

BRIGHT FUTURES HANDOUT ► PARENT

2 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.
- Find ways to spend time with your partner. Keep in touch with family and friends.
- Find safe, loving child care for your baby. You can ask us for help.
- Know that it is normal to feel sad about leaving your baby with a caregiver or putting him into child care.

✓ 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 you see signs of hunger. Look for her to
 - Put her hand to her mouth.
 - Suck, root, and fuss.
- Stop feeding when you see signs your baby is full. You can tell when she
 - Turns away
 - Closes her mouth
 - Relaxes her arms and hands
- Burp your baby during natural feeding breaks.

If Breastfeeding

- Feed your baby on demand. Expect to breastfeed 8 to 12 times in 24 hours.
- Give your baby vitamin D drops (400 IU a day).
- Continue to take your prenatal vitamin with iron.
- Eat a healthy diet.
- Plan for pumping and storing breast milk. Let us know if you need help.
 - If you pump, be sure to store your milk properly so it stays safe for your baby.
 - If you have questions, ask us.

If Formula Feeding

- Feed your baby on demand. Expect her to eat about 6 to 8 times each day, or 26 to 28 oz of formula per day.
- Make sure to prepare, heat, and store the formula safely. If you need help, ask us.
- Hold your baby so you can look at each other when you feed her.
- Always hold the bottle. Never prop it.

✓ HOW YOU ARE FEELING

- Take care of yourself so you have the energy to care for your baby.
- Talk with me or call for help if you feel sad or very tired for more than a few days.
- Find small but safe ways for your other children to help with the baby, such as bringing you things you need or holding the baby's hand.
- Spend special time with each child reading, talking, and doing things together.

✓ YOUR GROWING BABY

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Hold, talk to, cuddle, read to, sing to, and play often with your baby. This helps you connect with and relate to your baby.
- Learn what your baby does and does not like.
- Develop a schedule for naps and bedtime. Put him to bed awake but drowsy so he learns to fall asleep on his own.
- Don't have a TV on in the background or use a TV or other digital media to calm your baby.
- Put your baby on his tummy for short periods of playtime. Don't leave him alone during tummy time or allow him to sleep on his tummy.
- Notice what helps calm your baby, such as a pacifier, his fingers, or his thumb. Stroking, talking, rocking, or going for walks may also work.
- *Never hit or shake your baby.*

Helpful Resources:

Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

2 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.
- 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 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.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Swaddling should not be used after 2 months of age.
- Prevent scalds or burns. Don't drink hot liquids while holding your baby.
- Prevent tap water burns. Set the water heater so the temperature at the faucet is at or below 120°F /49°C.
- Keep a hand on your baby when dressing or changing her on a changing table, couch, or bed.
- Never leave your baby alone in bathwater, even in a bath seat or ring.

WHAT TO EXPECT AT YOUR BABY'S 4 MONTH VISIT

We will talk about

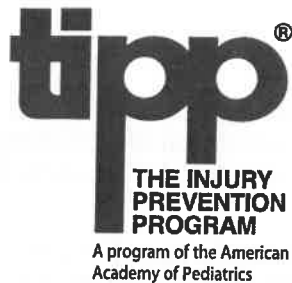
- Caring for your baby, your family, and yourself
- Creating routines and spending time with your baby
- Keeping teeth healthy
- Feeding your baby
- Keeping your baby safe at home and in the car

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

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



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.



(over)

American Academy of Pediatrics

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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

LIVE WELL PEDIATRICS

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The information 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.

Foods	Birth to 3 Months		4-6 Months		6-8 Months	
	Breastfeed when your baby shows signs of hunger.					
	About 10-12 feedings in 24 hrs	At least 8 feedings in 24 hours	At least 6 feedings in 24 hours	Speak with a lactation consultant or nutritionist for guidance on combination feeding.		
	6-8 lbs: 15-20 oz per day 8-10 lbs: 20-25 oz per day 10-12 lbs: 25-30 oz per day	25-45 oz per day	25-32 oz per day	Begin to offer a cup		
Human Milk	NONE	NONE	NONE	<ul style="list-style-type: none"> Offer iron fortified rice or oatmeal infant cereal 2-4 Tbsp twice a day by spoon 	<ul style="list-style-type: none"> Use the bottle for human milk, formula or water only. At 6 months begin to use a cup at some feedings. Start your baby on solid foods after 6 months old when baby: <ul style="list-style-type: none"> can sit with support has good head control opens his/her mouth for the spoon Feed your baby one new food at a time and wait 3-5 days before starting another. Select single item vegetables, fruits and meats if you buy commercially prepared baby food. 	
Iron Fortified Infant Formula	NONE	NONE	NONE	<ul style="list-style-type: none"> Cooked/pureed/mashed carrots, sweet peas, green beans, spinach and winter squash or single jarred vegetables 2 Tbsp twice a day 		
Cereals & Grains	NONE	NONE	NONE	<ul style="list-style-type: none"> Fresh/cooked/pureed/mashed banana, peach, applesauce or single jarred fruits 2 Tbsp twice a day 		
Vegetables	NONE	NONE	NONE	<ul style="list-style-type: none"> Cooked/pureed/mashed plain meat and poultry or single jarred meats Plain yogurt or tofu 1-2 Tbsp twice a day 		
Fruits	NONE	NONE	NONE	2-4 oz twice a day in a cup		
Protein Foods	NONE	NONE	NONE	Do not add sugar, corn syrup or any sweeteners to foods or drinks. Honey should not be fed to babies less than 1 year of age.		
Water	NONE	NONE	NONE	NONE		
Fruit Juices	NONE	NONE	NONE	NONE		

Fun in the Sun: Keep Your Family Safe



Warm, sunny days are wonderful. It's great to exercise outside. The sun feels good on your skin. But what feels good can harm you and your family. Read on about why the following sun safety tips are important for your family.

