

Very Important Information Please Read!

12 Year Visit Date: _____

Length: _____ in.	Weight: _____ lbs. _____ oz.	Head Circumference: _____ in.	BP: _____
Percentile: _____ %	Percentile: _____ %	Percentile: _____ %	BMI: _____ Percentile: _____ %

Check-up and Immunization Schedule

Age	Check-up*	Immunizations/Tests Due
2 wk.	within 3 days	Hep B #1 (if not given in hospital)
2 mo.	within 1 week	Pentacel #1; Hep B #2; Prevnar #1; Rotavirus #1 Maternal Depression Screen
4 mo.	within 2 weeks	Pentacel #2; Prevnar #2; Rotavirus #2 Maternal Depression Screen
6 mo.	within 3 weeks	Pentacel #3; Prevnar #3; Rotavirus #3 OAE Hearing & Spot Vision Screens Maternal Depression Screen
9 mo.	within 3 weeks	Hep B #3 Developmental Screen
12 mo.	MUST be after 1 yr. b'day	MMR #1; Varicella #1 OAE Hearing & Spot Vision Screens; CBC Lead Screen (if indicated)
15 mo.	within 3 weeks	Prevnar #4; Hep A #1
18 mo.	within 3 weeks	Pentacel #4 Developmental Screen
2 yr.	within 2 mo.	Hep A #2 Developmental Screen Anemia Screen w/CBC (if indicated)
30 mo.	within 2 mo.	Developmental Screen Anemia Screen w/CBC (if indicated)
3 yr.	within 2 mo.	OAE Hearing & Spot Vision Screens Anemia Screen w/CBC (if indicated)
4 yr.	MUST be after 4 yr. b'day	MMR #2; Varicella #2; Quadracel Hearing & Spot Vision Screens Anemia Screen w/CBC (if indicated)

*Time specified can either be before or after date of the specified age.

Vaccines

Hep A/B=Hepatitis A/B
DTaP=Diphtheria, Tetanus, Pertussis
IPV=Inactivated Polio Vaccine
MMR=Measles, Mumps, Rubella
Pentacel=DTaP, Polio, Hib
Prevnar=Pneumococcal Vaccine
Td=Tetanus, Diphtheria
Tdap=Tetanus, Diphtheria, Pertussis
Quadracel=DTaP, Polio

Age	Check-up*	Immunizations/Tests Due
5 yr.	yearly	Hearing & Titmus Vision Screens Anemia Screen w/CBC (if indicated)
6 yr.	yearly	Hearing & Titmus Vision Screens Anemia Screen w/CBC (if indicated)
7 yr.	yearly	Complete Physical
8 yr.	yearly	Hearing & Vision Screens Anemia Screen w/CBC (if indicated)
9 yr.	yearly	Complete Physical
10 yr.	yearly	Hearing & Vision Screens Anemia Screen w/CBC (if indicated) Lipid Panel
11 yr.	yearly	Tdap; Meningococcal #1; HPV Series Anemia Screen w/CBC (if indicated) PHQ-4
12-21 yrs.	yearly	Anemia Screen w/CBC (if indicated) 12 yr. PHQ-4 12, 15, 18 yrs. Hearing & Vision Screens 13 & up Adolescent Confidential Questionnaire 16 yr. Meningococcal #2 17 yr. Lipid Panel 21 yr. Td HPV Series if not already completed
ALL		Flu vaccine yearly for all patients 6 mos. & older

Tests

CBC=Complete Blood Count
OAE=Otoacoustic Emissions

Notes:

**WE RECOMMEND A YEARLY CHECK-UP FOR YOUR CHILD.
PLEASE CALL THE OFFICE AT LEAST 2-3 MONTHS PRIOR TO THIS DATE
TO SCHEDULE YOUR APPOINTMENT.**

UPDATE: 1/12/2023

Frequently Asked Questions About Teenage Visits

Why are parents “kicked out” of the room for the 13 - 21 year old well visits?

At some point during the teen years, kids transition from parents taking care of them to taking care of themselves. We believe these semi-independent visits teach our teen patients to be responsible for their health and be active participants in the well visit. We also know some topics are hard to talk about with mom or dad in the room. We want to provide a safe and comfortable environment for open and honest discussions, so we can provide the best care at each visit.

How is a teen well child check different than other ages?

Teenagers undergo countless physical and emotional changes during puberty, all magnified through the microcosm of high school. It's no surprise that teens are at higher risk for depression, drug and alcohol use, and sexual health issues. Recent studies show *1 in 5* teens suffer from depressive symptoms annually, and *1 in 3* of 15 year olds drank alcohol in the last year. Parents are frequently surprised when screening identifies their teen as depressed, anxious or risk-taking. Oftentimes, there are no outward clues to alert parents of these potential issues.

Yikes! How do you identify teenagers at risk for depression and substance use?

In February of 2016, the US Preventive Services Task Force and the American Academy of Pediatrics (AAP) recommended all pediatricians use specific screening tools for depression and substance abuse. We use PHQ4, ASQ and CRAFFT screeners in addition to our regular teen questionnaire. Your clinician scores the screening questions during the visit. If there is a positive screen, there are follow up questionnaires asking even more important detailed questions about the degree of risk. While these screenings and conversations are confidential, if there are concerns about self-harm, suicide or hurting others, we will help the teen talk with his parent or guardian. Treatment of depression or substance abuse starts with identification, and the earlier treatment begins, the better the outcome.

A word on insurance coverage and screening tools...

Because the AAP highly recommends these screens, insurance allows us to bill for the tests. Under most circumstances, insurance plans pay for them. Unfortunately, with some insurance plans, these tools fall under family-responsible deductibles, and the small costs then fall on the family. We constantly talk to insurance plans about clinically-indicated testing, in attempts to get better coverage for our patients and less out-of-pocket expense. For example, thanks to the persistent feedback from parents and pediatricians, insurance now routinely covers vision screening in young children, which was a previously uncovered service. Interestingly, parents talking to their HR departments and/or insurance plans themselves are often more effective in getting plans to cover new items. As pediatricians, our job is to care for your teens to the best of our ability with the best available tools, regardless of insurance.

TABLE OF CONTENTS

GENERAL

Northside Pediatrics' Vaccine Policy

NUTRITION

Vitamin D!

