

BRIGHT FUTURES HANDOUT ► PARENT

6 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.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Choose a mature, trained, and responsible babysitter or caregiver.
- Ask us questions about child care programs.
- Talk with us or call for help if you feel sad or very tired for more than a few days.
- Spend time with family and friends.

✓ YOUR BABY'S DEVELOPMENT

- Place your baby so she is sitting up and can look around.
- Talk with your baby by copying the sounds she makes.
- Look at and read books together.
- Play games such as peekaboo, patty-cake, and so big.
- Don't have a TV on in the background or use a TV or other digital media to calm your baby.
- If your baby is fussy, give her safe toys to hold and put into her mouth. Make sure she is getting regular naps and playtimes.

✓ FEEDING YOUR BABY

- Know that your baby's growth will slow down.
- Be proud of yourself if you are still breastfeeding. Continue as long as you and your baby want.
- Use an iron-fortified formula if you are formula feeding.
- Begin to feed your baby solid food when he is ready.
- Look for signs your baby is ready for solids. He will
 - Open his mouth for the spoon.
 - Sit with support.
 - Show good head and neck control.
 - Be interested in foods you eat.

Starting New Foods

- Introduce one new food at a time.
- Use foods with good sources of iron and zinc, such as
 - Iron- and zinc-fortified cereal
 - Pureed red meat, such as beef or lamb
- Introduce fruits and vegetables after your baby eats iron- and zinc-fortified cereal or pureed meat well.
- Offer solid food 2 to 3 times per day; let him decide how much to eat.
- Avoid raw honey or large chunks of food that could cause choking.
- Consider introducing all other foods, including eggs and peanut butter, because research shows they may actually prevent individual food allergies.
- To prevent choking, give your baby only very soft, small bites of finger foods.
- Wash fruits and vegetables before serving.
- Introduce your baby to a cup with water, breast milk, or formula.
- Avoid feeding your baby too much; follow baby's signs of fullness, such as
 - Leaning back
 - Turning away
- Don't force your baby to eat or finish foods.
 - It may take 10 to 15 times of offering your baby a type of food to try before he likes it.

6 MONTH VISIT—PARENT



HEALTHY TEETH

- Ask us about the need for fluoride.
- Clean gums and teeth (as soon as you see the first tooth) 2 times per day with a soft cloth or soft toothbrush and a small smear of fluoride toothpaste (no more than a grain of rice).
- Don't give your baby a bottle in the crib. Never prop the bottle.
- Don't use foods or juices that your baby sucks out of a pouch.
- Don't share spoons or clean the pacifier in your mouth.

WHAT TO EXPECT AT YOUR BABY'S 9 MONTH VISIT

We will talk about

- Caring for your baby, your family, and yourself
- Teaching and playing with your baby
- Disciplining your baby
- Introducing new foods and establishing a routine
- Keeping your baby safe at home and in the car



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.
- If your baby has reached the maximum height/weight allowed with your rear-facing-only car seat, you can use an approved convertible or 3-in-1 seat in the rear-facing position.
- Put your baby to sleep on her back.
- Choose crib with slats no more than 2 3/8 inches apart.
 - Lower the crib mattress all the way.
- Don't use a drop-side crib.
- Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and toys in the crib.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Do a home safety check (stair gates, barriers around space heaters, and covered electrical outlets).
- Don't leave your baby alone in the tub, near water, or in high places such as changing tables, beds, and sofas.
- Keep poisons, medicines, and cleaning supplies locked and out of your baby's sight and reach.
- Put the Poison Help line number into all phones, including cell phones. Call us if you are worried your baby has swallowed something harmful.
- Keep your baby in a high chair or playpen while you are in the kitchen.
- Do not use a baby walker.
- Keep small objects, cords, and latex balloons away from your baby.
- Keep your baby out of the sun. When you do go out, put a hat on your baby and apply sunscreen with SPF of 15 or higher on her exposed skin.

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

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

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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.

Inclusion in this handout 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 handout. Web site addresses are as current as possible but may change at any time.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this handout and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.