The sun and skin cancer

The sun gives energy to all living things on earth. But it can also harm us. Its ultraviolet (UV) rays can damage skin and eyes and cause skin cancer. All skin cancers are harmful and some, especially malignant melanoma, can be deadly.

One-quarter of our lifetime sun exposure happens during childhood and adolescence. Since children spend a lot of time outdoors, especially in the summer, it's important they be protected from the sun.

Research shows that 2 or more blistering sunburns as a child or teen can increase the risk of melanoma skin cancer later in life. Sunburns can also be very painful. Too much sun exposure can cause other problems too, such as

- Dehydration and fever
- Damage to skin, like changes in color and wrinkles
- Cataracts of the eye

Sun safety tips

Follow these simple rules to protect your family from sunburns now and from skin cancer later in life.

- Keep babies younger than 6 months out of direct sunlight. Find shade under a tree, umbrella, or the stroller canopy.
- When possible, dress yourself and your kids in cool, comfortable clothing that covers the body, like lightweight cotton pants, long-sleeved shirts, and hats.
- Select clothes made with a tight weave—they protect better than clothes with a looser weave. If you're not sure how tight a fabric's weave is, hold it up to see how much light shines through. The less light, the better.
- Wear a hat or cap with a brim that faces forward to shield the face.
- Limit your sun exposure between 10:00 am and 4:00 pm, when UV rays are strongest.
- Wear sunglasses with at least 99% UV protection (look for child-sized sunglasses with UV protection for your child).
- Use sunscreen.
- Set a good example. You can be the best teacher by practicing sun protection yourself. Teach all members of your family how to protect their skin and eyes.

Sunscreen

Sunscreen can help protect the skin from sunburn and some skin cancers, but only if used correctly. Keep in mind that sunscreen should be used for sun protection, not as a reason to stay in the sun longer.

How to pick sunscreen

- Use a sunscreen that says "broad-spectrum" on the label—that means it will screen out both UVB and UVA rays.
- Use a sunscreen with an SPF (sun protection factor) of at least 15. The higher the SPF, the more UVB protection the sunscreen has.
- Look for the new UVA "star" rating system on the label.
 - One star is low UVA protection.
 - Two stars is medium protection.
 - Three stars is high protection.
 - Four stars is the highest UVA protection available in an over-the-counter sunscreen product.
- For sensitive areas of the body, such as the nose, cheeks, tops of the ears, and the shoulders, choose a sunscreen or sunblock with zinc oxide or titanium dioxide. While these products usually stay visible on the skin even after you rub them in, some now come in fun colors that kids enjoy.

Sunscreen for babies

- **For babies younger than 6 months.** Use sunscreen on small areas of the body, such as the face and the backs of the hands, if protective clothing and shade are not available.
- **For babies older than 6 months.** Apply to all areas of the body, but be careful around the eyes. If your baby rubs sunscreen into her eyes, wipe the eyes and hands clean with a damp cloth. If the sunscreen irritates her skin, try a different brand or try a sunscreen stick or sunscreen or sunblock with titanium dioxide or zinc oxide. If a rash develops, talk with your child's doctor.

How to apply sunscreen

- Use enough sunscreen to cover *all* exposed areas, especially the face, nose, ears, feet, and hands and even the backs of the knees. Rub it in well.
- Put sunscreen on 30 minutes before going outdoors. It needs time to absorb into the skin.
- Use sunscreen any time you or your child might sunburn. Remember that you can get sunburn even on cloudy days. Also, UV rays can bounce back from water, sand, snow, and concrete so make sure you're protected.
- Reapply sunscreen *every 2 hours*. Sunscreen wears off after swimming, sweating, or just from soaking into the skin.

Sunburns

When to call the doctor

If your baby is younger than 1 year and gets sunburn, call your child's doctor right away. For older children, call your child's doctor if there is blistering, pain, or fever.

How to soothe sunburn

The following are ways to relieve discomfort from mild sunburn:

- Give water or juice to replace lost fluids.
- Use cool water to help the skin feel better.
- Give your child pain medicine to relieve painful sunburns. (For a baby 6 months or younger, give acetaminophen. For a child older than 6 months, give either acetaminophen or ibuprofen.)
- Only use medicated lotions on your child's skin if your child's doctor says it is OK.
- Keep your child out of the sun until the sunburn is totally healed.

Sun myths

Myth: A suntan is good for you.