Iron

Tips for Healthy Families: More and Less

Promoting Physical Activity as a Way of Life

SAFETY

Sun Safety for Adolescents

Trampolines: What You Need to Know

Safety at Home Alone: Information for Parents

Water Safety Tips for Older Kids and Teens

GENERAL PARENTING

Tips for Parents of Adolescents

Stages of Adolescence

Talking to Your Child About Sex

Talk to Your Teen About Drugs – And Keep Talking

Alcohol and Your Child:

What Parents Need to Know

Teen Suicide, Mood Disorder, and Depression

Your Family's Mental Health:

10 Ways to Improve Mood Naturally

Helping Your Child Cope with Life

Ways to Build Your Teenagers Self Esteem

The Internet and Your Family

Why Limit Your Child's Media Use?

Acne – How to Treat and Control it

Connecting with Your Community

Are You Ready to Be a Babysitter?

Transitioning to Middle School and High School

DEVELOPMENT

Puberty

Physical Development in Boys: What to Expect

Physical Development in Girls: What to Expect

Effects of Puberty on Sports Performance:

What Parents Need to Know

CHOA RESILIENCE AND COPING SKILLS

Teen Crisis Help Numbers

Building Resilient Children at 12-14 Years Old

Raising a Resilient Middle Schooler

Coping Skill Idea: Progressive Muscle Relaxation

Coping Skill Idea: Deep Belly Breathing

Coping Skill Idea: Grounding Your Body and Mind

Coping Skills For Older Children Ages 7-14

VACCINES

The Children's Hospital of Philadelphia:

Facts about Vaccines

Vaccine Safety: The Facts

Vaccine Schedule and Flu Reminder

Flu VIS

Tdap VIS

Menactra VIS

HPV VIS

Northside Pediatrics' Vaccine Policy

Northside Pediatrics firmly believes in the effectiveness of vaccines to prevent serious illnesses and save lives. We only follow the CDC schedule for vaccine administration which is the one schedule that has been tested as safe and effective for children.

We do not follow any alternative vaccination schedules, as the safety and efficacy of these schedules has not been verified. We require all patients to be vaccinated in accordance with the CDC schedule, unless there is a medical contraindication to vaccines, which is very rare and will be discussed on a case-by-case basis. Our doctors have seen serious and fatal infectious diseases eradicated by vaccines, and we believe vaccines are one of the most important public health improvements of the last century.

We also strongly believe in the safety of vaccines and provide the same vaccines on the same schedule to our own children.

Vitamin D

- Vitamin D plays a critical role in calcium absorption and bone growth. It prevents rickets (a serious bone disorder) and likely reduces the risk of adult osteoporosis.
- Vitamin D is involved in the immune system and may help prevent other serious disorders in adults.
- Vitamin D is synthesized via sunlight as well as absorbed in the gut; however, many people are deficient due to low sun exposure and the poor bioavailability of vitamin D.
- Infants are at risk for vitamin D deficiency. Breast milk contains little vitamin D, and formula volume does not usually meet daily requirements for vitamin D. Additionally infants have appropriately limited sun exposure, which reduces vitamin D synthesis.
- For these reasons, we recommend vitamin D supplementation in all age groups.

Recommended Vitamin D Supplementation

Age	Vitamin D Amount	Supplement options
Infant (breastmilk or formula fed)	400 IU	-D-vi-sol, Poly-vi-sol, Tri-vi-sol (or generic equivalent) - 1 ml daily -Vitamin D drops - 1 drop per day
1 yo - 2 yo	600 IU	-D-vi-sol, Poly-vi-sol, Tri-vi-sol (or generic equivalent) - 1 ml daily -Vitamin D drops - 1 drop per day + Dietary sources
3 yo and up	600 IU	-Chewable vitamin or swallowed tablet (age dependent) + Dietary sources

- **Dietary sources and other recommendations**
 - Vitamin D
 - Oily fish (i.e. salmon, sardines, tuna, mackerel, herring), egg yolks, fortified dairy
 - The recommended milk intake for children age 1-9 years old is 16 oz.
 - Calcium
 - Milk and dishes made with milk, cheeses, yogurt, canned fish (sardines, anchovies, salmon), dark-green leafy vegetables (kale, mustard greens, collard greens etc.), broccoli
 - Adolescents and teens need additional calcium and may need calcium supplements. The recommended daily intake is 1200-1500 mg calcium per day. If your teen has less than 4 servings of calcium daily, add a calcium supplement such as Viactiv, Oscal, or Caltrate.
 - Avoid excess salt as too much salt in the diet will increase the amount of calcium excreted out of the body through the kidneys.

Iron (Fe)

Iron helps with growth and brain development. A baby is born with iron stores that last until about 4 months old. After that, iron stores are depleted, and it is necessary to provide iron supplementation and/or iron rich foods.

Recommended Iron Supplementation

Age	Iron (Fe) Amount	Supplement options
4 mo - 12 mo <i>breastfed</i>	~6-11 mg/day	-Poly-vi-sol with Fe - 1 ml daily (10 mg Elemental Fe) + Dietary sources + Ok to stop Poly-vi-sol with Fe once dietary intake meets iron requirements
4 mo - 12 mo <i>formula fed</i>	~6-11 mg/day	-24-32 oz formula per day meets iron requirements + Dietary sources
1 yo -14 yo	7 -10 mg/day	+ Dietary sources
>14 yo boy	11 mg/day	+ Dietary sources
>14 yo girl	15 mg/day	-May require iron supplement due to heavy periods + Dietary sources

- **Dietary Sources and other recommendations**

- Infants: Iron-fortified infant cereal, pureed meats, green beans, peas, spinach
 - Infants taking Poly-vi-sol with Fe do not need a separate vitamin D supplement.
- Children and adolescents: Fortified breakfast cereal, fortified oatmeal, meat, tofu, spinach, beans. Three serving per day of iron-containing foods should meet daily iron requirements. Read the labels on packaging to check iron content on common foods.
- Foods high in vitamin C (citrus, strawberries, tomatoes, dark green veggies) enhance iron absorption.
- Limit cow's milk consumption to less than 20 oz per day as more than this can increase risk of iron deficiency. Infant's under one should primarily drink breast milk or formula.
- Menstruating females should also take folic acid, which can be found in most multivitamins. Folic acid is a B vitamin and recommended daily dosing is 400 mcg.
- An over-the-counter multivitamin is not recommended for a child who receives a normal, well-balanced diet.



TIPS FOR HEALTHY FAMILIES: more and less

According to the Dietary Guidelines for Americans, Americans are not getting enough potassium, dietary fiber, calcium, and vitamin D in their diets and consume too much sugar, sodium (salt), and fat. Here are tips to help you and your family make **more** healthy choices and **less** unhealthy choices. Start with small changes. Remember that parents are important role models and what children learn early on can carry through adulthood.

