

# BRIGHT FUTURES HANDOUT ► PARENT

## 1 MONTH VISIT



Here are some suggestions from Bright Futures experts that may be of value to your family.

### ✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Ask us for help if you have been hurt by your partner or another important person in your life. Hotlines and community agencies can also provide confidential help.
- Tobacco-free spaces keep children healthy. Don't smoke or use e-cigarettes. Keep your home and car smoke-free.
- Don't use alcohol or drugs.
- Check your home for mold and radon. Avoid using pesticides.

### ✓ FEEDING YOUR BABY

- Feed your baby only breast milk or iron-fortified formula until she is about 6 months old.
- Avoid feeding your baby solid foods, juice, and water until she is about 6 months old.
- Feed your baby when she is hungry. Look for her to
  - Put her hand to her mouth.
  - Suck or root.
  - Fuss.
- Stop feeding when you see your baby is full. You can tell when she
  - Turns away
  - Closes her mouth
  - Relaxes her arms and hands
- Know that your baby is getting enough to eat if she has more than 5 wet diapers and at least 3 soft stools each day and is gaining weight appropriately.
- Burp your baby during natural feeding breaks.
- Hold your baby so you can look at each other when you feed her.
- Always hold the bottle. Never prop it.

#### If Breastfeeding

- Feed your baby on demand generally every 1 to 3 hours during the day and every 3 hours at night.
- Give your baby vitamin D drops (400 IU a day).
- Continue to take your prenatal vitamin with iron.
- Eat a healthy diet.

#### If Formula Feeding

- Always prepare, heat, and store formula safely. If you need help, ask us.
- Feed your baby 24 to 27 oz of formula a day. If your baby is still hungry, you can feed her more.

### ✓ HOW YOU ARE FEELING

- Take care of yourself so you have the energy to care for your baby. Remember to go for your post-birth checkup.
- If you feel sad or very tired for more than a few days, let us know or call someone you trust for help.
- Find time for yourself and your partner.

### ✓ CARING FOR YOUR BABY

- Hold and cuddle your baby often.
- Enjoy playtime with your baby. Put him on his tummy for a few minutes at a time when he is awake.
- Never leave him alone on his tummy or use tummy time for sleep.
- When your baby is crying, comfort him by talking to, patting, stroking, and rocking him. Consider offering him a pacifier.
- *Never hit or shake your baby.*
- Take his temperature rectally, not by ear or skin. A fever is a rectal temperature of 100.4°F/38.0°C or higher. Call our office if you have any questions or concerns.
- Wash your hands often.

# 1 MONTH VISIT—PARENT

## SAFETY

- Use a rear-facing—only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- Make sure your baby always stays in her car safety seat during travel. If she becomes fussy or needs to feed, stop the vehicle and take her out of her seat.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Always put your baby to sleep on her back in her own crib, not in your bed.
  - Your baby should sleep in your room until she is at least 6 months old.
  - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
  - Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and toys in the crib.
- Swaddling should be used only with babies younger than 2 months.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Keep hanging cords or strings away from your baby. Don't let your baby wear necklaces or bracelets.
- Always keep a hand on your baby when changing diapers or clothing on a changing table, couch, or bed.
- Learn infant CPR. Know emergency numbers. Prepare for disasters or other unexpected events by having an emergency plan.

## WHAT TO EXPECT AT YOUR BABY'S 2 MONTH VISIT

### We will talk about

- Taking care of your baby, your family, and yourself
- Getting back to work or school and finding child care
- Getting to know your baby
- Feeding your baby
- Keeping your baby safe at home and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*

For more information, go to <https://brightfutures.aap.org>.

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The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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# Car Safety Seat Checkup

Using a car safety seat correctly makes a big difference. Even the seat appropriate for your child's size may not properly protect your child in a crash unless it is used correctly. So take a minute to check to be sure.

## » Does your car have air bags?

- Never place a rear-facing car safety seat in the front seat of a vehicle that has a front passenger air bag. If the air bag inflates, it will hit the back of the car safety seat, right where your baby's head is, and could cause serious injury or death.
- The safest place for all children younger than 13 years to ride is in the back seat.
- If an older child must ride in the front seat, a child in a forward-facing car safety seat with a harness may be the best choice. Just be sure the vehicle seat is moved as far back from the dashboard (and the air bag) as possible.

## » Is your child facing the right way for weight, height, and age?

- All infants and toddlers should ride in a rear-facing car safety seat until they are 2 years of age or until they reach the highest weight or height allowed by their car safety seat's manufacturer.
- All children 2 years or older, or those younger than 2 years who have outgrown the rear-facing weight or height limit for their car safety seat, should use a forward-facing car safety seat with a harness for as long as possible, up to the highest weight or height allowed by their car safety seat's manufacturer.

## » Is the harness snug?

- Harnesses should fit snugly against your child's body. Check the car safety seat instructions on how to adjust the straps.
- The chest clip should be placed at armpit level to keep the harness straps on the shoulders.

## » Has your child outgrown the forward-facing seat?

- All children whose weight or height is above the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years of age.
- A seat belt fits properly when the shoulder belt crosses the middle of the chest and shoulder, the lap belt is low and snug across the thighs, and the child is tall enough so that when he sits against the vehicle seat back, his legs bend at the knees and his feet hang down.

## » Does the car safety seat fit correctly in your vehicle?

- Not all car safety seats fit properly in all vehicles.
- Read the section on car safety seats in the owner's manual for your car.

## » Is the seat belt in the right place and pulled tight?

- Route the seat belt through the correct path. Convertible seats have different belt paths for when they are used rear-facing or forward-facing (check your instructions to make sure).
- Pull the belt tight. Apply weight into the seat with your hand while tightening the seat belt or lower anchor strap. When the car safety seat is installed, be sure it does not move more than an inch side to side or toward the front of the car.
- Check the owner's manual for your car to see if you need a locking clip.
- It is best to use the tether that comes with your car safety seat to the highest weight allowed by the vehicle and car safety seat manufacturers. Check the vehicle owner's manual and car safety seat instructions for how and when to use the tether and lower anchors.