Infant Feeding Guide for Healthy Infants

Birth to 3 Months 4-6 Months 6-8 Months

Foods

Birth to 3 Months

4-6 Months

6-8 Months

Remember:

Human Milk

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.

Iron Fortified Infant Formula

6-8 lbs: 1.5-2.0 oz per day
8-10 lbs: 2.0-2.5 oz per day
10-12 lbs: 2.5-3.0 oz per day

2.5-4.5 oz per day

2.5-3.2 oz per day

Begin to offer a cup

Cereals & Grains

NONE

NONE

- Offer iron fortified rice or oatmeal infant cereal
- 2-4 Tbsp twice a day by spoon

Vegetables

NONE

NONE

- Cooked/pureed/mashed carrots, sweet peas, green beans, spinach and winter squash or single jarred vegetables
- 2 Tbsp twice a day

Fruits

NONE

NONE

- Fresh/cooked/pureed/mashed banana, peach, applesauce or single jarred fruits
- 2 Tbsp twice a day

Protein Foods

NONE

NONE

- Cooked/pureed/mashed plain meat and poultry or single jarred meats
- Plain yogurt or tofu
- 1-2 Tbsp twice a day

Water

NONE

NONE

2-4 oz twice a day in a cup

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.

Fruit Juices

NONE

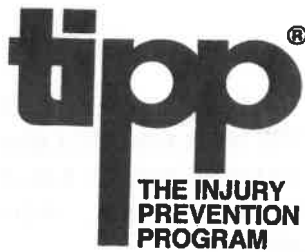
NONE

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:
 - 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.

The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months, and that breastfeeding continue for at least 12 months and beyond.

6 to 12 Months



6 TO 12 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 can be prevented?

Often, injuries happen because parents are not aware of what their children can do. Your child is a fast learner and will suddenly be able to *roll over*, *crawl*, *sit*, and *stand*. Your child may *climb* before walking, or *walk* with support months before you expect. Your child will *grasp* at almost anything and reach things they could not reach before.

Falls

Because of your child's new abilities, he or she will fall often. Protect your child from injury. **Use gates on stairways and doors. Install operable window guards on all windows above the first floor. Remove sharp-edged or hard furniture** from the room where your child plays.

Do not use a baby walker. Your child may tip it over, fall out of it, or fall down the stairs in it. Baby walkers allow children to get to places where they can pull hot foods or heavy objects down on themselves.

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

Burns

At 6 to 12 months children grab at everything. **NEVER** leave cups of hot coffee on tables or counter edges. **And NEVER** carry hot liquids or food near your child or while holding your child. He or she could get burned. Also, if your child is left to crawl or walk around stoves, wall or floor heaters, or other hot appliances, he or she is likely to get burned. **A safer place for your child** while you are cooking, eating, or unable to provide your full attention is the **playpen, crib, or stationary activity center, or buckled into a high chair.**

If your child does get burned, put cold water on the burned area immediately. 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. Call your doctor for all burns. 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.

Make 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.



(over)

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Drowning

At this age your child loves to play in water. Empty all the water from a bathtub, pail, or any container of water immediately after use. Keep the door to the bathroom closed. **NEVER leave your child alone in or near a bathtub, pail of water, wading or swimming pool, or any other water, even for a moment.** Drowning can happen in less than 2 inches of water. Knowing how to swim does NOT make your child water safe at this age. Stay within an arm's length of your child around water.

If you have a swimming pool, now is the time to **install a fence** that separates the house from the pool. The pool should be fenced in on all 4 sides. Most children drown because they fall into a pool that is not fenced off from the house. Be prepared — install a fence around your pool now, before your child begins to walk!



Poisoning and Choking

Your child will explore the world by *putting anything and everything into his or her mouth*. **NEVER** leave small objects or balloons in your child's reach, even for a moment. Don't feed your child hard pieces of food such as hot dogs, raw carrots, grapes, peanuts, or popcorn. Cut all of his or her food into thin slices to prevent choking.

Be prepared if your child starts to choke. Learn how to save the life of a choking child. Ask your doctor to recommend the steps you need to take.