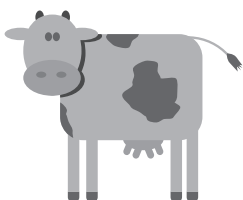
more Calcium and Vitamin D

Calcium is a mineral that is needed to build strong bones and teeth. Vitamin D helps the body absorb calcium.

Good sources of calcium include fat-free or low-fat milk and milk products, such as milk, yogurt, cheese, or fortified soy beverages. **Other sources of calcium include** dark-green, leafy vegetables such as kale and turnip greens (not spinach); broccoli; tofu; chickpeas; lentils; split peas; and canned salmon and sardines (and other fish with bones).

Switch From Whole Milk to Lower Fat Versions

Switching from whole milk to lower fat versions will cut calories but will not reduce calcium or other essential nutrients. (**Note:** Whole milk is recommended for children 12 to 24 months of age, unless your child's doctor recommends that you switch to reduced-fat milk.)



Milk, 1 cup (8 ounces)				
	Whole	Reduced Fat (2%)	Low Fat (1%)	Fat Free (Skim)
Calories	149	122	102	83
Saturated Fat	5 g	3 g	2 g	0 g

Data from Food-A-Pedia (US Department of Agriculture)

Good sources of fiber include vegetables, fruit, beans, peas, nuts, and fiber-rich whole-grain breads and cereals. Eat a variety of vegetables, especially dark-green and red and orange vegetables and beans and peas.

If a food company makes a claim about the fiber of a food, the grams of fiber must be listed under "Total Carbohydrate."

Nutrition Facts		
Serving Size	21 Biscuits (54g)	
Amount Per Serving	Cereal	with 1/2 cup skim milk
Calories	190	230
Calories from Fat	10	10
% Daily Value**		
Total Fat 1g*	2%	2%
Saturated Fat 0g	0%	0%
Trans Fat 0g		
Polyunsaturated Fat 0.5g		
Monounsaturated Fat 0g		
Cholesterol 0mg	0%	0%
Sodium 0mg	0%	3%
Potassium 200mg	6%	11%
Total Carbohydrate 46g	15%	17%
Dietary Fiber 6g	23%	23%
Sugars 11g		
Protein 5g		

more Potassium

Potassium works with sodium to regulate fluid balance, promotes transmission of nerve impulses and proper muscle function, and is essential for metabolism.

Vegetables that are good sources of potassium include broccoli, carrots, collards, green beans, green peas, kale, lima beans, potatoes, spinach, squash, sweet potatoes, and tomatoes. These vegetables are also good sources of magnesium and fiber.

Fruits that are good sources of potassium include apples, apricots, bananas, dates, grapefruit, grapes, mangoes, melons, oranges, peaches, pineapples, raisins, strawberries, and tangerines. These fruits are also good sources of magnesium and fiber.

more Fiber

Fiber helps make us full and keeps things moving in the digestive tract. A diet that includes good sources of fiber may help prevent constipation. These foods also are good sources of nutrients and vitamins that may help reduce the risk of heart disease, certain types of cancer, and obesity.

less Added Sugar

Calories from sugar can quickly add up and over time lead to weight gain, and sugar can play a role in the development of tooth decay.

Note: Noncaloric sweeteners, also called no- and low-calorie sweeteners, artificial sweeteners, or sugar substitutes, add sweetness to foods and beverages without adding calories. However, products containing noncaloric sweeteners may not be calorie free or fat free. Noncaloric sweeteners have not been shown to be dangerous in children. According to the Academy of Nutrition and Dietetics, foods and beverages sweetened with noncaloric sweeteners can be incorporated into a healthy eating plan. Because of limited studies in children, the American Academy of Pediatrics has no official recommendations regarding the use of noncaloric sweeteners.

Here are tips on how to limit added sugar.

- Use the Nutrition Facts label to choose breakfast cereals and other packaged foods with less total sugars. Choose whole-grain cereals and other whole-grain foods that have at least 3 grams of fiber and less than 10 to 12 grams of sugar per serving.
- Use the ingredients list to choose foods with little or no added sugars. Added sugar includes brown sugar, corn syrup, dextrose, fructose, high-fructose corn syrup, honey, lactose, malt syrup, maltose, molasses, nectars (eg, peach nectar, pear nectar), and sucrose.
- Limit sugar-sweetened drinks (eg, soft drinks, lemonade, fruit drinks, sports drinks, energy drinks). Offer low-fat milk during meals and water during snacks.
- Limit portions of desserts and other sweet treats.

less Fats

Fat is an essential nutrient that supplies the energy, or calories, children need for growth and active play and should not be severely restricted. However, high fat intake, particularly a diet high in saturated fats, can cause health problems, including heart disease later in life.

Here are tips on how to limit fat.

- Choose foods with little or no saturated fat and no trans fat. Check the Nutrition Facts label (5% Daily Value [DV] or less is low; 20% DV or more is high).
- Switch to vegetable oils instead of solid fats if possible. Vegetable oils include olive, canola, corn, safflower, or sunflower oil. Solid fats include butter, stick margarine, shortening, or lard.
- Try baking, steaming, or broiling foods instead of frying foods.

less Refined Grains

Many refined grain products are high in solid fats and added sugars. Switch to whole-grain products. Start with making half of your grains whole grains.

Here are tips on how to limit refined grains and boost whole grains.

- Check the ingredient list on product labels for the words “whole” or “whole grain” before the grain ingredient’s name. Note that foods labeled with the words “multigrain,” “stone-ground,” “100% wheat,” “cracked wheat,” “seven-grain,” or “bran” are usually not 100% whole-grain products and may not contain any whole grains.
- Use the Nutrition Facts label to check dietary fiber. Dietary fiber is a nutrient listed under Total Carbohydrate on the Nutrition Facts. Excellent sources of fiber have 5 or more grams of fiber per serving. Good sources of fiber have at least 3 grams of fiber per serving.
- Limit refined grain products that are high in calories from solid fats or added sugars, such as cakes, cookies, other desserts, and pizza.

less Sodium

Sodium is an important mineral but only in very small amounts. Dietary sodium comes from salt. Children only need about half a teaspoon (1,200 mg for 4- to 8-year olds; 1,500 mg for 9- to 18-year-olds) of sodium each day. Too much sodium may lead to high blood pressure later in life.

Here are tips on how to limit sodium.