Figure 1. Infant-only car safety seat.



Figure 2. Forward-facing car safety seat.

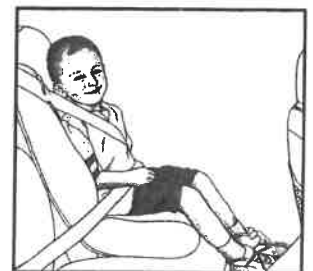


Figure 3. Belt-positioning booster seat.

## » Can you use the LATCH system?

- LATCH (Lower Anchors and Tethers for Children) is an attachment system that eliminates the need to use seat belts to secure the car safety seat.
- Vehicles with the LATCH system have anchors located in the back seat. Car safety seats that come with LATCH have attachments that fasten to these anchors.
- Nearly all passenger vehicles and all car safety seats made on or after September 1, 2002, come with LATCH.
- Unless both the vehicle and the car safety seat have this system, seat belts are still needed to secure the car safety seat.
- Always follow car safety seat and vehicle manufacturer instructions, including weight limits, for lower anchors and top tether anchors. Remember, limits can vary from manufacturer to manufacturer.

## ▶▶ Do you have the instructions for the car safety seat?

- Follow them and keep them with the car safety seat.
- Be sure to send in the registration card that comes with the car safety seat. It will be important in case the seat is recalled.

## ▶▶ Has the car safety seat been recalled?

- You can find out by calling the manufacturer or the National Highway Traffic Safety Administration (NHTSA) Vehicle Safety Hot Line at 888/327-4236 or the NHTSA Web site at [www.safercar.gov](http://www.safercar.gov).
- Be sure to follow the manufacturer's instructions for making any needed repairs to your car safety seat.

## ▶▶ Are you using a used car safety seat?

- Do not use a car safety seat that has been in a crash, has been recalled, is too old (check with the manufacturer), has any cracks in its frame, or is missing parts.
- Make sure it has a label from the manufacturer and instructions.
- Call the car safety seat manufacturer if you have questions about the safety of your seat.

## Questions

If you have questions or need help installing your car safety seat, find a certified child passenger safety (CPS) technician. A list of certified CPS technicians is available by state or ZIP code at <http://cert.safekids.org> (information is available for children with special needs and in Spanish). A list of inspection stations—where you can go to learn how to correctly install a car safety seat—is available in English and Spanish at [www.seatcheck.org](http://www.seatcheck.org) or toll-free at 866/SEATCHECK (866/732-8243). You can also get this information by calling the toll-free NHTSA Vehicle Safety Hot Line at 888/327-4236, from 8:00 am to 10:00 pm ET, Monday through Friday.

The American Academy of Pediatrics (AAP) offers more information in the brochure *Car Safety Seats: A Guide for Families*. Ask your pediatrician about this brochure or visit the official AAP Web site for parents, [HealthyChildren.org](http://HealthyChildren.org).

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Although the American Academy of Pediatrics (AAP) is not a testing or standard-setting organization, this guide sets forth AAP recommendations based on the peer-reviewed literature available at the time of its publication and sets forth some of the factors that parents should consider before selecting and using a car safety seat.

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Illustrations by Wendy Wray.

### From your doctor

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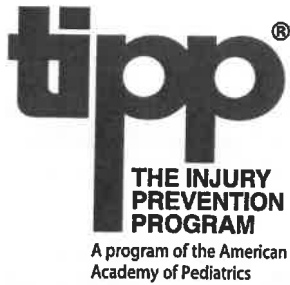
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Web site—[www.HealthyChildren.org](http://www.HealthyChildren.org)

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# Birth to 6 Months



## BIRTH TO 6 MONTHS

### Safety for Your Child

Did you know that hundreds of children younger than 1 year die every year in the United States because of injuries—most of which could be prevented?

Often, injuries happen because parents are not aware of what their children can do. Children *learn quickly*, and before you know it, your child will be *wiggling* off a bed or *reaching* for your cup of hot coffee.

#### Car Injuries

**Car crashes** are a great threat to your child's life and health. Most injuries and deaths from car crashes can be prevented by the use of car safety seats. Your child, besides being much safer in a car safety seat, will behave better, so you can pay attention to your driving. Make your newborn's first ride home from the hospital a safe one—in a car safety seat. Your infant should ride in the back seat in a rear-facing car safety seat.

**Make certain that your baby's car safety seat is installed correctly. Read and follow the instructions that come with the car safety seat and the sections in the owners' manual of your car on using car safety seats correctly. Use the car safety seat EVERY time your child is in the car.**

NEVER put an infant in the front seat of a car with a passenger airbag.



#### Falls

Babies *wiggle* and *move* and *push* against things with their feet soon after they are born. Even these very first movements can result in a fall. As your baby grows and is able to roll over, he or she may fall off of things unless protected. **Do not leave your baby alone** on changing tables, beds, sofas, or chairs. **Put your baby in a safe place** such as a crib or playpen when you cannot hold him or her.

Your baby may be able to crawl as early as 6 months. **Use gates on stairways and close doors** to keep your baby out of rooms where he or she might get hurt. **Install operable window guards** on all windows above the first floor.

**Do not use a baby walker.** Your baby may tip the walker over, fall out of it, or fall down stairs and seriously injure his or her head. Baby walkers let children get to places where they can pull heavy objects or hot food on themselves. A better choice is a stationary activity center with no wheels.

**If your child has a serious fall or does not act normally after a fall, call your doctor.**



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## Burns

At 3 to 5 months, babies will wave their fists and grab at things. **NEVER carry your baby and hot liquids, such as coffee, or foods at the same time.** You can't handle both. Your baby can get burned! To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater.

