premature infants, twins, medically complex infants, or babies with feeding challenges?

How do you involve parents and caregivers in decision-making?

How do you communicate lab results, visit summaries, growth trends, and follow-up plans?

It is also reasonable to ask about the practice's care model. Some offices have pediatric nurse practitioners, physician assistants, lactation consultants, behavioral health specialists, social workers, or care coordinators. A team-based model can be very helpful, but you should understand who your baby will see, how supervision works, and how urgent concerns are escalated.

### **Access, scheduling, and after-hours care**

Access is not a small detail in pediatrics. Babies often become ill outside business hours, and new parents may need timely reassurance or instruction. Ask practical questions before there is a crisis.

Do you offer same-day sick visits for infants?

Are evening, early morning, or weekend appointments available?

How do I reach the practice after hours?

Is there an after-hours pediatric triage line staffed by nurses or clinicians?

When should I use telehealth, and when does my baby need an in-person exam?

What situations should go directly to urgent care or the emergency department?

How quickly are portal messages and phone calls usually answered?

Telehealth can be useful for certain follow-ups, medication questions, rash review, behavioral guidance, or discussing test results. However, infants with respiratory symptoms, dehydration risk, abnormal color, lethargy, poor feeding,

or fever in a young baby often need prompt in-person assessment. Ask the pediatrician to clarify the office's triage rules so you are not guessing at 2 a.m.

## **Questions about newborn care and the first weeks**

The newborn period is brief but medically important. Early appointments often focus on weight change, jaundice, feeding effectiveness, hydration, stooling and urination patterns, umbilical cord healing, safe sleep, and family adjustment.

How do you monitor newborn weight loss and weight gain?

What number of wet diapers and stools should we expect in the first week?

How do you evaluate jaundice, and when might bilirubin testing be needed?

What should we do if the baby is too sleepy to feed well?

How do you support breastfeeding, pumping, combination feeding, or formula feeding?

When should we call about spitting up, vomiting, diarrhea, or signs of dehydration?

What umbilical cord changes are normal, and what could suggest infection?

Feeding questions deserve special attention. A medically literate parent may already understand that intake, output, weight trajectory, and clinical hydration are more informative than one isolated feeding. Still, it helps to know exactly how your pediatrician defines adequate transfer, when a lactation assessment is appropriate, and when supplementation might be discussed for safety. The goal is not to judge a feeding method; it is to protect the baby's growth, hydration, and neurologic stability.

## **Vaccines, preventive care, and safety counseling**

A pediatrician's vaccine philosophy is an important fit question. Pediatric practices commonly follow immunization schedules recommended by national public health and pediatric organizations. Ask the clinician how they discuss vaccine benefits, risks, timing, contraindications, and common post-vaccine reactions.

Which immunization schedule does your practice follow?

How do you counsel families who have vaccine questions or anxiety?

What reactions are expected after vaccines, and what reactions require a call?  
How do you track missed or delayed immunizations?  
Do you send reminders for well-child visits, vaccines, and screening tests?

Preventive care also includes safe sleep counseling, car seat guidance, injury prevention, vitamin D supplementation when indicated, oral health, sun safety, smoke exposure avoidance, and anticipatory guidance for upcoming developmental stages. Ask how much time is reserved for well visits and whether you will receive age-specific handouts or portal summaries. Good preventive care is not just a checklist; it is a conversation tailored to your baby, home, culture, caregiving structure, and risk factors.

### **Development, behavior, sleep, and mental health**

Infant development is dynamic, and the pediatrician should use both structured screening and clinical surveillance. Surveillance means listening to caregiver observations over time, watching the baby's movement and interaction, and considering medical, sensory, neurologic, and environmental contributors when concerns arise.

How do you perform pediatric developmental screening during infancy?  
Which milestones do you prioritize at each well-child visit?  
How should we think about corrected age if the baby was premature?  
When would you refer to early intervention, physical therapy, occupational therapy, audiology, or ophthalmology?  
How do you evaluate persistent asymmetry, low tone, feeding coordination problems, or limited social engagement?

Sleep and behavior questions are also appropriate. Ask how the pediatrician approaches safe sleep, night waking, reflux-like discomfort, excessive crying, and caregiver fatigue. A family-centered pediatrician should also ask about parental mental health, bonding, safety at home, and practical support. Screening for postpartum depression and anxiety is part of good pediatric care because caregiver wellbeing directly affects infant wellbeing.

### **Questions to bring to every well-child visit**

Well-child visits are easier when you arrive with a concise agenda. Try

grouping questions by topic: feeding, elimination, sleep, development, behavior, safety, medications, skin, and family concerns. If you have several issues, tell the nurse or clinician at the start so the appointment can be prioritized.

Is my baby's growth pattern appropriate on the growth chart?  
Are feeding volumes, frequency, and weight gain reassuring for this age?  
Are sleep patterns safe and developmentally typical?  
What developmental skills should we watch for before the next visit?  
Are there any safety changes we should make at home now?  
Which symptoms should prompt a call before the next scheduled appointment?  
What is the plan if a concern worsens after the office closes?

For medically literate families, it can be tempting to arrive with a differential diagnosis in mind. That is understandable, especially if you have healthcare experience. Still, present the clinical picture plainly: onset, duration, feeding impact, urine output, stool changes, temperature method, breathing pattern, exposures, medications, and photos or videos if relevant. Clear data helps the pediatrician decide whether observation, office evaluation, testing, referral, or urgent escalation is safest.

### **How to judge whether the pediatrician is a good fit**

A good fit is not only about personality. It includes trust, access, evidence-based care, cultural humility, and the ability to discuss uncertainty. After a visit, ask yourself whether you understood the plan, whether your main concerns were addressed, and whether you know what to do if the situation changes.

Positive signs include clear explanations, respectful listening, transparent discussion of risks and benefits, practical written instructions, and appropriate follow-up. Concerning signs include repeated dismissal of parental observations, vague instructions for urgent symptoms, pressure to avoid standard preventive care without medical justification, or inability to explain how after-hours concerns are handled.

You are allowed to switch pediatricians if the relationship is not working. Babies benefit when caregivers feel able to ask questions early rather than

waiting until anxiety or illness escalates. The best pediatric partnerships are collaborative: the clinician brings medical expertise, and you bring close knowledge of your baby's baseline behavior, feeding, sleep, and responsiveness.