- Eat less processed foods and more fresh foods.
- Use the Nutrition Facts label to check sodium. Choose foods and beverages with 5% Daily Value (DV) or less of sodium. A sodium content of 20% DV or more is high.
- Choose canned foods labeled “reduced sodium,” “low sodium,” or “no salt added.” Rinse canned beans and vegetables to remove some sodium.
- Use little or no salt when cooking or eating. Try other seasonings such as pepper, spices, herbs, or lemon juice. Slowly reduce the amount of sodium in your foods.

Hold the Salt

Train your children’s taste buds to like foods with little or no added salt. One cup of string beans with sodium has 351 mg more sodium than 1 cup of string beans with low sodium. That’s an extra **2,457 mg** of sodium in 1 week (7 days).

Beans, green (string), canned, 1 cup		
	With sodium	With low sodium
Total calories	31	27
Sodium	354 mg	3 mg

Data from Food-A-Pedia (US Department of Agriculture)

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

Sources

American Academy of Pediatrics. *Calcium and You*. Elk Grove Village, IL: American Academy of Pediatrics; 2006. Reaffirmed February 2013

American Academy of Pediatrics. *Nutrition: What Parents Need to Know*. Dietz WH, Stern L, eds. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2012

Food-A-Pedia. US Department of Agriculture SuperTracker Web site. <https://www.supertracker.usda.gov/foodapedia.aspx>. Accessed March 13, 2015

US Department of Agriculture, US Department of Health and Human Services. *Dietary Guidelines for Americans, 2010*. 7th ed. Washington, DC: US Government Printing Office; 2010. <http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf>. Accessed March 13, 2015

This publication has been developed by the American Academy of Pediatrics. The authors and contributors are expert authorities in the field of pediatrics. No commercial involvement of any kind has been solicited or accepted in the development of the content of this publication.

Listing of resources does 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.

Copyright © 2015 American Academy of Pediatrics

All rights reserved

Promoting Physical Activity as a Way of Life

As a parent, you need to encourage healthy habits—including exercise—in your youngsters. Physical activity should become as routine a part of their lives as eating and sleeping.

Reassure them that sports such as cycling (always with a helmet), swimming, basketball, jogging, walking briskly, cross country skiing, dancing, aerobics, and soccer, played regularly, are not only fun but can promote health. Some sports, like baseball, that require only sporadic activity are beneficial in a number of ways, but they do not promote fitness. Physical activity can be healthful in the following ways:



Increase Cardiovascular Endurance. More Americans die from heart disease than any other ailment; regular physical activity can help protect against heart problems. Exercise can improve your child's fitness, make him feel better, and strengthen his cardiovascular system.

Aerobic activity can make the heart pump more efficiently, thus reducing the incidence of high blood pressure. It can also raise blood levels of HDL (high-density lipoprotein) cholesterol, the "good" form of cholesterol that removes excess fats from the bloodstream. Even though most cardiovascular diseases are thought to be illnesses of adulthood, fatty deposits have been detected in the arteries of children as young as age three, and high blood pressure exists in about 5 percent of youngsters.

At least three times a week, your middle-years child needs to exercise continuously for twenty to thirty minutes at a heart rate above his resting level. As a guideline, the effort involved in continuous brisk walking is adequate to maintain fitness.

Each exercise session should be preceded and followed by a gradual warm-up and cool-down period, allowing muscles, joints, and the cardiovascular system to ease into and out of vigorous activity, thus helping to guarantee a safe workout. This can be accomplished by stretching for a few minutes before and after exercise.

Improve Large Muscle Strength and Endurance. As your child's muscles become stronger, he will be able to exercise for longer periods of time, as well as protect himself from injuries—strong muscles provide better support for the joints. Modified sit-ups (knees bent, feet on the ground) can build up abdominal muscles, increase lung capacity, and protect against back injuries. For upper body strength, he can perform modified pull-ups (keeping the arms flexed while hanging from a horizontal bar) and modified push-ups (positioning the knees on the ground while extending the arms at the elbow).

Increase Flexibility. For complete physical fitness, children need to be able to twist and bend their bodies through the full range of normal motions without overexerting themselves or causing injury. When children are flexible like this, they are more agile.

Although most people lose flexibility as they age, this process can be retarded by stretching to maintain suppleness throughout life, beginning in childhood. Stretching exercises are the best way to maintain or improve flexibility, and they can be incorporated into your child's warm-up and cool-down routines.

In most stretching exercises, your child should stretch to a position where he begins to feel tightness but not pain, then hold steady for twenty to thirty seconds before relaxing. He should not bounce as he stretches, since this can cause injury to the muscles or tendons.

Maintain Proper Weight. Twelve percent of children in the pre-puberty years are overweight, but few of these youngsters are physically active. Exercise can effectively burn calories and fat and reduce appetite.

Ask your pediatrician to help you determine whether your youngster has a healthy percentage of body fat for his or her age and sex.

Reduce Stress. Unmanaged stress can cause muscle tightness, which can contribute to headaches, stomachaches, and other types of discomfort. Your child needs to learn not only to recognize stress in his body but also to diffuse it effectively. Exercise is one of the best ways to control stress. A physically active child is less likely to experience stress-related symptoms than his more sedentary peers.

Last Updated: 11/21/2015

Source: Caring for Your School-Age Child: Ages 5 to 12 (Copyright © 2004 American Academy of Pediatrics)

Sun Safety for Your Adolescent

Now that your kiddo is quickly nearing “teenager-hood”, it is a great time for him or her to take charge of their skin care! You can likely remember the times you chased them around the yard smearing thick white sunscreen on their faces. Now it is their turn! Here are a few tips for your adolescent to read through on the why’s and how’s of sun prevention.

Why care!?

- Everyone (and we mean everyone) is at risk for a sunburn! Certain skin types are more at risk for skin cancer, but any skin type can develop skin cancer.
- 85-90% of all skin cancers are related to UV exposure (the sun rays).
- Remember, anytime your skin burns or tans, it is a sign that it has been damaged by UV rays from the sun. This color change is from melanin, which your body produces to try to protect your skin from further damage.
- Damage from the sun builds up over time; the more you are in the sun, the higher your risk of skin cancer.
- It is not only skin cancer that can be a concern; blotchiness or discolored areas of the skin, sallowness or a yellow discoloration of the skin, and early aging and wrinkles are other unfortunate outcomes of too much sun!

What can you do?!