**If your baby gets burned, immediately put the burned area in cold water. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth and call your doctor.**

To protect your baby from house fires, be sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.



## Choking and Suffocation

Babies explore their environment by putting anything and everything into their mouths. **NEVER leave small objects in your baby's reach, even for a moment.** NEVER feed your baby hard pieces of food such as chunks of raw carrots, apples, hot dogs, grapes, peanuts, and popcorn. Cut all the foods you feed your baby into thin pieces to prevent choking. **Be prepared if your baby starts to choke. Ask your doctor to recommend the steps you need to know. Learn how to save the life of a choking child.**

To prevent possible suffocation and reduce the risk of sudden infant death syndrome (SIDS), **your baby should always sleep on his or her back. Your baby should have his or her own crib or bassinet with no pillows, stuffed toys, bumpers, or loose bedding. NEVER put your baby on a waterbed, beanbag, or anything that is soft enough to cover the face and block air to the nose and mouth.**

**Plastic wrappers and bags form a tight seal if placed over the mouth and nose and may suffocate your child. Keep them away from your baby.**



From Your Doctor

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# Immunizations: What You Need to Know



Immunizations have helped children stay healthy for more than 50 years. They are safe and they work. In fact, serious side effects are no more common than those from other types of medication. Vaccinations have reduced the number of infections from vaccine-preventable diseases by more than 90%! Yet many parents still question their safety because of misinformation they've received. That's why it's important to turn to a reliable and trusted source, including your pediatrician, for information. The following are answers to common questions parents have about immunizations.

## **Q: What vaccines does my child need?**

**A:** Your child needs all of the following immunizations to stay healthy:

- **Hepatitis A and hepatitis B** vaccines to help protect against serious liver diseases.
- **Rotavirus** vaccine to help protect against the most common cause of diarrhea and vomiting in infants and young children (and the most common cause of hospitalizations in young infants due to vomiting and diarrhea).
- **DTaP** vaccine to help protect against diphtheria, tetanus (lockjaw), and pertussis (whooping cough).
- **Hib** vaccine to help protect against *Haemophilus influenzae* type b (a cause of spinal meningitis).
- **Pneumococcal** vaccine to help protect against bacterial meningitis and infections of the blood.
- **Polio** vaccine to help protect against a crippling viral disease that can cause paralysis.
- **Influenza** vaccine to help protect against the flu. This vaccine is recommended for all children 6 months to 18 years of age.
- **MMR** vaccine to help protect against measles, mumps, and rubella (German measles).
- **Varicella** vaccine to help protect against chickenpox and its many complications including flesh-eating strep, staph toxic shock, and encephalitis (an inflammation of the brain).
- **Meningococcal** vaccine to help protect against very serious bacterial diseases that affect the blood, brain, and spinal cord.
- **HPV** vaccine for girls and women to help protect against a virus called human papillomavirus, certain types of which can lead to cervical cancer. (HPV vaccine is licensed for males; routine recommendations are in review.)

Remember, vaccines definitely prevent diseases and save lives. It's important to follow the schedule recommended by the American Academy of Pediatrics. Contact your child's doctor if you have any questions.

## **Q: Why are some of these vaccines still needed if the diseases are not as common anymore?**

**A:** Because of vaccines, many of these diseases are not as common as they once were. However, the bacteria and viruses that cause them still exist.

For example, before the Hib vaccine was developed in the 1980s, there were about 20,000 cases of Hib disease in the United States a year. Today there are fewer than 100 cases a year. However, the bacteria that causes Hib

disease still exists. That is why children need the vaccine to be protected.

In the United States vaccines protect children from many diseases. However, in many parts of the world vaccine-preventable diseases are still common. Because diseases may be brought into the United States by Americans who travel abroad or from people visiting areas with current disease outbreaks, it's important that your child is vaccinated.

## **Q: Chickenpox is not a fatal disease, so why is the vaccine needed?**

**A:** Chickenpox is usually mild. However, there can be serious complications. In fact, before the vaccine was licensed in 1995, there were about 4 million cases, 11,000 hospitalizations, and 100 deaths each year from chickenpox. Chickenpox is also very contagious. Most children feel miserable and miss about 1 week or more of school when infected. It is because of the vaccine that the number of cases of chickenpox and its complications have gone down so dramatically.

## **Q: Does my baby need immunizations if I am breastfeeding?**

**A:** Yes! While breastfeeding gives some protection against many diseases (and is the *best* nutrition for your baby), it is not a substitute for immunizations. However, breastfeeding and immunizations work well together. In fact, studies show that breastfed babies respond better to immunizations and get better protection from them than babies who are not breastfed. Also, it is important to know that you can breastfeed right before and after your baby receives any immunization.

## **Q: Do vaccines even work? It seems like most of the people who get these diseases have been vaccinated.**

**A:** Yes. Vaccines work very well. Millions of children have been protected against serious illnesses because they were immunized. Most childhood vaccines are 90% to 99% effective in preventing disease. When a large majority of children have been vaccinated, it is expected that most who get the disease will have been vaccinated. And if a vaccinated child does get the disease, the symptoms are usually milder with less serious side effects or complications than in a child who hasn't been vaccinated.

## **Q: When should my child get immunized?**

**A:** Children should get most of their shots during their first 2 years of life. This is because many of these diseases are the most severe in the very young. Most newborns receive their first shot (hepatitis B) at birth before leaving the hospital and more are given at well-child checkups. Other shots are given before children go to school. Older children and teens also need immunizations to continue to protect them throughout adolescence and early adulthood.

Children who are not immunized or who are behind on their shots are at risk of getting many of these diseases. They can also spread these diseases to others who have not yet been immunized. Ask your doctor if your child is up to date. Keep track of the vaccines your child receives and bring this information to each doctor visit.