Children will put everything into their mouths, even if it doesn't taste good. Many ordinary things in your house **can be poisonous** to your child. Be sure to keep household products such as cleaners, chemicals, and medicines up, up, and away, completely out of sight and reach. Never store lye drain cleaners in your home. **Use safety latches or locks** on drawers and cupboards. Remember, your child doesn't understand or remember "no" while exploring.



If your child does eat something that could be poisonous, call the Poison Help Line at 1-800-222-1222 immediately. Do not make your child vomit.

Strangulation and Suffocation

Place your baby's crib away from windows. **Cords from window blinds and draperies can strangle your child.** Tie cords high and out of reach. Do not knot cords together.

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 child.

And Remember Car Safety

Car crashes are still a **great danger** to your child's life and health. Most injuries and deaths caused by car crashes **can be prevented** by the use of car safety seats **EVERY TIME** your child is in the car. An infant must always ride in a rear-facing car safety seat in the back seat until he or she is at least 1 year of age and at least 20 pounds. A rear-facing car safety seat should **NEVER** be placed in front of a passenger air bag. Your child, besides being much safer in a car safety seat, will behave better so you can pay attention to your driving. **The safest place for all infants and**



children to ride is in the back seat.

Do not leave your child alone in a car. Keep vehicles and their trunks locked. Death from excess heat may occur in a closed car in warm weather in a short time.

Remember, the biggest threat to your child's life and health is an injury.

From Your Doctor

LIVE WELL PEDIATRICS
171 Franklin Tpke., Suite 110
Waldwick, NJ 07463
Phone: 201-612-5100 Fax: 201-612-4499

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 the individual facts and circumstances.

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.

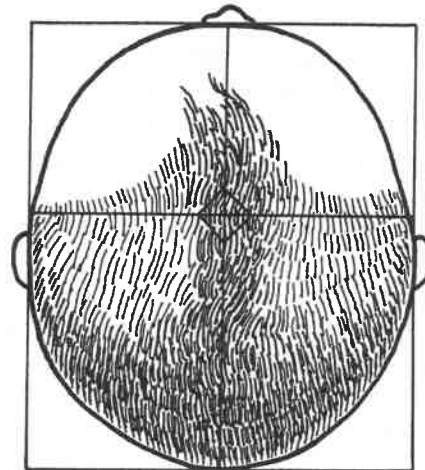


Figure 1. Evenly shaped head

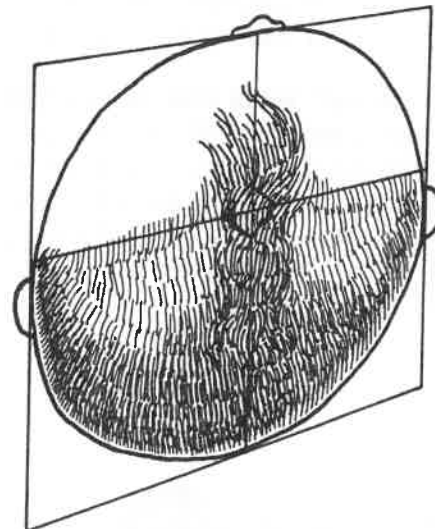


Figure 2. Misshaped head with one ear pushed forward

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.

From your doctor

LIVE WELL PEDIATRICS

171 Franklin Tpke., Suite 110
Waldwick, NJ 07463

Phone: 201-612-5100 Fax: 201-612-4499

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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

Copyright © 2009
American Academy of Pediatrics
All rights reserved.

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.

LIVE WELL PEDIATRICS

171 Franklin Tpke., Suite 110
 Waldwick, NJ 07463
 Phone: 201-612-5100 Fax: 201-612-4499

American Academy of Pediatrics
 DEDICATED TO THE HEALTH OF ALL CHILDREN®



healthychildren.org
 Powered by pediatricians. Trusted by parents.
 from the American Academy of Pediatrics

The American Academy of Pediatrics (AAP) is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

Any websites, brand names, products, or manufacturers are mentioned for informational and identification purposes only and do not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication. 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.

© 2020 American Academy of Pediatrics. All rights reserved.