- **Seek shade when appropriate**, remembering that the sun’s rays are strongest between 10 a.m. and 4 p.m. If your shadow is shorter than you are, seek shade.
- **Wear protective clothing**, such as a lightweight long-sleeved shirt, pants, a wide-brimmed hat and **sunglasses (don’t forget these!)**, when possible.
- **Generously apply a broad-spectrum, water-resistant sunscreen with an SPF of 30 or higher.** Broad-spectrum sunscreen provides protection from both UVA and UVB rays.
 - Use sunscreen whenever you are going to be outside, even on **cloudy** days.
 - Apply enough sunscreen to cover all exposed skin. For most people, this is about an ounce, or enough to fill a shot glass. Don’t forget the ears, hands, and feet too!
 - Apply to dry skin 15-30 minutes prior to going outdoors to allow for absorption.
 - You may consider sunscreens that also contain zinc oxide or titanium oxide to provide an additional protective barrier between your skin and the sun, especially for the ears, nose, and shoulders.
 - Consider avoiding sunscreens with oxybenzone, a chemical that may have hormonal properties.
- **Reapply sunscreen every two hours**, or after swimming or sweating. Remember, sunscreen should be used for your protection and not a reason to stay in the sun longer!
- **Use extra caution near water, snow and sand**, as they reflect the damaging rays of the sun, which can increase your chance of sunburn.
- **Avoid tanning beds!** Ultraviolet light from tanning beds can cause skin cancer and premature skin aging.
- **Perform regular skin self-exams** to detect skin cancer early, when it’s most treatable, and **see a board-certified dermatologist** if you notice new or suspicious spots on your skin, or anything changing, itching or bleeding.

Source: American Academy of Dermatology (<https://www.aad.org/public/spot-skin-cancer/learn-about-skin-cancer/prevent>)

Trampolines: What You Need to Know

Trampolines are popular among children and teens and even among some adults. Though it may be fun to jump and do somersaults on a trampoline, landing wrong can cause serious, permanent injuries. Injuries can occur even when a trampoline has a net and padding *and* parents are watching. Read on for more information from the American Academy of Pediatrics (AAP) about common trampoline injuries and how they occur.

Common injuries

Thousands of people are injured on trampolines each year. Most of these injuries happen on home trampolines. Children younger than 6 years are at greatest risk of injury. Common injuries include

- Broken bones (Sometimes surgery is needed.)
- Concussions and other head injuries
- Sprains/strains
- Bruises, scrapes, and cuts
- Head and neck injuries (which can lead to permanent paralysis or death)

How injuries occur

Most trampoline injuries occur when there is more than one person using a trampoline. Children can get hurt when they

- Land wrong while jumping.
- Land wrong while flipping and doing somersaults (this should not be allowed because of the risk of head and neck injuries).
- Try stunts.
- Strike or are struck by another person.
- Fall or jump off the trampoline.
- Land on the springs or frame.

What you can do to keep your children safe

Don't buy a trampoline for your home! Trampolines may be popular and a fun way to get exercise, but there are safer ways to encourage your children to be physically active, such as playing catch, riding a bike (don't forget a bike helmet), or playing a team sport. The AAP recommends that mini and full-sized trampolines never be used at home, in routine gym classes, or on playgrounds. They should only be used in supervised training programs for gymnastics, diving, or other competitive sports. Only one person should be allowed on a trampoline at any given time.

If you choose to have a home trampoline, the AAP recommends the following safety precautions: adult supervision at all times, only one jumper on the trampoline at a time, and no somersaults should be performed. Also, trampolines should have adequate protective padding that is in good condition and appropriately placed. All equipment should be checked often and protective padding, the net enclosure, and any other parts should be repaired or replaced when damaged. Parents should check their homeowner's policy and obtain a rider to cover trampoline-related injuries if not included in the basic policy.

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

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.HealthyChildren.org

Copyright © 2008
American Academy of Pediatrics, Updated 1/2013
All Rights Reserved.

Safety at Home Alone: Information for Parents

You're packing up your things at the office and logging off your computer when your phone rings. It's your boss, who tells you to settle in for the next few hours. Your firm has the advantage in winning a big client and you're expected to stick around to help seal the deal. Then your 12-year-old son calls: He's cut his finger and isn't sure what to do next.

Good thing the two of you have talked about this before. You find out more about his wound — it's not serious and won't require a visit to the emergency department.

So you gently remind him of how to take care of a cut with the supplies he'll find in the first aid kit, located right by the sink.



It's a good idea to have a plan for when the children are at home alone, says Robert Sege, M.D. PhD, FAAP, director of ambulatory pediatrics at Boston Medical Center. Regardless of age, that plan should ideally include an adult who is closer to home when mom or dad can't be.

A lot of parents think having their kids call their cell phone is a fail-safe plan, Sege says. But when you're across town, unavailable, or the call is dropped, your kids need a person who can get to them quickly. They may need someone who can physically help them, he says.

"On our fridge we have the names and phone numbers of three close neighbors and chances are, one of those is going to be home most of the time," Dr. Sege says. "The neighbors never minded and we did the same thing for them. And we have had kids over at our house when they get locked out of their home. They'll have a cup of cocoa while somebody finds a key."

When Is "Home Alone" Okay?

Most states don't have laws about the ages at which kids can be home alone. "It depends on the age and maturity of the child," says Dr. Sege, who is also a member of the American Academy of Pediatrics' Committee on Injury, Violence, and Poison Prevention. He says most kids in fourth or fifth grade are ready to be left alone for brief periods; however, he encourages parents to make sure their children aren't scared of being alone in the home.

Before children are left alone, it's best to do a practice run. Show and tell them what to expect and what to do if the phone rings or the power goes out. Let them talk you through what they'd do. Make sure they know how to use the phone (landline and cell), how to shut off the alarm system, and where the flashlights are kept.

Make sure they know their name and address (as well as when to give it out and when not to!). When you are both comfortable, start out with brief periods alone — a run to the grocery store or bank, for example — and then gradually extend the time apart. They need to know what to do in case of an emergency, too, Dr. Sege says.