Fact: Wrong! We now know that a "base tan" does not really protect you from getting sunburn. In fact, it may increase the chance you'll get sunburn by thinking you can stay out in the sun longer. A tan is actually a sign of skin damage.

Myth: Baby oil is good sun lotion.

Fact: No! Baby oil offers no protection at all.

Myth: Only adults can get skin cancer so putting sunscreen on children is not really necessary.

Fact: While most of the people who get skin cancer are older, children, teens, and young adults can get it too. Also, too many sunburns and too much sun exposure over the years can cause not only skin cancer, but also wrinkles and cataracts of the eye. Skin cancer is the most common form of cancer in the United States. According to the American Cancer Society, there are more than 1 million new cases of skin cancer each year.

Are tanning beds safe for teens?

Having a tan is often considered fashionable, especially among young people. A lot of teens are turning to tanning beds to get that "healthy glow" of a tan all year round. But tanning at a salon is dangerous! Like the natural sun, tanning beds give off UV rays that can cause sunburns and skin cancer. UV exposure early in life—including during teen years—increases the chances of skin cancer even more.

Sunless tanning lotions, sprays, and airbrush tanning booths are becoming a popular option. These products contain a chemical that darkens the skin. The tan usually lasts for several days. However, all sunless tanning products, no matter how they are applied, can cause side effects such as skin rashes and irritation. They should also be kept away from the eyes, nose, and mouth. *Most of these products do not include sunscreen, so skin is not protected from the "real" sun. Anyone using a sunless tanner must also use a sunscreen.*

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American Academy of Pediatrics
Web site—www.aap.org

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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.

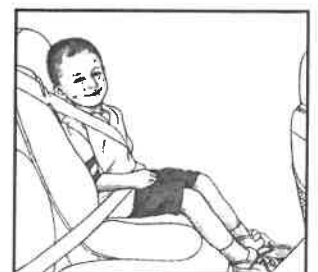


Figure 3. Belt-positioning booster seat.

▶▶ 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.
- 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 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.

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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.

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this publication. Phone numbers and Web site addresses are as current as possible, but may change at any time.

Illustrations by Wendy Wray.

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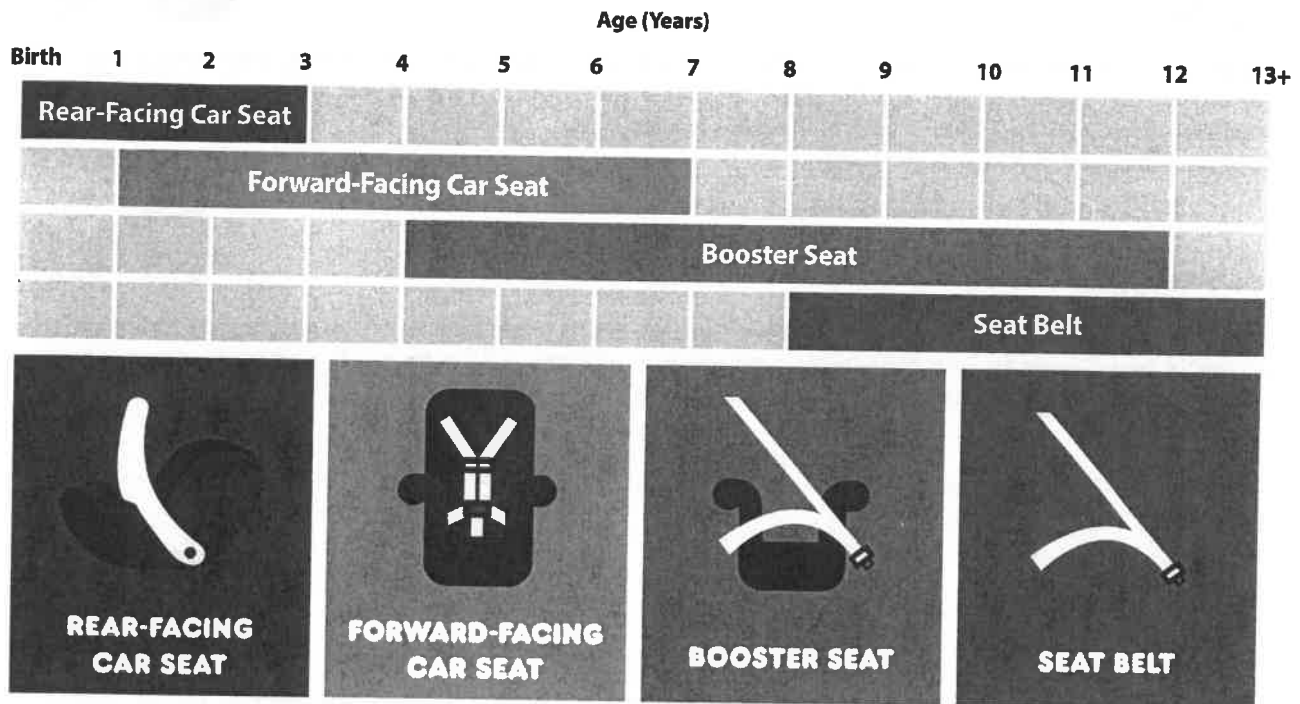
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American Academy of Pediatrics
Web site—www.HealthyChildren.org

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Car Seat Recommendations for Children

There are many car seat choices on the market. Use the information below to help you choose the type of car seat that best meets your child's needs.