Starting Solid Foods

Rice, oatmeal, or barley? What infant cereal or other food will be on the menu for your baby's first solid meal? Have you set a date?

At this point, you may have a plan or are confused because you have received too much advice from family and friends with different opinions.

Here is information from the American Academy of Pediatrics to help you prepare for your baby's transition to solid foods.

When can my baby begin solid foods?

Here are guidelines from the AAP book *Nutrition: What Every Parent Needs to Know*. Remember that each child's readiness depends on his own rate of development.

- **Can he hold his head up?** Your baby should be able to sit in a high chair, a feeding seat, or an infant seat with good head control.
- **Does he open his mouth when food comes his way?** Babies may be ready if they watch you eating, reach for your food, and seem eager to be fed.
- **Can he move food from a spoon into his throat?** If you offer a spoon of rice cereal, he pushes it out of his mouth, and it dribbles onto his chin, he may not have the ability to move it to the back of his mouth to swallow it. That's normal. Remember, he's never had anything thicker than breast milk or formula before, and this may take some getting used to. Try diluting it the first few times; then, gradually thicken the texture. You may also want to wait a week or two and try again.
- **Is he big enough?** Generally, when infants double their birth weight (typically at about 4 months of age) and weigh about 13 pounds or more, they may be ready for solid foods.

NOTE: 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.

Check with your child's doctor about the recommendations for vitamin D and iron supplements during the first year.

How do I feed my baby?

Start with half a spoonful or less and talk to your baby through the process ("Mmm, see how good this is?"). Your baby may not know what to do at first. She may look confused, wrinkle her nose, roll the food around inside her mouth, or reject it altogether.

One way to make eating solids for the first time easier is to give your baby a little breast milk, formula, or both first; then switch to very small half-spoonfuls of food; and finish with more breast milk or formula. This will prevent your baby from getting frustrated when she is very hungry.

Do not be surprised if most of the first few solid-food feedings wind up on your baby's face, hands, and bib. Increase the amount of food gradually, with just a teaspoonful or two to start. This allows your baby time to learn how to swallow solids.

Do not make your baby eat if she cries or turns away when you feed her. Go back to breastfeeding or bottle-feeding exclusively for a time before trying again. Remember that starting solid foods is a gradual process; at first, your baby will still be getting most of her nutrition from breast milk, formula, or both. Also, each baby is different, so readiness to start solid foods will vary.

NOTE: Do not put baby cereal in a bottle because your baby could choke. It may also increase the amount of food your baby eats and can cause your baby to gain too much weight. However, cereal in a bottle may be recommended if your baby has reflux. Check with your child's doctor.

Which food should I give my baby first?

For most babies, it does not matter what the first solid foods are. By tradition, single-grain cereals are usually introduced first. However, there is no medical evidence that introducing solid foods in any particular order has an advantage for your baby. Although many pediatricians will recommend starting vegetables before fruits, there is no evidence that your baby will develop a dislike for vegetables if fruit is given first. Babies are born with a preference for sweets, and the order of introducing foods does not change this. If your baby has been mostly breastfeeding, he may benefit from baby food made with meat, which contains more easily absorbed sources of iron and zinc that are needed by 4 to 6 months of age. Check with your child's doctor.

Baby cereals are available premixed in individual containers or dry, to which you can add breast milk, formula, or water. Whichever type of cereal you use, make sure that it is made for babies and iron fortified.

When can my baby try other food?

Once your baby learns to eat one food, gradually give him other foods. Give your baby one new food at a time. Generally, meats and vegetables contain more nutrients per serving than fruits or cereals.

There is no evidence that waiting to introduce baby-safe (soft), allergy-causing foods, such as eggs, dairy, soy, peanuts, or fish, beyond 4 to 6 months of age prevents food allergy. If you believe your baby has an allergic reaction to a food, such as diarrhea, rash, or vomiting, talk with your child's doctor about the best choices for the diet.

Within a few months of starting solid foods, your baby's daily diet should include a variety of foods, such as breast milk, formula, or both; meats; cereal; vegetables; fruits; eggs; and fish.

When can I give my baby finger foods?