Basic rules:

- **Your child should call you when he gets home.** A daily check-in call, Dr. Sege says, gives the parent and child a chance to have a 2- to 3-minute “how was your day” chat. She can e-mail or text you, too. This also establishes a routine and helps give both parent and child some peace of mind.
- As children get older, it becomes even more important to **make rules about what’s acceptable, such as having other kids over and how many can visit.** This becomes crucial as children become teenagers. “It’s the after-school time that’s really the most difficult — that’s when a lot of mischief can happen, between 3 and 6 p.m.,” Dr. Sege says.
- **Set limits on television viewing.** “The thing I see in my practice that I don’t like is the kids who go to school, go home, watch TV, and wait for their parents to come home. They don’t really have playtime with other children,” Dr. Sege says.
- **Arrange for kid time,** he says. “The way you develop social skills and ways to interact with people is by doing it and if you think about a kid’s life at school... I think it’s pretty universal, teachers don’t want you talking during class, you have 20 minutes for lunch and recess, so how do you do all of the things that really help you grow up?”

Is It Right for Your Child?

Dr. Sege says parents should ask themselves what their child is doing after school and if being home alone the best choice. “It’s certainly easy and many parents feel very comfortable if their child is at home alone but for the child... there may be other experiences that he or she could be having.”

Look into after-school programs run by the school, the local YMCA, Boy’s & Girl’s Club or arts league, or child care programs that offer drop-off/pick-up programs for elementary age children. “Try to think a little bit out of the box about what your individual child enjoys,” he says.

Sports can be an option, too. Sports provide the opportunity to make friends and belong to a group or learn a skill, Dr. Sege says.

Parent Tips:

Emergency #s	<ul style="list-style-type: none">• Post the names and numbers of three neighbors and family members who live nearby• Post your work and cell numbers (even if your child knows your cell by heart, if they are injured or panicked, they might forget)• Post emergency numbers such as 9-1-1
First Aid	<ul style="list-style-type: none">• Bandages• Antiseptic cream
Phone calls	<ul style="list-style-type: none">• Have a script for telemarketers and other callers, such as “<i>Mom’s not available, can I take a message?</i>”• Remind kids not to tell callers that you’re not home.
911	<ul style="list-style-type: none">• Make sure your children know when to call 9-1-1.
Alarm systems	<ul style="list-style-type: none">• Show them how to turn it off and on.
Cooking	<ul style="list-style-type: none">• Show them, do it with them, then let them cook while you watch.

Last Updated: 11/21/2015

Source: Healthy Children Magazine, Back to School 2008

Water Safety Tips for Older Kids and Teens

When summer arrives, we're all looking for ways to cool off. Being outdoors is a great way to be active and enjoy quality family time. But it's important to remember that the risk of drowning is very serious, even for older children and teens.

Drowning is the [5th leading cause of death](#) in children ages 10 to 14 and 7th in children 15 and older. And drowning is often quick and silent.

The good news? Drownings are preventable. Here are some ways to keep your child safe.

General water safety tips for kids and teens

Children who have finished a swim program and are strong swimmers are still at risk for drowning. The risk for drowning decreases after age 4 but increases again during the teenage years as children become more confident.

"Teens are more likely to drown because of risk-taking behavior, and we know that peer pressure plays a role in that," says Sarah Lazarus, DO, pediatric emergency department physician at Children's Healthcare of Atlanta. She says teens may feel pressured into swimming or boating at night—or under the influence of alcohol and drugs.



With that said, it's always a good idea to enroll your child in a swim program with a certified instructor from a young age. "By the time children reach school age (around age 6), they should be capable swimmers," says Dr. Lazarus. "There's no reason that any child, even those with developmental disabilities, can't learn to swim," she adds. She notes that kids with an underlying medical disorder, such as autism or epilepsy, are at a higher risk of drowning, so it's even more important for them to take swim lessons.

Here are some more safety rules to keep in mind:

- Choose safe areas to swim, like places with a lifeguard on duty.
- Keep an eye on your child or teen. Dr. Lazarus suggests this rule of thumb: Once a child can swim 50 meters or more without stopping, it's OK to be within eye's reach of your child. You should stay within arm's reach of children who aren't strong swimmers.
- Get your [teen trained in CPR](#)—they could save a life.
- Do not make older kids responsible for younger siblings around water. (Even if they are a strong swimmer.)
- Let your teen know to never go into the water after drinking alcohol or using drugs.
- Talk to your child about the importance of being open about their swimming skills. There's no shame in not knowing how to swim, and honesty could be lifesaving information.
- Educate your child on what to do if there are storms. They should get out of the water immediately, especially if there is thunder or lightning.

Pool safety tips for kids and teens

While general water safety tips apply to all types of water, the following tips are helpful for when you head to the pool.

- Make sure your child checks the depth of the water before entering.
- Tell kids and teens to always enter water feet first.
- Encourage your child to swim with a buddy and to never swim alone.
- Keep a watchful eye on teens and how they play in the water. It only takes a second for a teen to be injured or hit their head, and it could be dangerous if no one notices.



Water safety tips for the beach, lake, river or creek

According to the American Academy of Pediatrics, teens are 3 times more likely to drown in natural bodies of water than children ages 5 to 9. So in addition to general water safety, there are some extra things to keep in mind when swimming in natural bodies of water.

Here's how to keep your child safe:

- Avoid beaches and rivers with large waves or dangerous undertows. Keep an eye out for any swim warnings posted near the entrance of public beaches.
- Tell kids and teens to enter the water feet first to help prevent spinal injuries.
- Make sure your child is aware of rip currents and other obstacles like tree stumps and debris that may be in the water.
- Set a “checkpoint” and check-in times for meeting in case you get separated.



Boating guidelines for older kids and teens

As your child gets older, you may not always be with them every time they're out and about. So it's important to encourage them to adhere to proper safety rules and regulations, especially when out on a boat or other watercraft. Here are some crucial things to keep in mind:

- Don't let teens boat alone. Even if your teen has taken [boater education](#) (required by Georgia law), a parent should always be present while boating.
- Wear a life jacket. Every boat passenger should always wear a U.S. Coast Guard–approved life jacket. In fact, it's the U.S. Coast Guard's guideline that children under age 13 always have a life jacket on when in a moving boat. The life jacket should not ride up above their ears. If it does, it's too big. When they're on the boat, fasten all straps and zippers.
- Wear helmets during motorized water sports like wakeboarding, water skiing or tubing. And designate a spotter (not the driver) to keep an eye on the person in the water.
- Do not participate in water sports at night. Make sure visibility is good before wakeboarding or participating in other water sports.
- Refrain from using alcohol or other substances. Nearly one-third of all recreational boating fatalities involve alcohol, according to the U.S. Coast Guard. Using alcohol or drugs affects your judgment, vision, balance and coordination. Make sure you have a conversation with your child about these risks.



Following water safety rules may save your child's life

As parents and caretakers, you are your child's best protection. Always supervise your child or encourage them to use the buddy system when they're not with you.