**Q: What side effects will my child have after getting a vaccine? Are they serious?**

**A:** There may be mild side effects, like swelling, redness, and tenderness where the shot was given, but they do not last long. Your child may also have a slight fever and be fussy for a short time afterward. It is rare for side effects to be serious. However, call your pediatrician right away if your child has

- A very high fever (>103°F) and is younger than 3 months
- Hives or black-and-blue areas at places where the injection was not given
- A seizure

You should also call your pediatrician if you have any other concerns.

**Q: Should some children not be immunized?**

**A:** Children with certain health problems may need to avoid some vaccines or get them later. In most cases, children with cancer, those taking oral or injected steroids for lung or kidney conditions, or those who have problems with their immune systems should not get vaccines that are made with live viruses. To protect these children it is very important for others to be vaccinated. For children with a recent history of seizures, the pertussis part of the DTaP vaccine may need to be delayed. However, a child with a minor illness such as low-grade fever (<100.4°F), an ear infection, cough, a runny nose, or mild diarrhea can safely be immunized.

**Q: Does the MMR vaccine cause autism?**

**A:** No! The MMR vaccine does not cause autism. Many research studies have been done to address this issue. There is no scientifically proven link between the MMR vaccine and autism. There may be confusion because children with autism are often diagnosed between 18 and 30 months of age—around the same time the MMR vaccine is given. This has led some people to mistakenly assume that the vaccine is the cause. Increasing evidence shows that even though the symptoms of autism may not be noticeable until the second year of life or later, autism starts before a baby is born.

**Q: Do vaccines cause sudden infant death syndrome (SIDS)?**

**A:** No! Babies get many of their first vaccines between 2 and 4 months of age. This is also the peak age for SIDS, which is why some people feel they might be related. However, careful scientific studies have confirmed that vaccinations do not cause SIDS.

**Q: I saw on the news that there are “hot lots” of vaccines that are more dangerous than other lots. Is this true?**

**A:** No. The federal government monitors all vaccine lots before they are released. A data-base called the Vaccine Adverse Event Reporting System (VAERS) receives reports of reactions following a vaccination. People may think that if a number of VAERS reports come from a certain batch of vaccine, then this must be a hot lot that causes more side effects. But different vaccine lots contain different numbers of doses, so it is expected that a lot that contains 10,000 doses will result in more reports of reactions than lots that contain 1,000 doses. No hot lots have ever been released.

Keep in mind, the US Food and Drug Administration tests all vaccines and monitors where and how vaccines are made. The places where vaccines are made are licensed. They are regularly inspected and each vaccine lot is safety-tested before release.

**Q: What is thimerosal and does it cause neurologic problems?**

**A:** In the 1930s a preservative called thimerosal was added to vaccines to prevent bacterial contamination of vaccines. However, since 2001 all vaccines for infants are either thimerosal-free or contain only trace amounts of the preservative. Thimerosal contains very small amounts of mercury, but it is in a different form than the mercury we are all exposed to in the environment. Even after many studies, the type of mercury in thimerosal has never been shown to cause health problems other than rare allergic reactions in some people.

**Q: Is it safe to give more than one immunization at a time?**

**A:** Many years of experience and careful research have shown that routine childhood immunizations can be given together safely and effectively. Side effects are not increased when vaccines are given together. The capacity of the human immune system, even in young infants, is enormous, making it possible for infants and children to handle the immunizations they receive.

**Q: How can I comfort my child after an immunization?**

**A:** Shots do hurt some, and your baby may cry for a few minutes. Your doctor may suggest giving your child pain medicine to help relieve some of the more common side effects, such as irritability and fever. Be sure to ask your doctor how much medicine to give your child.

You may also want to try and distract your child as the vaccination is given. Comfort and play with your child after the immunization as well. Remember, keeping your child healthy and avoiding deadly diseases is worth a few tears.

**Q: I want to learn more. Where can I find more information?**

**A:** Be sure your information comes from reliable and accurate sources. You cannot trust everything you find on the Internet. Credible sources include

**American Academy of Pediatrics (Immunization)**  
[www.aap.org/immunization](http://www.aap.org/immunization)

**Centers for Disease Control and Prevention (CDC) Vaccines and Immunizations**  
[www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

**CDC INFO Contact Center (English and Spanish)**  
800/232-4636 (800/CDC-INFO)

**The Children's Hospital of Philadelphia Vaccine Education Center**  
[www.vaccine.chop.edu](http://www.vaccine.chop.edu)

**Immunization Action Coalition**  
[www.immunize.org](http://www.immunize.org)

**Infectious Diseases Society of America**  
[www.idsociety.org](http://www.idsociety.org)

**National Network for Immunization Information**  
[www.immunizationinfo.org](http://www.immunizationinfo.org)

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# Your Baby's Head Shape: Information for Parents on Positional Skull Deformities



Many parents wonder if the shape of their newborn's head is normal. Maybe it seems a bit flat in the back or uneven on one side. Most of these slight imperfections happen when infants spend too much time in one position such as in a crib, a car safety seat, or an infant carrier. The good news is that most of the time the shape of the head returns to normal on its own by simply changing your baby's position regularly. This publication was written by the American Academy of Pediatrics to answer questions from parents about their newborn's head shape.

## Q: Is there a name for this condition?

A: Yes. It is called *occipital* (which means back of the head) *plagiocephaly*, or OP. It is pronounced ok-si-pi-ti pley-jee-uh-sef-uh-lee. Because babies now are put to sleep on their backs, OP is seen more and more. It is more likely to affect boys and usually happens in the first few months after the child is born.

## Q: What causes OP?

A: A newborn's skull is soft and can change shape for a variety of reasons. Sometimes the head becomes uneven during birth when it squeezes through the birth canal. Most of the time, however, the head changes shape when an infant spends too much time lying in one position. For example, an infant who spends too much time on her back looking straight up or with her head always turned to the same side may develop a flat spot on the back or side of her head.