Once your baby can sit up and bring her hands or other objects to her mouth, you can give her finger foods to help her learn to feed herself. To prevent choking, make sure anything you give your baby is soft, easy to swallow, and cut into small pieces. Some examples include small pieces of banana, wafer-type cookies, or crackers; scrambled eggs; well-cooked pasta; well-cooked, finely chopped chicken; and well-cooked, cut-up potatoes or peas.

At each of your baby's daily meals, she should be eating about 4 ounces, or the amount in one small jar of strained baby food. Limit giving your baby processed foods that are made for adults and older children. These foods often contain more salt and other preservatives.

If you want to give your baby fresh food, use a blender or food processor, or just mash softer foods with a fork. All fresh foods should be cooked with no added salt or seasoning. Although you can feed your baby raw bananas (mashed), most other fruits and vegetables should be cooked until they are soft. Refrigerate any food you do not use, and look for any signs of spoilage before giving it to your baby. Fresh foods are not bacteria-free, so they will spoil more quickly than food from a can or jar.

NOTE: Do not give your baby any food that requires chewing at this age. Do not give your baby any food that can be a choking hazard, including hot dogs (including meat sticks, or baby food "hot dogs"); nuts and seeds; chunks of meat or cheese; whole grapes; popcorn; chunks of peanut butter; raw vegetables; fruit chunks, such as apple chunks; and hard, gooey, or sticky candy.

What changes can I expect after my baby starts solids?

When your baby starts eating solid foods, his stools will become more solid and variable in color. Because of the added sugars and fats, they will have a much stronger odor too. Peas and other green vegetables may turn the stool a deep-green color; beets may make it red. (Beets sometimes make urine red as well.) If your baby's meals are not strained, his stools may contain undigested pieces of food, especially hulls of peas or corn, and the skin of tomatoes or other vegetables. All of this is normal. Your baby's digestive system is still immature and needs time before it can fully process these new foods. If the stools are extremely loose, watery, or full of mucus, however, it may mean the digestive tract is irritated. In this case, reduce the amount of solids and introduce them more slowly. If the stools continue to be loose, watery, or full of mucus, consult your child's doctor to find the reason.

Should I give my baby juice?

Babies do not need juice. Babies younger than 12 months should not be given juice. After 12 months of age (up to 3 years of age), give only 100% fruit juice and no more than 4 ounces a day. Offer it only in a cup, not in a bottle. To help prevent tooth decay, do not put your child to bed with a bottle. If you do, make sure it contains only water. Juice reduces the appetite for other, more nutritious, foods, including breast milk, formula, or both. Too much juice can also cause diaper rash, diarrhea, or excessive weight gain.

From Your Doctor

LIVE WELL PEDIATRICS

171 Franklin Tpke., Suite 110
Waldwick, NJ 07463

Phone: 201-612-5100 Fax: 201-612-4499

Does my baby need water?

Healthy babies do not need extra water. Breast milk, formula, or both provide all the fluids they need. However, with the introduction of solid foods, water can be added to your baby's diet. Also, a small amount of water may be needed in very hot weather. If you live in an area where the water is fluoridated, drinking water will also help prevent future tooth decay.

Good eating habits start early

It is important for your baby to get used to the process of eating—sitting up, taking food from a spoon, resting between bites, and stopping when full. These early experiences will help your child learn good eating habits throughout life.

Encourage family meals from the first feeding. When you can, the whole family should eat together. Research suggests that having dinner together, as a family, on a regular basis has positive effects on the development of children.

Remember to offer a good variety of healthy foods that are rich in the nutrients your child needs. Watch your child for cues that he has had enough to eat. Do not overfeed!

If you have any questions about your child's nutrition, including concerns about your child eating too much or too little, talk with your child's doctor.