- Select a car seat based on your child's age and size, choose a seat that fits in your vehicle, and use it every time.
- Always refer to your specific car seat manufacturer's instructions (check height and weight limits) and read the vehicle owner's manual on how to install the car seat using the seat belt or lower anchors and a tether, if available.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

Rear-Facing Car Seat

Birth – 12 Months



Your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats:

- Infant-only seats can only be used rear-facing.
- Convertible and All-in-One car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

1 – 3 Years



Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.

Forward-Facing Car Seat

1 - 3 Years



Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.

4 - 7 Years



Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

Booster Seat

4 - 7 Years



Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

8 - 12 Years



Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

Seat Belt

8 - 12 Years



Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

NHTSA.gov/TheRightSeat



U.S. Department of Transportation
National Highway Traffic Safety Administration



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.
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 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

Association of SIDS and Infant Mortality Programs

www.asip1.org

Centers for Disease Control and Prevention

www.cdc.gov/sids

From Your Doctor 

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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.
 - 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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Keep Your Family Safe

Fire Safety and Burn Prevention at Home



Fires and burns cause almost 4,000 deaths and about 20,000 hospitalizations every year. Winter is an especially dangerous time, as space heaters, fireplaces, and candles get more use in the home. It is no surprise that fires in the home are more common between December and February. However, you might be surprised at how easy it is to reduce the risk of fire in your home. Follow these suggestions to help keep your home and family safe from fire all year round.

Smoke alarms save lives

Half of home fire deaths are due to fires that happen while people are sleeping. One of the most important steps you can take to protect your family against fire is to install smoke alarms and keep them in good working order. You can buy smoke alarms at most home and hardware stores, and they often cost \$10 or less. Check with your fire department to see if they give out and install free smoke alarms.

- **Install** smoke alarms outside every bedroom or any area where someone sleeps. Also install them in furnace areas. Be sure there is at least 1 alarm on every level of your home, including the basement, or at each end of a mobile home.
- **Place** smoke alarms away from the kitchen and bathroom. False alarms can occur while cooking or even showering.
- **Test** smoke alarms every month by pushing the test button. It is best to use smoke alarms that have long-life batteries, but if you do not, change the batteries at least once a year, such as when you change your clocks in the fall.
- **Replace** smoke alarms every 10 years.
- **Never** paint a smoke alarm.
- **Clean** (dust or vacuum) smoke alarms once a month.
- **Use** smoke alarms equipped with a flashing light and an alarm in homes with children or adults who are hard of hearing or deaf.

Safety around the home

Take a careful look at each room of your home.

Use the following checklists and safety tips to reduce the risk of fire:

- **Do not smoke in your home.** If you do, use deep ashtrays and do not smoke in bed.
- **Make an escape plan.** Practice it every 6 months. Every member of the family should know at least 2 exits from each room and where to meet outside. Make sure doors and windows are easy to open to permit easy escape if needed.
- **Check electrical cords.** Replace any electrical cords that are worn, frayed, or damaged. Never overload outlets. Avoid running electrical cords under carpets or furniture because they can overheat and start a fire.

- **Consider installing an automatic home fire sprinkler system.** They are now practical for many homes.
- **Ask your local fire department to make sure woodstoves in your home are safely vented.** They usually cannot be installed safely in mobile homes.
- **Avoid using kerosene heaters and electric space heaters.** If electric space heaters must be used, keep them away from clothing, bedding, and curtains, and unplug them at night. Kerosene heaters give off carbon monoxide and should not be used in enclosed spaces, such as inside your home.

Bedrooms

- Check the labels of your child's pajamas. Children should always wear flame-retardant and/or close-fitting sleepwear.
- If a bedroom is on an upper floor, make sure there is a safe way to reach the ground, such as an escape ladder that will not burn.
 - ◆ *Never smoke in bed or when you are drowsy or have been drinking. Tobacco and smoking products, matches, and lighters are the most common cause of fatal fires in the home.*

Living and family rooms

Make sure all matches, lighters, and ashtrays are out of your child's sight and reach. Better yet, keep them in a locked cabinet.