## Q: What does OP look like?

A: The flat spot on the back of the head is the most obvious sign of OP. However, infants may also have one side of the head (including the ear, forehead, and cheek) that is pushed forward. This can best be seen when looking at the infant from the top of the head. The infant's head goes from being evenly shaped like a circle that fits in a square (Figure 1) to being misshaped with one ear pushed forward (Figure 2).

## Q: How is OP different from other skull deformities?

A: A different type of skull deformity in infants is called *craniosynostosis* (cra-nio-sy-nos-to-sis). This is when one or more of the skull bones fuse together too early. Like OP, it causes changes in the shape of an infant's head. However, the changes are usually noticeable by doctors at birth and look much different than the changes caused by OP. This condition does not cause OP, but it can affect brain growth and usually requires surgery to treat.

## Q: Does OP cause brain damage?

A: No. OP is more of a cosmetic problem and is not dangerous. It does not affect brain growth or cause brain injury, ear infections, hearing difficulties, jaw or bone problems, or vision problems.

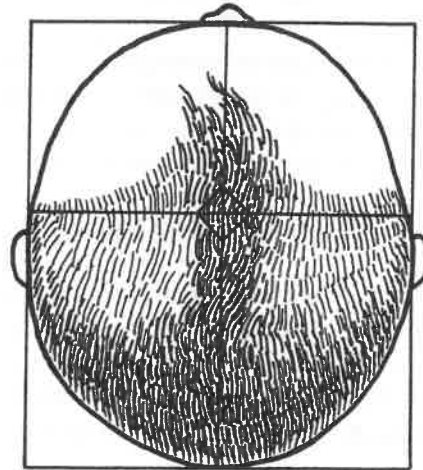


Figure 1. Evenly shaped head

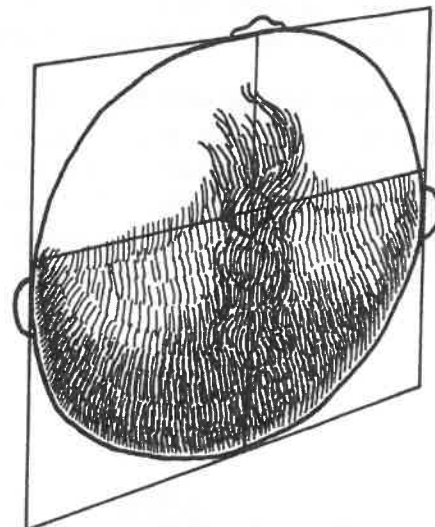


Figure 2. Misshaped head with one ear pushed forward

## Q: Can OP be prevented?

A: The best way to prevent OP is to avoid keeping your infant's head in the same position all the time. This can be done by changing the position of your baby's head. Here are some ways this can be done.

- **Place interesting objects over your infant's crib** (make sure they are out of your child's reach) to encourage him to look around in different directions. Every once in a while, move the crib in your baby's room so he'll turn his head in different directions to see what's going on around him.
- **Alternate on which side you place your infant's head when he is on his back.** For example, turn his head to the left one day, then the right the next day. Put him in the crib with his head at the foot of the bed one day and at the head of the crib the next day.
- **Hold your baby upright when he is awake** to relieve pressure on the back of the head and to give him chances to look at things around him.
- **Don't forget to give your baby plenty of tummy time when he is awake.** This not only helps prevent OP, it also allows your baby to develop the upper body strength he'll need to push up and crawl when the time comes. Whenever your baby is on his tummy, however, you need to be with him at all times and make sure he's on a flat surface and awake.
- **Limit the amount of time your baby spends in a car safety seat, unless he's actually riding in a vehicle.** The same goes for other types of infant seats, such as swings, carriers, or bouncy seats, where the back or side of your baby's head rests against them.

## Q: What if my baby has trouble turning his head to the side?

A: One in 5 infants has trouble turning his head to the side (a condition known as *torticollis* [tor-ti-col-lis]) because of tight or weakened neck muscles. These infants benefit from exercises to stretch and strengthen neck muscles. If your baby is diagnosed with this condition, your baby's doctor or a physical therapist can show you these exercises.

## Q: How is OP diagnosed?

A: Your pediatrician will examine your baby's head at each visit. If any flattening is found, the doctor will determine whether it is caused by lying in the same position or from some other cause. X-rays and computed tomography (CT) scans are usually not necessary to diagnose OP.

## Q: What if my baby's head was flat at birth?

A: In about 1 in 4 infants with OP, the flattening is obvious at the time of the baby's birth. In these cases, the head most likely changed shape in the womb. If the baby turns the head toward the flat side after birth, the flattening may get worse. If your baby had OP at birth, please be reassured that there is nothing you or your doctor could have done to prevent this.

## Why babies need to sleep on their backs

It is very important to remember that infants need to lie on their backs when sleeping. Lying on the side or belly is *not recommended* until after the baby's first birthday.

Placing your baby to sleep on her back greatly reduces the risk of sudden infant death syndrome (SIDS). A little more than a decade ago, researchers found that tummy and side sleeping were linked with SIDS. In response, the American Academy of Pediatrics launched a nationwide Back to Sleep campaign, encouraging parents to put their babies to sleep on their backs. Since that time, SIDS rates in the United States have decreased more than 40%.

## Q: How is OP treated?

A: Most infants with OP are treated by simply changing the position of their heads to avoid lying on the same side all the time. This should be started as soon as OP is found so that the flattening doesn't get worse. Once these changes are made, most flattening improves within 2 to 3 months.

If there is no improvement by 5 to 6 months of age or if the condition gets worse, your pediatrician may refer you to a physician with expertise in pediatric neurosurgery or craniofacial surgery to determine whether more treatment is needed. Such treatment could include a skull-molding helmet.