High Chair Safety

When using a high chair, remember to:

- Make sure the high chair cannot be tipped over easily.
- If the chair folds, be sure it is locked each time you set it up.
- Whenever your child sits in the chair, use the safety straps, including the crotch strap. This will prevent your child from slipping down, which could cause serious injury or even death. Never allow your child to stand in the high chair.
- Do not place the high chair near a counter or table. Your child may be able to push hard enough against these surfaces to tip the chair over.
- Never leave a young child alone in a high chair, and do not allow older children to climb or play on it because this could also tip it over.
- A high chair that hooks onto a table is not a good substitute for a freestanding one. If you plan to use this type of chair when you eat out or travel, look for one that locks onto the table. Be sure the table is heavy enough to support your child's weight without tipping. Also, check to see whether your child's feet can touch a table support. If your child pushes against the table, it may dislodge the seat.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



healthychildren.org
Powered by pediatricians. Trusted by parents.
Join the American Academy of Pediatrics

The American Academy of Pediatrics (AAP) is an organization of 66,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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. The persons whose photographs are depicted in this publication are professional models. They have no relation to the issues discussed. Any characters they are portraying are fictional.

© 2008 American Academy of Pediatrics, Updated 01/2017. All rights reserved.

A Guide to Children's Dental Health



The road to a bright smile begins long before the first tooth breaks through the gum. Parents play a big part in helping their children develop healthy teeth. Early monitoring by a pediatrician or dentist is important.

Steps to good dental health include

- Regular care by a dental professional
- Getting enough fluoride
- Regular brushing and flossing
- Eating right

It's important for parents to care for their teeth too because cavity-causing bacteria can be easily transferred when sharing food or drinks. By following these steps and teaching them to your children, your entire family can benefit from good dental health.

Read more to learn why fluoride is important, when to start cleaning your child's teeth, if pacifier use or thumb sucking hurt teeth, about foods that can lead to tooth decay, about pediatric dentists, and good dental habits.

Why is fluoride important?

Fluoride is a natural chemical that can be added to drinking water and toothpaste. It strengthens *tooth enamel* (the hard outer coating on teeth). Fluoride also helps repair early damage to teeth.

The fluoride content of local water supplies varies. Check with your local water department to find out the exact water fluoride level in your area. Then talk with your child's pediatrician or dentist to see if she needs additional fluoride, such as fluoride drops or tablets. The need for fluoride is based on your child's *caries* (tooth decay) risk.

When should I start cleaning my child's teeth?

Daily dental cleaning should start as soon as your infant's first tooth appears. Wipe the teeth with a piece of gauze or a damp cloth. Switch to a toothbrush with a fluoride toothpaste as your child gets older. Because children tend to swallow toothpaste, put only a small (pea-sized) amount of fluoride toothpaste on your child's toothbrush and press the toothpaste into the bristles. Taking in too much fluoride while brushing can result in *fluorosis* (spotting of the teeth).

Also, check the teeth for early signs of tooth decay. Cavities appear as white, yellow, or brown spots or lines on the teeth. Any 2 teeth that are touching each other should be flossed to prevent a cavity from forming between the teeth. An ideal baby bite should have spaces between the front teeth. If your child's teeth are touching early, this is a sign that dental crowding may occur in the adult teeth that may require future orthodontic care.

Does pacifier use or thumb sucking hurt teeth?

If a child sucks strongly on a pacifier, his thumb, or his fingers, this habit may affect the shape of his mouth or how his teeth are lining up. If a child stops using a pacifier by 3 years of age, his bite will most likely correct itself. If a child stops sucking on a pacifier, his thumb, or his fingers before his permanent front teeth come in, there's a chance his bite will correct itself. If your child continues his sucking habit after his adult teeth have come in, then orthodontic care may be needed to realign his teeth.

Food that can lead to tooth decay

Sweets like candy or cookies can lead to tooth decay. Sugar from fruits and fruit juices left on the teeth for a long time is not healthy for teeth. Frequent sipping on drinks such as fruit juices and sodas can also cause tooth decay. Starchy foods, such as crackers, and sticky foods and candies, such as raisins, fruit roll-ups, and gummy bears, tend to stay on the teeth longer. These foods also are more likely to lead to tooth decay.

Starches and fruits, however, are a necessary part of any child's diet. To avoid tooth decay, give your child these foods only at mealtime (before the teeth have been brushed). For healthy teeth, offer your child a well-balanced diet with a variety of foods. Drinking water with fluoride is an excellent way to keep teeth healthy.