- Use large, deep ashtrays that won't tip over, and empty them often. Fill ashtrays with water before dumping ashes in the wastebasket.
- Give space heaters plenty of space. Keep heaters at least 3 feet from anything that might burn, like clothes, curtains, and furniture. Always turn space heaters off and unplug them when you go to bed or leave the home.
- Have fireplaces and chimneys cleaned and inspected once a year.
- Use a metal screen or glass doors in front of the fireplace.
 - ◆ *Never leave a room unattended when candles, heaters, or fireplaces are in use.*

Kitchen

- Keep your stove and oven clean and free of anything that could catch fire. Do not place pot holders, curtains, or towels near the burners.
- Install a portable fire extinguisher in the kitchen, high on a wall, and near an exit. (Choose a multipurpose, dry chemical extinguisher.) Adults should know how to use it properly when the fire is small and contained, such as in a trash can. Call your fire department for information on how to use fire extinguishers.
 - ◆ *Never leave cooking food unattended.*

- ◆ *Never pour water on a grease fire.*
- ◆ *If a fire starts in your oven, keep the oven door closed, turn off the oven, and call the fire department.*

Garage, storage area, and basement

- Have your furnace inspected at least once a year.
- Do not store anything near a heater or furnace. Keep the area free of clutter.
- Clean your dryer's lint filter after every use. Lint buildup can start a fire.
- Check to make sure paint and other flammable liquids are stored in their original containers, with tight-fitting lids. Store them in a locked cabinet if possible, out of your child's reach, and away from appliances, heaters, pilot lights, and other sources of heat or flame.
- Never use flammable liquids near a gas water heater.
- Store gasoline, propane, and kerosene outside the home in a shed or detached garage. Keep them tightly sealed and labeled in approved safety containers.
 - ◆ *Gasoline should be used only as a motor fuel, never as a cleaning agent.*
 - ◆ *Never smoke near flammable liquids.*

Outdoors

- Move barbecue grills away from trees, bushes, shrubs, or anything that could catch fire. Never use grills indoors, on a porch, or on a balcony.
- Place a barrier around open fires, fire pits, or campfires. Never leave a child alone around the fire. Always be sure to put the fire out completely before leaving or going to sleep.
- Create a "fire break" around your home. Make sure woodpiles, dead leaves, pine needles, and debris are removed or kept as far away from the home as possible.
 - ◆ *Do not start lawnmowers, snow blowers, or motorcycles near gasoline fumes. Let motors cool off before adding fuel.*
 - ◆ *Be very careful with barbecue grills. Never use gasoline to start the fire. Do not add charcoal lighter fluid once the fire has started.*

Know what to do in a fire

- **Test any closed doors with the back of your hand for heat.** Do not open the door if you feel heat or see smoke. Close all doors as you leave each room to keep the fire from spreading.
- **Crawl low under smoke.** Choose the safest exit. If you must escape through a smoky area, remember that cleaner air is always near the floor. Teach your child to crawl on her hands and knees, keeping her head less than 2 feet above the floor, as she makes her way to the nearest exit.
- **Don't stop. Don't go back.** In case of fire, do not try to rescue pets or possessions. Once you are out, do not go back in for any reason. Firefighters have the best chance of rescuing people who are trapped. Let firefighters know right away if anyone is missing.
- **If you get trapped by smoke or flames,** close all doors. Stuff towels or clothing under the doors to keep out smoke. Cover your nose and mouth with a damp cloth to protect your lungs. If there is no phone in the room, wait at a window and signal for help with a light-colored cloth or flashlight.
- **Stop, drop, and roll! Cool and call.** Make sure your child knows what to do if her clothes catch fire.

Stop!—Do not run.

Drop!—Drop to the ground right where you are.

Roll!—Roll over and over to put out the flames. Cover your face with your hands.

Cool!—Cool the burned area with water.

Call!—Call for help.

Fire and children

A child's curiosity about fire is natural and in most cases is no cause for concern. However, when a child begins to use fire as a weapon, it can be very dangerous. If you suspect that your child is setting even very small fires, address the problem right away. Talk with your pediatrician, who can suggest ways to help.

Use the following tips when talking with your child about preventing fires:

- Teach your child that matches and lighters are tools for grown-ups only.
- Older children should be taught to use fire properly, and only with an adult present.

For your sitters

When you are away from home and someone else cares for your children, make sure that your children and the sitter will be just as safe as when you are there.

- Let your sitter know about your family's escape plan.
- Remind sitters never to leave the children alone.
- Remind sitters that you do not allow smoking in or around your home.

Leave emergency information near the phone. Include the local fire department phone number, your full home address and phone number, and a neighbor's name and phone number.

Burn prevention

Most burn injuries happen in the home. For a young child, many places in the home can be dangerous.

Hot bathwater, radiators, and even food that is too hot can cause burns. The following are tips to help prevent your child from getting burned:

- Keep matches, lighters, and ashtrays out of the reach of children.
- Cover all unused electrical outlets with plastic plugs or other types of outlet covers.
- Do not allow your child to play close to fireplaces, radiators, or space heaters.
- Replace all frayed, broken, or worn electrical cords.
- Never leave barbecue grills unattended.
- Teach your children that irons, curling irons, grills, radiators, and ovens can get very hot and are dangerous to touch or play near. Never leave these items unattended. Unplug and put away all appliances after using them.
- Keep electrical cords from hanging down where children can pull on them or chew on them. Mouth burns can result from chewing on a live extension cord or on a poorly insulated wire.

Kitchen concerns

- Never leave a child alone in the kitchen when food is cooking.
- Enforce a "kid-free" zone at least 3 feet around the oven or stove while you are cooking. Use a playpen, high chair, or other stationary device to keep your child from getting too close.