Skull-molding helmets are designed to help reshape the infant's head. They are custom made and fit snugly in areas that are pushed forward while leaving a small amount of room in areas that are flat. This treatment is expensive—helmets can cost thousands of dollars. Also, they usually need to be worn 23 hours per day for several months. The helmets need to be modified as the infant's head changes shape, requiring follow-up visits with the people who made the helmet. Other than occasional skin irritation, there are no known side effects to helmet treatments.

Surgery is rarely needed to treat OP.

## Q: Do these treatments work?

A: Medical studies show that simply changing an infant's position corrects the shape of the head by about 45% to 50%. It is not clear whether skull-molding helmets are better than position changes. Most studies show them to be equally effective, particularly for children with mild or moderate deformities. It is important to note that neither treatment completely reverses the deformities.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

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# Back to Sleep, Tummy to Play

Back to sleep all of the time, every time.

## What are the 2 most important things to remember about safe sleep practices?

1. Healthy babies are safest when sleeping on their backs at nighttime and during naps. Side sleeping is not as safe as back sleeping and is not advised.
2. Tummy time is for babies who are awake and being watched. Your baby needs this to develop strong muscles.

Remember...Back to Sleep, Tummy to Play

## How much tummy time should an infant have?

Beginning on his first day home from the hospital or in your family child care home or center, play and interact with the baby while he is awake and on the tummy 2 to 3 times each day for a short period of time (3-5 minutes), increasing the amount of time as the baby shows he enjoys the activity. A great time to do this is following a diaper change or when the baby wakes up from a nap.

Tummy time prepares babies for the time when they will be able to slide on their bellies and crawl. As babies grow older and stronger they will need more time on their tummies to build their own strength.

## What if the baby does not like being on her tummy?

Some babies may not like the tummy time position at first. Place yourself or a toy in reach for her to play with. Eventually your baby will enjoy tummy time and begin to enjoy play in this position.

## Doesn't sleeping on her back cause the baby to have a flat head?

Parents and caregivers often worry about the baby developing a flat spot on the back of the head because of sleeping on the back. Though it is possible for a baby to develop a flat spot on the head, it usually rounds out as they grow older and sit up. There are ways to reduce the risk of the baby developing a flat spot:

1. Alternate which end of the crib you place the baby's feet. This will cause her to naturally turn toward light or objects in different positions, which will lessen the pressure on one particular spot on her head.
2. When the baby is awake, vary her position. Limit time spent in freestanding swings, bouncy chairs, and car seats. These items all put added pressure on the back of the baby's head.
3. Spend time holding the baby in your arms as well as watching her play on the floor, both on her tummy and on her back.
4. A breastfed baby would normally change breasts during feeding; if the baby is bottle fed, switch the side that she feeds on during feeding.

## How can I exercise the baby while he is on his tummy?

There are lots of ways to play with the baby while he is on his tummy.

1. Place yourself or a toy just out of the baby's reach during playtime to get him to reach for you or the toy.
2. Place toys in a circle around the baby. Reaching to different points in the circle will allow him to develop the appropriate muscles to roll over, scoot on his belly, and crawl.
3. Lie on your back and place the baby on your chest. The baby will lift his head and use his arms to try to see your face.
4. While keeping watch, have a young child play with the baby while on his tummy. Young children can get down on the floor easily. They generally have energy for playing with babies, may really enjoy their role as the "big kid," and are likely to have fun themselves.

## How do I create a safe sleep environment?

Follow these easy steps to create a safe sleep environment in your home, family child care home, or child care center:

1. Always place babies on their backs to sleep, even for short naps.
2. Place babies on a firm sleep surface that meets current safety standards. For more information about crib safety standards, visit the Consumer Product Safety Commission Web site at [www.cpsc.gov](http://www.cpsc.gov).
3. Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation from the baby's sleep area.
4. Make sure the baby's head and face remain uncovered during sleep.
5. Place the baby in a smoke-free environment.
6. Do not let babies get too hot. Keep the room where babies sleep at a comfortable temperature. In general, dress babies in no more than one extra layer than you would wear. Babies may be too hot if they are sweating or if their chests feel hot. If you are worried that babies are cold, use a wearable blanket such as a sleeping sack or warm sleeper that is the right size for each baby. These are made to cover the body and not the head.
7. If you are working in a family child care home or center, create a written safe sleep policy to ensure that staff and families understand and practice back to sleep and other safe sleep practices in child care, such as those to reduce the risk of sudden infant death syndrome (SIDS) or suffocation. If you are a parent with a child in out-of-home child care, advocate for the creation of a safe sleep policy.

## National SIDS Resources

### Healthy Child Care America (A former program of the American Academy of Pediatrics)

Visit [www.healthychildcare.org/sids.html](http://www.healthychildcare.org/sids.html) to download a free copy of *Reducing the Risk of SIDS in Child Care Speaker's Kit*, AAP policy and research articles, and more.

### Caring for Our Children, National Health and Safety Performance Standards

Visit the National Resource Center for Health and Safety in Child Care and Early Education Web site at <http://nrckids.org> for more information.

### National Institute of Child Health and Human Development Safe to Sleep Campaign

<http://www.nichd.nih.gov/sids>

### CJ First Candle

[www.cjfirstcandle.org](http://www.cjfirstcandle.org)

### Association of SIDS and Infant Mortality Programs

[www.asip1.org](http://www.asip1.org)

### Centers for Disease Control and Prevention

[www.cdc.gov/sids](http://www.cdc.gov/sids)



## NATIONAL CENTER ON

## Early Childhood Health and Wellness

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# Safe Sleep and Your Baby:

## How Parents Can Reduce the Risk of SIDS and Suffocation

About 3,600 babies die each year in the United States during sleep because of unsafe sleep environments. Some of these deaths are caused by entrapment, suffocation, or strangulation. Some infants die of sudden infant death syndrome (SIDS). However, there are ways for parents to keep their sleeping baby safe.