Remind your child that they should never drink alcohol or use drugs while swimming. And make sure to have a conversation about their comfort level with swimming.



"There's no shame in not knowing how to swim," says Dr. Lazarus.

"But it's never too late to learn. If you are a parent who doesn't know how to swim, consider enrolling in swim lessons with your child."

If your child does not know how to swim, give them the courage and confidence to be open about their skills when they're away from home. Honesty could be a lifesaver when your child is visiting a friend's home, attending a party or going on a trip.

Tips for Parents of Adolescents

Adolescence is the time between childhood and adulthood when your daughter or son will go through many physical and emotional changes. It begins with puberty which, for girls, usually starts between 8 and 13 years of age, and for boys, between 10 to 14 years of age.

Though these years can be difficult, it can also be a rewarding time watching your teen make the transition into an independent, caring, and responsible adult.

The American Academy of Pediatrics offers the following tips to help you and your teen navigate adolescence. *Teen* will be the term used in this publication when referring to adolescent, teenager, preteen, and tween.

1. **Spend family time with your teen.** Although many teens may seem more interested in friends, this does not mean they are not interested in family.
2. **Spend time alone with your teen.** Even if your teen does not want time alone with you, remind him or her often that you are always available to listen or talk. One way to make yourself available is to offer rides; a great opportunity to talk (if the radio isn't too loud).
3. **When your teen talks**
 - Pay attention.
 - Watch, as well as listen.
 - Try not to interrupt.
 - Ask for further details if you don't understand.
 - If you don't have time to listen, set a time that will be good for both of you.
4. **Respect your teen.** It's OK to disagree with your teen, but disagree respectfully, not insultingly. Don't dismiss his or her feelings or opinions as silly or senseless. You may not always be able to help when your teen is upset about something, but it is important to say, "I want to understand," or "Help me understand."
5. **When rules are needed, set and enforce them.** Don't be afraid to be unpopular for a day or two. Believe it or not, teens see setting limits as a form of caring.
6. **Try not to get upset if your teen makes mistakes.** This will help your teen take responsibility for his or her actions. Remember to offer guidance when necessary. Direct the discussion toward solutions. For example, saying, "I get upset when I find clothes all over the floor," is much better than, "You're a slob."

Be willing to negotiate and compromise. This will teach problem solving in a healthy way. Remember to choose your battles. Let go of the little things that may not be worth a big fight.
7. **Criticize a behavior, not an attitude.** For example, instead of saying, "You're late. That's so irresponsible. And I don't like your attitude," try saying, "I worry about your safety when you're late. I trust you, but when I don't hear from you and don't know where you are, I wonder whether something bad has happened to you. What can we do together to help you get home on time and make sure I know where you are or when you're going to be late?"
8. **Mix criticism with praise.** Your teen needs to know how you feel when he or she is not doing what you want him or her to do.

Be sure to mix in positive feedback with this criticism. For example, "I'm proud that you are able to hold a job and get your homework done. I would like to see you use some of that energy to help do the dishes after meals."

9. **Let your teen be a teen.** Give your teen some leeway with regard to clothes, hairstyle, etc. Many teens go through a rebellious period in which they want to express themselves in ways that are different from their parents. However, be aware of the messages and ratings of the music, movies, and video games to which your teen is exposed.
10. **Be a parent first, not a friend.** Your teen's separation from you as a parent is a normal part of development. Don't take it personally.
11. **Don't be afraid to share mistakes you've made as a parent or as a teen.**
12. **Talk with your teen's pediatrician** if you need advice on how to talk with or get along with your teen.

Common questions

The following are answers to questions from parents of teens.

Dieting and body image

"My daughter is always trying new diets. How can I help her lose weight safely?"

Many teens resort to extreme diet or exercise programs because they want their bodies to look like the models, singers, actors, or athletes they see in the media.

Tips for a healthy diet

- Limit fast-food meals. Discuss the options available at fast-food restaurants and help your teen find a healthy, balanced diet. Fat should not come from junk food but from healthier foods such as low-fat cheese or low-fat yogurt.
- Keep the household supply of junk food such as candy, cookies, and potato chips to a minimum.
- Stock up on low-fat healthy items for snacking such as fruit, raw vegetables, whole-grain crackers, and low-fat yogurt. Encourage eating fruits and vegetables as snacks.
- Check with your teen's doctor about the proper amounts of calories, fat, protein, and carbohydrates for your teen.
- As a parent, model good eating habits. Make mealtime family time (5 times per week or more)—eating meals together helps with communication and reduces teen risk-taking.

Be aware of any diet or exercise program your daughter is following. Be watchful of how much weight she loses and make sure the diet program is healthy. Eating disorders such as anorexia nervosa and bulimia nervosa can be very dangerous. If you suspect your daughter has an eating disorder, talk with her doctor right away. Also, if you have a son, it's important to be aware of his diet or exercise habits too.

Many diets are unhealthy for teens because they do not have the nutritional value that bodies need during puberty. If your daughter wants to lose weight, urge her to increase physical activity and to take weight off slowly. Let her eat according to her own appetite, but make sure she gets enough fats, carbohydrates, protein, and calcium.

If your daughter decides to become a vegetarian, make certain she follows a healthy vegetarian diet. She may need to see her doctor or a nutritionist to ensure that she is getting enough fat, calories, protein, and calcium.

If your teen (like many teens) is unhappy with the way she looks, encourage healthy exercise. Physical activity will help stop hunger pangs, create a positive self-image, and take away the "blahs." If she wants to train with weights, she should check with her doctor, as well as a trainer, coach, or physical education teacher.

Help create a positive self-image by praising her wonderful qualities and focusing less on her appearance. Set a good example by making exercise and eating right a part of your daily routine also.

Dating and sex education

"With all the sex on TV, how can I teach my son to wait until he is ready?"

Teens (females and males) are naturally curious about sex. This is completely normal and healthy. However, teens may be pressured

into having sex too soon by their peers or the media. Talk with your son to understand his feelings and views about sex. Start early and provide him with access to information that is accurate and appropriate. Delaying sexual involvement could be the most important decision he makes.

Drugs

"I am afraid some of my daughter's friends have offered her drugs. How can I help her make the right decision?"

Teens may try or use tobacco and alcohol or other drugs to fit in or as a way to deal with peer pressure. Try to help build self-confidence or self-esteem in your teen. Ask your daughter about any concerns and problems she is facing and help her learn how to deal with strong emotions and cope with stress in ways that are healthy. For instance, encourage her to participate in leisure and outside activities with teens who don't drink and use drugs.