- Never leave a hot oven door open.
- Use back burners if possible. When using front burners, turn pot handles rearward. Never let them stick out where a child could grab them.
- Do not leave spoons or other utensils in pots while cooking.
- Turn off burners and ovens when they are not being used.
- Do not use wet pot holders because they may cause steam burns.
- Carefully place (not toss) wet foods into a deep fryer or frying pan containing grease. The reaction between hot oil and water causes splatter.
- Remove pot lids carefully to avoid being burned by steam. Remember, steam is hotter than boiling water.
- In case of a small pan fire, carefully slide a lid over the pan to smother the flames, turn off the burner, and wait for the pan to cool completely.
- Never carry your child and hot liquids at the same time.
- Never leave hot liquid, like a cup of coffee, where children can reach it. Don't forget that a child can get burned from hot liquids by pulling on hanging tablecloths.
- Wear tight-fitting or rolled-up sleeves when cooking to reduce the risk of your clothes catching on fire.
- In microwave ovens, use only containers that are made for microwaves. Test microwaved food for heat and steam before giving it to your child. (Never warm a bottle of milk or formula in the microwave oven. It can heat the liquid unevenly and burn your child.)
- Avoid letting appliance cords hang over the sides of countertops, where children could pull on them.
- Do not use mobile baby walkers. They allow your child to move quickly before he knows how to use this mobility safely. It may allow him to gain access to hot liquids, appliance cords, and hot surfaces.

Hot water

- The hottest water temperature at the faucet should be no higher than 120°F to prevent scalding. In many cases, you can adjust your water heater to prevent exceeding this temperature.
- When using tap water, always turn on the cold water first, then add hot. When finished, turn off the hot water first.
- Test the temperature of bathwater with your forearm or the back of your hand before placing your child in the water.
- Use a cool-mist vaporizer instead of a hot-water vaporizer. Hot-water vaporizers can cause steam burns or can spill on your child.
- Never leave children alone in the bathroom for any reason. They are at risk of burns and drowning.

First aid for burns

For severe burns, call 911 or your local emergency number right away. Until help arrives, follow these steps.

1. Cool the burn.

For 1st and 2nd degree burns, cool the burned area with cool running water for a few minutes. This helps stop the burning process, numbs the pain, and prevents or reduces swelling. Do not use ice on a burn. It may delay healing. Also, do not rub a burn; it can increase blistering.

For 3rd degree burns, cool the burn with wet, sterile dressings until help arrives.

2. Remove burned clothing.

Lay the person flat on her back and take off the burned clothing that isn't stuck to the skin. Remove any jewelry or tight-fitting clothing from around the burned area before swelling begins. If possible, elevate the injured area.

3. Cover the burn.

After the burn has cooled, cover it loosely with a dry bandage or clean cloth. Do not break any blisters. This could allow bacteria into the wound. Never put grease (including butter or medical ointments) on the burn. Grease holds in heat, which may make the burn worse. It also makes the burn harder to examine by medical personnel later.

4. Keep the child from losing body heat.

Keep the person's body temperature normal. Cover unburned areas with a dry blanket.

Fire drills—be prepared!

Even young children (3 and older) can begin to learn what to do in case of a fire.

Install at least 1 smoke alarm on every level of your home.

Have an escape plan and practice it with your family. This will help you and your family reach safety when it counts. When a fire occurs, there will be no time for planning an escape.

Draw a floor plan of your home. Discuss with your family 2 ways to exit every room. Make sure everyone knows how to get out and that doors and windows can be easily opened to permit escape. If you live in an apartment building, never use an elevator during a fire. Use the stairs!

Agree on a meeting place. Choose a spot outside your home near a tree, street corner or fence where everyone can meet after escaping. Teach your children that the sound of a smoke alarm means to go outside right away to the chosen place.

Know how to call the fire department. The fire department should be called from outside using a portable phone or from a neighbor's home. Whether the number is 911 or a regular phone number, everyone in the family should know it by heart. Make sure your children know your home address too. Teach your children that firefighters are friends and never to hide from them.

Practice, practice, practice. Practice your exit drill at least twice a year. Remember that fire drills are not a race. Get out quickly, but calmly and carefully. Try practicing realistic situations. Pretend that some exits or doorways are blocked or that the lights are out. The more prepared your family is, the better your chances of surviving a fire.

Note: Parents of very young children or children with special needs should have a safety plan that fits their child's needs and abilities. For example, a child who is hard of hearing or deaf may need a smoke alarm with a flashing strobe-light feature. Parents with children younger than 5 years must plan on an adult rescuing them in the case of a house fire; they are too young to be able to reliably rescue themselves.

Different degrees of burns

Following are the 4 different levels of burns and the symptoms of each:

1st degree burns are minor and heal quickly. Symptoms are redness, tenderness, and soreness (like most sunburns).

2nd degree burns are serious injuries. First aid and medical treatment should be given as soon as possible. Symptoms are blistering (like a severe sunburn), pain, and swelling.

3rd degree burns (also called full-thickness burns) are severe injuries. Medical treatment is needed right away. Symptoms are white, brown, or charred tissue often surrounded by blistered areas. There may be little or no pain at first.