Pediatric dentists

During regular well-child visits, your child's pediatrician will check her teeth and gums to make sure they are healthy. If your child has dental problems, your child's pediatrician may refer her to a dental professional.

A pediatric dentist specializes in the care of children's teeth, but some general dentists also treat children. Pediatricians may refer children younger than 1 year to a dental professional if the child

- Chips or injures a tooth or has an injury to the face or mouth.
- Has teeth that show any signs of discoloration. This could be a sign of tooth decay.
- Complains of tooth pain or is sensitive to hot or cold foods or liquids. This could also be a sign of decay.
- Has any abnormal lesion (growth) inside the mouth.
- Has an unusual bite—the teeth do not fit together right.

Good dental habits

Regular dental checkups, a balanced diet, fluoride, injury prevention, habit control, and brushing and flossing are all important for healthy teeth. Starting children off with good dental habits now will help them grow up with healthy smiles.

The American Academy of Pediatrics (AAP) recommends that all infants receive oral health risk assessments by 6 months of age. Infants at higher risk of early dental caries should be referred to a dentist as early as 6 months of age and no later than 6 months after the first tooth erupts or 12 months of age (whichever comes first).

All children should have a comprehensive dental exam by a dentist in the early toddler years.

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

LIVE WELL PEDIATRICS

171 Franklin Tpke., Suite 110

Waldwick, NJ 07463

Phone: 201-612-5100 Fax: 201-612-4499

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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

Copyright © 2004
American Academy of Pediatrics

Home Safety Checklist



Is your house a safe place for your child to live and play? The following safety checklist can help you prevent serious injuries or even death. Though it addresses common safety concerns, it's important to remember that every house is different and no checklist is complete. Because there may be other safety concerns in your house, a more thorough safety check is recommended at least every 6 months.

Your child's bedroom

Changing table

- Never leave your child unattended. Keep supplies within arm's reach and always use the safety belt to help prevent falls. Try to keep a hand on your child at all times, even when using the safety belt.
- Make sure drapery and blind cords are out of reach. Loose cords can strangle children. Keep the cords tied up high with no loops. Check the cords in other rooms as well.
- If you use baby powder, pour it out carefully and keep the powder away from baby's face. Published reports indicate that talc or cornstarch in baby powder can injure a baby's lungs.

Crib

- Lower the risk of sudden infant death syndrome (SIDS). All healthy babies younger than 1 year should sleep on their backs—at nap time and at night. The safest place to sleep is in a crib with a firm mattress with a fitted sheet. Keep pillows, quilts, comforters, sheepskins, and stuffed toys out of your baby's crib. They can cover your baby's face—even if she is lying on her back. Also, bulky items left in the crib could be used as a step for climbing out when your baby is able to stand.
- Don't hang anything with strings or ribbon over cribs.
- Make sure the crib has no raised corner posts or cutouts. Loose clothing can get snagged on these and strangle your baby. Also, the slats on the crib should be no more than 2 $\frac{3}{8}$ inches apart. Widely spaced slats can trap small heads.
- Use a mattress that fits snugly in the crib so your baby cannot slip in between the sides of the crib.
- Tighten all the screws, bolts, and other hardware securely to prevent the crib from collapsing.

Other bedroom items

- **Night-light.** Keep night-lights away from drapes or bedding where they could start a fire. Buy only *cool* night-lights that do not get hot.
- **Smoke alarms.** Install smoke alarms outside every bedroom (or any area where someone sleeps), in furnace areas, and on every level of your home, including the basement. Buy alarms with long-life lithium batteries. Standard batteries should be changed every year. Test alarms every month to make sure they are working properly.

- **Window guards.** Make sure window guards are secured to prevent a child from falling out the window.
- **Outlets.** Use plug protectors in all outlets in your home. Children can be burned or shocked from sticking their fingers or other objects into the holes.
- **Toy chest.** The best toy chest is a box or basket without a lid. However, if it has a lid, make sure it has safe hinges that hold the lid open and do not pinch. The chest should also have air holes just in case your child gets trapped inside.
- **Humidifier.** Use a cool-mist humidifier to avoid burns. Clean it often to avoid bacteria and mold growth.