Read on for more information from the American Academy of Pediatrics (AAP) on how parents can create a safe sleep environment for their babies. This information should also be shared with anyone who cares for babies, including grandparents, family, friends, babysitters, and child care center staff.

**NOTE:** These recommendations are for healthy babies up to 1 year of age. A very small number of babies with certain medical conditions may need to be placed to sleep on their stomach. Your baby's doctor can tell you what is best for your baby.

### What You Can Do

#### • Place your baby to sleep on his back for every sleep.

- ° Babies up to 1 year of age should always be placed on their back to sleep during naps and at night. However, if your baby has rolled from his back to his side or stomach on his own, he can be left in that position if he is already able to roll from tummy to back and back to tummy.
- ° If your baby falls asleep in a car safety seat, stroller, swing, infant carrier, or infant sling, he should be moved to a firm sleep surface as soon as possible.
- ° Swaddling (wrapping a light blanket snugly around a baby) may help calm a crying baby. However, if you swaddle your baby before placing him on his back to sleep, stop swaddling him as soon as he starts trying to roll.

#### • Place your baby to sleep on a firm, flat sleep surface.

- ° The crib, bassinet, portable crib, or play yard should meet current safety standards. Check to make sure the product has not been recalled. Do not use a crib that is broken or missing parts or that has drop-side rails. For more information about crib safety standards, visit the Consumer Product Safety Commission Web site at [www.cpsc.gov](http://www.cpsc.gov).
- ° Cover the mattress with a fitted sheet.
- ° Do not put blankets or pillows between the mattress and fitted sheet.
- ° Do not place your baby to sleep on an inclined sleep surface.
- ° Never put your baby to sleep on an armchair, a sofa, a water bed, a cushion, or a sheepskin. (Parents should also make sure not to fall asleep on an armchair or a sofa while holding a baby.)

#### • Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation out of the crib.

- ° Pillows, quilts, comforters, sheepskins, bumper pads, and stuffed toys can cause your baby to suffocate.

**NOTE:** Research has not shown us when it's 100% safe to have these objects in the crib; however, most experts agree that these objects pose little risk to healthy babies after 12 months of age.

#### • Place your baby to sleep in the same room where you sleep but not the same bed.

- ° Keep the crib or bassinet within an arm's reach of your bed. You can easily watch or breastfeed your baby by having your baby nearby.
- ° The AAP cannot make a recommendation for or against the use of bedside sleepers or in-bed sleepers until more studies are done.
- ° Babies who sleep in the same bed as their parents are at risk of SIDS, suffocation, or strangulation. Parents can roll onto babies during sleep, or babies can get tangled in the sheets or blankets.

#### • Breastfeed as much and for as long as you can. This helps reduce the risk of SIDS.

- ° The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months. You can continue to breastfeed after 12 months if you and your baby desire.

#### • Schedule and go to all well-child visits. Your baby will receive important immunizations.

- ° Recent evidence suggests that immunizations may have a protective effect against SIDS.

#### • Keep your baby away from smokers and places where people smoke. This helps reduce the risk of SIDS.

- ° If you smoke, try to quit. However, until you can quit, keep your car and home smoke-free. Don't smoke inside your home or car, and don't smoke anywhere near your baby, even if you are outside.

#### • Do not let your baby get too hot. This helps reduce the risk of SIDS.

- ° Keep the room where your baby sleeps at a comfortable temperature.
- ° In general, dress your baby in no more than one extra layer than you would wear. Your baby may be too hot if she is sweating or if her chest feels hot.
- ° If you are worried that your baby is cold, use a wearable blanket, such as a sleeping sack, or warm sleeper that is the right size for your baby. These are made to cover the body and not the head. You can use layers of clothing if necessary when it is very cold.

#### • Offer a pacifier at nap time and bedtime. This helps reduce the risk of SIDS.

- ° If you are breastfeeding, wait until breastfeeding is going well before offering a pacifier. This usually takes 3 to 4 weeks. If you are not breastfeeding, you can start a pacifier as soon as you like.
- ° It's OK if your baby doesn't want to use a pacifier. You can try offering a pacifier again, but some babies don't like to use pacifiers.
- ° If the pacifier falls out after your baby falls asleep, you don't have to put it back in.

- ° Do not use pacifiers that attach to infant clothing.
- ° Do not use pacifiers that are attached to objects, such as stuffed toys and other items that may be a suffocation or choking risk.
- **Do not use home cardiorespiratory monitors to help reduce the risk of SIDS.**
- ° Home cardiorespiratory monitors can be helpful for babies with breathing or heart problems, but they have not been found to reduce the risk of SIDS.
- **Use caution when using products that claim to reduce the risk of SIDS.**
- ° Products such as wedges, positioners, special mattresses, and specialized sleep surfaces have not been shown to reduce the risk of SIDS.

## What Expectant Moms Can Do

- ° Schedule and go to all prenatal doctor visits.
- ° Do not smoke, drink alcohol, or use drugs while pregnant or after the birth of your newborn. Stay away from smokers and places where people smoke.
- ° Remember to hold your newborn skin to skin while breastfeeding. If you can, do this as soon as you can after birth. Skin-to-skin contact is also beneficial for bottle-fed newborns.

## Remember Tummy Time

Give your baby plenty of "tummy time" when she is awake. This will help strengthen neck muscles and help prevent flat spots on the head. Always stay with your baby during tummy time, and make sure she is awake.