4th degree burns are severe injuries that involve skin, muscle, and bone. These often occur with electrical burns and may be more severe than they appear. They may cause serious complications and should be treated by a doctor right away.

Call your pediatrician if your child suffers anything more than a minor burn. ALL electrical burns and any burn on the hand, foot, face, genitals, or over a joint worse than 1st degree should receive medical attention right away.

From your doctor

Consider a family outing to your local fire department.

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Adapted from material provided by the National Fire Protection Association (NFPA). For more information, call 617/770-3000, or visit the NFPA Web site at www.nfpa.org or its family Web site at www.sparky.org.

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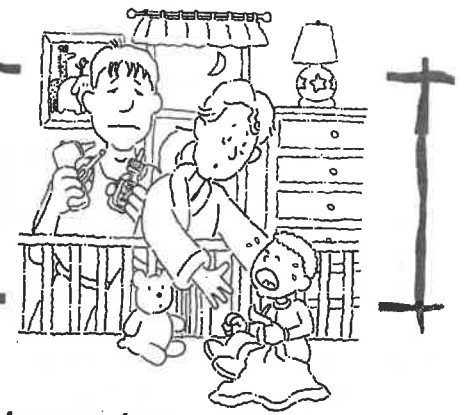
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Fever and Your Child



A fever is usually a sign that the body is fighting an illness or infection. Fevers are generally harmless. In fact, they can be considered a good sign that your child's immune system is working and the body is trying to heal itself. While it is important to look for the cause of a fever, the main purpose for treating it is to help your child feel better. Read on to find out more about how to tell if your child has a fever and how to manage a fever.

What is a fever?

A fever is a body temperature that is higher than normal. Normal body temperature varies with age, general health, activity level, and time of day. Even how much clothing a person wears can affect body temperature.

Most pediatricians consider a temperature above 100.4°F (38°C) a sign of a fever.

Signs and symptoms of a fever

If your child has a fever, she may feel warm, appear flushed, or sweat more than usual. She may also be more thirsty than usual.

Some children feel fine when they have a fever. However, most will have symptoms of the illness that is causing the fever. Your child may have an earache, a sore throat, a rash, or a stomachache. These signs can provide important clues as to the cause of the fever.

When to call the doctor

Call your child's doctor right away if your child has a fever and

- Looks very ill, is unusually drowsy, or is very fussy
- Has been in a very hot place, such as an overheated car
- Has other symptoms such as a stiff neck, severe headache, severe sore throat, severe ear pain, an unexplained rash, or repeated vomiting or diarrhea
- Has immune system problems such as sickle cell disease or cancer, or is taking steroids
- Has had a seizure
- Is younger than 2 months and has a rectal temperature of 100.4°F (38°C) or higher

Treating your child's fever

If your child is older than 6 months and has a temperature below 101°F (38.3°C), she probably does not need to be treated for the fever (see other side) unless she is uncomfortable. Watch her behavior. If she is eating and sleeping well and is able to play, you may wait to see if the fever improves by itself.

What you can do

- Keep her room comfortably cool.
- Make sure that she is dressed in light clothing.
- Encourage her to drink fluids such as water, diluted juices, or a store-bought electrolyte solution.
- Be sure that she does not overexert herself.

Taking your child's temperature

While you often can tell if your child is warmer than usual by feeling her forehead, only a thermometer can tell how high the temperature is. A **digital thermometer** can be used to take a rectal (in the bottom), oral (in the mouth), or axillary (under the arm) temperature. Your child's doctor can recommend how to use it depending on your child's age. Taking a rectal or oral temperature is more accurate than taking an axillary temperature.

Ways to use a digital thermometer by age

Child's age	Rectal	Oral	Axillary
Newborn to 3 months	x		
3 months to 3 years	x		x
4 to 5 years	x	x	x
5 years and older		x	x

Tympanic (ear) thermometers are another option for older babies and children. However, while it gives quick results, it needs to be placed correctly in your child's ear to be accurate. Too much earwax can cause the reading to be incorrect.

While other methods for taking your child's temperature are available, they are not recommended at this time. Ask your child's doctor for advice.

Mercury thermometers should not be used. The American Academy of Pediatrics encourages parents to remove mercury thermometers from their homes to prevent accidental exposure to this toxin.

How to use a digital thermometer

If your child is younger than 3 years, taking a rectal temperature gives the best reading. The following is how to take a **rectal temperature**:

- Clean the end of the thermometer with rubbing alcohol or soap and water. Rinse it with cool water. Do not rinse it with hot water.
- Put a small amount of lubricant, such as petroleum jelly, on the end.
- Place your child belly down across your lap or on a firm surface. Hold him by placing your palm against his lower back, just above his bottom. Or place your child face up and bend his legs to his chest. Rest your free hand against the back of the thighs.



Rectal (in the child's bottom)—belly down

- With the other hand, turn the thermometer on and insert it ½ inch to 1 inch into the anal opening. Do not insert it too far. Hold the thermometer in place loosely with 2 fingers, keeping your hand cupped around your child's bottom. Keep it there for about 1 minute, until you hear the "beep." Then remove and check the digital reading.