The kitchen

- Store sharp knives or other sharp utensils and dishwasher detergent and other cleaning supplies in a cabinet with child locks.
- Keep chairs and stools away from counters and the stove where a child could climb up and get hurt.
- Use the back burners and point pot handles toward the back of the stove to keep them out of your child's reach. Keep your child away from the stove when someone is cooking.
- Keep electrical appliances out of your child's reach and unplugged when not in use. Appliance cords should be tucked away so they cannot be reached by a child.
- Use a high chair that is sturdy and has a seat belt with a crotch strap.
- Keep a working fire extinguisher in the kitchen and know how and when to use it.

The bathroom

- Always stay within arm's reach of your infant or young child when he is in the bathtub. Many bathtub drownings happen (even in a few inches of water) when a parent leaves an infant or young child alone or with another young child.
- Keep the bathroom door closed when not in use. Keep the toilet seat cover down and consider using a toilet lid latch. Use a doorknob cover to keep your child out of the bathroom when you are not there.
- Use a nonskid bath mat in the bathtub and on the floor.
- Keep all medicines, toiletries, cosmetics, and cleaning supplies out of your child's reach. Store these items in cabinets with child locks. Make sure all medicines have child-resistant caps on them.
- Unplug and store hair dryers, curling irons, and other electrical appliances out of your child's reach.
- Make sure the outlets in the bathroom have ground fault interrupters (GFIs).
- The hottest temperature at the faucet should be no more than 120°F to avoid burns. In many cases you can adjust your hot water heater.

The family room

- Pad edges and corners of tables.
- Keep houseplants out of your child's reach because some may be poisonous.
- Make sure TVs and other heavy items (such as lamps) are secure so they don't tip over.
- Check electrical cords. Replace any cords that are worn, frayed, or damaged. Never overload outlets. Cords should run *behind* furniture and not hang down for children to pull on them. Remove unused cords.
- Place a barrier around the fireplace or other heat sources.
- Store matches and lighters out of your child's reach or in a cabinet with child locks. Teach your child that matches and lighters are to be used by adults only.

Throughout the home

Take a look throughout your home and check for the following:

- A home is safest without firearms. If you must have a gun, make sure the gun is stored unloaded and locked in a safe or with a trigger lock, and bullets are locked in another place.
- Block all stairs with gates.
- Make sure all the rooms in your home are free from small parts, plastic bags, small toys, coins, and balloons that your child could choke on. Frequently check in, around, and under furniture.
- Make sure to have a plan of escape from your home in case of a fire. Review and practice the plan with your family.
- Post the poison help line number (1-800-222-1222) on all your phones.
- Teach your child how to call 911 in an emergency.
- Only use candles when an adult is in the room. Blow out candles if you leave the room or go to sleep.
- Teach your child to never pick and eat anything from an indoor or outdoor plant.

The playground

- Make sure swings are made of soft materials, such as rubber, plastic, or canvas.
- Use wood chips, mulch, or shredded rubber under play equipment. It should be at least 9 inches deep for play equipment up to 7 feet high. Frequently rake the material back under the swings and slides to keep it the right depth.
- Make sure home playground equipment is put together correctly, sits on a level surface, and is anchored firmly to the ground.

The pool

- Make sure to have a 4-foot fence around all sides of the pool to separate the pool from the house. A child should not be able to climb the fence. The gate should open outward and self-close and self-latch with the latch high out of a child's reach.
- Always have rescue equipment (such as a shepherd hook or life preserver). Keep a telephone by the pool with your local emergency number (usually 911) clearly posted.

Learn basic first aid and cardiopulmonary resuscitation (CPR). Because of the time it might take for help to arrive, your CPR skills can save your child's life. CPR performed by bystanders has been shown to improve outcomes in drowning victims.

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

LIVE WELL PEDIATRICS

171 Franklin Tpke., Suite 110

Waldwick, NJ 07463

Phone: 201-612-5100 Fax: 201-612-4499

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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

Copyright © 2008, Updated 12/08
American Academy of Pediatrics
All rights reserved.

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.