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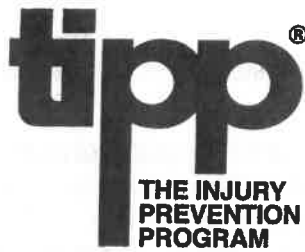
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# When Your Child Needs Emergency Medical Services



## When Your Child Needs Emergency Medical Services

It is rare for children to become seriously ill with no warning. Depending on your child's symptoms, you usually should contact your child's pediatrician for advice. Early recognition and treatment of symptoms can prevent an illness or injury from getting worse or turning into an emergency.

### What is an emergency?

An emergency is when you believe a severe injury or illness is threatening your child's health or may cause permanent harm. In these cases, a child needs emergency medical treatment right away.

Discuss with your child's pediatrician in advance what you should do in case of an emergency.

Emergencies can result from medical (or psychiatric) illnesses or injuries. Your child may show any of the following signs:

- Acting strangely or becoming more withdrawn and less alert
- Less and less of a response when you talk to your child
- Unconsciousness or lack of response
- Rhythmic jerking and loss of consciousness (a seizure)
- Increasing trouble with breathing
- Skin or lips that look blue, purple, or gray
- Neck stiffness or rash with fever
- Increasing or severe persistent pain
- A cut or burn that is large, deep, or involves the head, chest, or abdomen
- Bleeding that does not stop after applying pressure for 5 minutes
- A burn that is large or involves the hands, groin, or face
- Any loss of consciousness, confusion, headache, or vomiting after a head injury

Many emergencies involve sudden injuries. These injuries often are caused by the following:

- Bicycle or car crashes
- Falls
- Burns or smoke inhalation
- Choking

- Near drowning
- Firearms or other weapons
- Electric shocks
- Poisoning\*

\*Call your Poison Center at once if your child has swallowed a suspected poison or another person's medication, even if your child has no signs or symptoms.

Call your pediatrician if you think your child is ill. Call 911 (or your local emergency number) for help if you are concerned that your child's life may be in danger or that your child is seriously ill or injured.

In addition, every parent should be prepared. Part of that preparation includes learning CPR and basic first aid. For classes near you, contact your pediatrician.

### In case of an emergency

- Stay calm.
- Start rescue breathing or CPR if your child is not breathing.
- Call 911 if you need immediate help. If you do not have 911 service in your area, call your local emergency ambulance service or county emergency medical service.
- Apply continuous pressure to the site of bleeding with a clean cloth.
- Place your child on the floor with her head turned to the side if she is having a seizure. Do not put anything in her mouth.
- Do not move your injured child unless he is in immediate danger.
- Stay with your child until help arrives.

Bring any medication your child is taking with you to the hospital. Also bring any suspected poisons or other medications your child might have taken.

After you arrive at the emergency department, make sure you tell the emergency staff the name of your child's pediatrician. Your pediatrician can work closely with the emergency department doctors and nurses and can provide them with more information about your child.

### Important Emergency Phone Numbers

Keep the following numbers posted on or near your phone:

YOUR HOME PHONE NUMBER AND ADDRESS

YOUR CHILD'S PEDIATRICIAN

EMERGENCY MEDICAL SERVICES (AMBULANCE) (911 IN MOST AREAS)

POLICE (911 IN MOST AREAS)

FIRE DEPARTMENT (911 IN MOST AREAS)

POISON CENTER

HOSPITAL EMERGENCY DEPARTMENT

DENTIST

It is important that baby-sitters have these numbers and know the following:

- How to dial 911 or your local emergency number
- Your home address and phone number (an emergency operator would ask for this)
- The phone number and address where you can be located

Remember, for nonemergency conditions, first call your child's pediatrician. If you believe that an injury or illness is threatening your child's health or may cause permanent harm, call emergency medical services (EMS). If your child is seriously ill or injured, it may be safer for your child to be transported to the emergency department by EMS.

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## Heatstroke Safety Tips

Everything you need to know to keep your kids safe from heatstroke.

Sometimes babies sleep so peacefully that busy parents can forget they are even there. Other times, we might be tempted to leave kids in the car while we run into the store or dash off to do an errand. Children can also end up alone in cars if the doors or trunk are left unlocked. However it happens, 39 kids die each year from being unattended in a vehicle. That's why children should never be alone in a car. It can lead to heatstroke, which causes serious injury or even death. Young children are particularly at risk since their bodies heat up three to five times faster than an adult's.

Here's how we can work together to keep this preventable tragedy from happening.

### Reduce the Number of Deaths from Heatstroke by Remembering to ACT

- **A:** Avoid heatstroke-related injury and death by never leaving a child alone in a car, not even for a minute. And make sure to keep your car locked when you're not inside so kids don't get in on their own.
- **C:** Create reminders. Keep a stuffed animal or other memento in your child's car seat when it's empty, and move it to the front seat as a visual reminder when your child is in the back seat. Or place and secure your phone, briefcase or purse in the backseat when traveling with your child.
- **T:** Take action. If you see a child alone in a car, call 911. Emergency personnel want you to call. They are trained to respond to these situations. One call could save a life.



Heatstroke is the leading cause of non-crash, vehicle-related deaths for children. On average, every 10 days a child dies from heatstroke in a vehicle.

### Teach Kids Not to Play in Cars

- Make sure to lock your vehicle (doors and the trunk) when you're away from it. Keep keys and remote entry fobs out of children's sight and reach.
- Teach kids that trunks are for transporting cargo and are not safe places to play.
- If your child is missing, immediately check swimming pools, vehicles and trunks. Get kids who are locked in cars out as soon as possible. If you can't do so quickly, dial 911 right away. Emergency personnel are trained to evaluate and check for signs of heatstroke.

### Go a Step Further: Create Extra Reminders and Communicate with your Child Care Provider

- If you regularly drop your child off at child care, create a calendar reminder on your phone or computer to make sure you've done so.
- Make arrangements for your child care provider to call you right away if your child doesn't show up at the expected time. Be especially careful if you change your routine for dropping off children at child care. Heatstroke incidents often occur when people's routine is disrupted.