Rectal—belly up

- Be sure to label the rectal thermometer so it's not accidentally used in the mouth.

Once your child is 4 or 5 years of age, you can take his temperature by mouth. The following is how to take an **oral temperature**:

- Clean the thermometer with lukewarm soapy water or rubbing alcohol. Rinse with cool water.
- Turn the thermometer on and place the tip under his tongue toward the back of his mouth. Hold in place for about 1 minute, until you hear the "beep." Check the digital reading.
- For a correct reading, wait at least 15 minutes after your child has had a hot or cold drink before putting the thermometer in his mouth.



Oral (in the child's mouth)

Although not as accurate, if your child is older than 3 months, you can take his underarm temperature to see if he has a fever. The following is how to take an **axillary temperature**:

- Place the tip of a digital thermometer in your child's armpit.
- Hold his arm tightly against his chest for about 1 minute, until you hear the "beep." Check the digital reading.



Axillary (under the child's arm)

How to reduce a fever with medicine

Acetaminophen and **ibuprofen** are safe and effective medicines for reducing fevers. They do not need a prescription and are available at grocery stores and drugstores. However, keep the following in mind:

- Ibuprofen should only be used for children older than 6 months. It should not be given to children who are vomiting constantly or are dehydrated.
- *Do not use aspirin to treat your child's fever. Aspirin has been linked with side effects such as an upset stomach, intestinal bleeding and, most seriously, Reye syndrome.*
- If your child is vomiting and cannot take anything by mouth, a rectal suppository may be needed. Acetaminophen comes in suppository form and can help reduce a fever in a vomiting child.
- Before giving your child any medicine, read the label to make sure that you are giving the right dose for his age and weight. Also, if your child is taking other medicines, check the ingredients. If they include acetaminophen or ibuprofen, let your child's doctor know. To be safe, talk with your child's doctor before giving your child any medicine to treat a fever if he is younger than 2 years.

How to reduce a fever with sponging

Your child's doctor may recommend that you try sponging your child to reduce a fever if

- Your child's temperature is above 104°F (40°C).
- Your child is vomiting and unable to take any medicine.

Use lukewarm water, not cold water. Cold water can cause shivering and increase the temperature. Never add rubbing alcohol to the water. Rubbing alcohol can be absorbed into the skin or inhaled, causing serious problems such as a coma.

Usually 5 to 10 minutes in the tub is enough time for a child's fever to start dropping. If your child becomes upset during the sponging, simply let her play in the water. If she is still bothered by the bath, it is better to take her out even if she has not been in long enough to reduce the fever. Also remove her from the bath if she continues to shiver because shivering can raise her temperature.

Do not try to reduce a fever too quickly. This could cause it to rebound higher.

Be sure to call your child's doctor if your child still "acts sick" once her fever is brought down, or if you feel that your child is very sick. Also call if the fever persists for

- More than 24 hours in a child younger than 2 years
- More than 3 days in a child 2 years of age or older

What if my child has a febrile seizure?

In some young children, fever can trigger seizures. While this can be frightening, seizures are usually harmless. During a seizure your child may look strange for a few minutes; shake; then stiffen, twitch, and roll his eyes. If this happens,

- Place him on the floor or bed, away from any hard or sharp objects.
- Turn his head to the side so that any saliva or vomit can drain from his mouth.
- Do not put anything into his mouth, not even a finger.
- Call your child's doctor.

Your child's doctor will want to check your child, especially if it is his first seizure. It is important to look for the cause of the febrile seizure.

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.

Digital thermometer drawings by Anthony Alex LeTourneau

From your doctor

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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-tl 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.

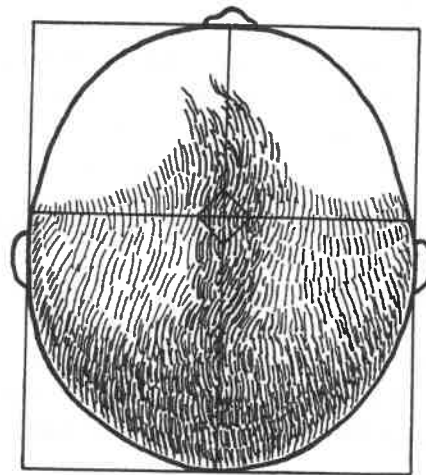


Figure 1. Evenly shaped head

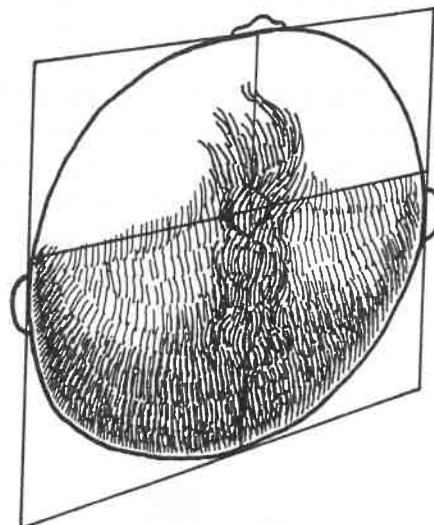


Figure 2. Misshaped head with one ear pushed forward

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.

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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.