Smoking and tobacco

"My daughter smokes behind my back. How do I convince her to quit?"

Smoking can turn into a lifelong addiction that can be extremely hard to break. Discuss with your teen some of the more undesirable effects of smoking, including bad breath, stained teeth, wrinkles, a long-term cough, and decreased athletic performance. Long-term use can also lead to serious health problems like emphysema and cancer.

Chew or *snuff* can also lead to nicotine addiction and causes the same health problems as smoking cigarettes. In addition, mouth wounds or sores can form and may not heal easily. Smokeless tobacco can also lead to cancer.

If you suspect your daughter is smoking or using smokeless tobacco and you need advice, talk with her doctor. Schedule a visit with her doctor when you and your daughter can discuss the risks associated with smoking and the best ways to quit before it becomes a lifelong habit.

If you smoke . . . quit

If you or someone else in the household smokes, now is a good time to quit. Watching a parent struggle through the process of quitting can be a powerful message for a teen who is thinking about starting. It also shows that you care about your health, as well as your teen's.

Alcohol

"I know my son drinks once in a while, but it's just beer. Why should I worry?"

Alcohol is the most socially accepted drug in our society, and also one of the most abused and destructive. Even small amounts of alcohol can impair judgment, provoke risky and violent behavior, and slow down reaction time. An intoxicated teen (or anyone else) behind the wheel of a car makes it a lethal weapon. Alcohol-related car crashes are the leading cause of death for young adults aged 15 to 24 years.

Though it's illegal for people younger than 21 years to drink, we all know that most teens are not strangers to alcohol. Many of them are introduced to alcohol during childhood. If you choose to use alcohol

Talking with your teen about sex

Before your teen becomes sexually active, make sure you discuss the following topics:

- **Medical and physical risks.** Risks include unwanted pregnancy and sexually transmitted infections (STIs) such as gonorrhea, chlamydia, hepatitis B, syphilis, herpes, HIV (the virus that causes AIDS), and HPV (human papillomavirus—the virus that can cause cancers of the mouth and throat, cervix, and genitals in teens and adults).
- **Emotional risks.** Teens who have sex before they are emotionally ready may regret the decision when they are older or feel guilty, frightened, or ashamed from the experience. Your teen should ask himself or herself, "Am I ready to have sex?" or "What will happen after I have sex?"
- **Promoting safer sex.** Anyone who is sexually active needs to be aware of how to prevent unintended pregnancies, as well as how to protect against STIs. Condoms should always be used along with a second method of contraception to prevent pregnancy and reduce the risk of STIs.
- **Setting limits.** Make sure your teen has thought about what his or her sexual limits are before dating begins.

Most importantly, let your teen know that he or she can talk with you and his or her doctor about dating and relationships. Offer your guidance throughout this important stage in your teen's life.

in your home, be aware of the example you set for your teen. The following suggestions may help:

- Having a drink should never be shown as a way to cope with problems.
- Don't drink in unsafe conditions—for example, driving the car, mowing the lawn, and using the stove.
- Don't encourage your teen to drink or to join you in having a drink.
- Do not allow your children to drink alcohol before they reach the legal age and teach them never, ever to drink and drive.
- Never make jokes about getting drunk; make sure that your children understand that it is neither funny nor acceptable.
- Show your children that there are many ways to have fun without alcohol. Happy occasions and special events don't have to include drinking.

From Your Doctor

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.

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.

Stages of Adolescence

Adolescence is the period of transition between childhood and adulthood. It includes some big changes—to the body, and to the way a young person relates to the world.

The many physical, sexual, cognitive, social, and emotional changes that happen during this time can bring anticipation and anxiety for both children and their families. Understanding what to expect at different stages can promote healthy development throughout adolescence and into early adulthood.



Early Adolescence (Ages 10 to 13)

- **During this stage, children often start to grow more quickly.** They also begin notice other body changes, including hair growth under the arms and near the genitals, breast development in [females](#) and enlargement of the testicles in [males](#). They usually start a year or two earlier in girls than boys, and it can be normal for some changes to start as early as age 8 for females and age 9 for males. Many girls may start their period at around age 12, on average 2-3 years after the onset of breast development.
- **These body changes can inspire curiosity and anxiety in some—especially if they do not know what to expect or what is normal.** Some children may also question their [gender identity](#) at this time, and the onset of puberty can be a difficult time for [transgender children](#).
- **Early adolescents have concrete, black-and-white thinking.** Things are either right or wrong, great or terrible, without much room in between. It is normal at this stage for young people to center their thinking on themselves (called "egocentrism"). As part of this, preteens and early teens are often self-conscious about their appearance and feel as though they are always being judged by their [peers](#).
- **Pre-teens feel an increased need for privacy.** They may start to explore ways of being independent from their family. In this process, they may push boundaries and may react strongly if parents or guardians [reinforce limits](#).

Middle Adolescence (Ages 14 to 17)

- **Physical changes from puberty continue during middle adolescence.** Most males will have started their growth spurt, and puberty-related changes continue. They may have some voice cracking, for example, as their [voices lower](#). Some develop acne. Physical changes may be nearly complete for females, and most girls now have regular periods.
- **At this age, many teens become interested in romantic and sexual relationships.** They may question and explore their sexual identity—which may be stressful if they do not have support from peers, family, or community. Another typical way of exploring [sex and sexuality](#) for teens of all genders is self-stimulation, also called [masturbation](#).

- **Many middle adolescents have more arguments with their parents as they struggle for more independence.** They may spend less time with family and more time with friends. They are very concerned about their [appearance](#), and peer pressure may peak at this age.
- **The brain continues to change and mature in this stage, but there are still many differences in how a normal middle adolescent thinks compared to an adult.** Much of this is because the frontal lobes are the last areas of the brain to mature—development is not complete until a person is well into their 20s! The frontal lobes play a big role in coordinating complex decision making, impulse control, and being able to consider multiple options and consequences. Middle adolescents are more able to think abstractly and consider "the big picture," but they still may lack the ability to apply it in the moment. For example, in certain situations, kids in middle adolescence may find themselves thinking things like:
 - *"I'm doing well enough in math and I really want to see this movie... one night of skipping studying won't matter."*
 - *"Do I really have to wear a condom during sex if my girlfriend takes the pill?"*
 - *"Marijuana is legal now, so it can't be that bad."*

While they may be able to walk through the logic of avoiding risks outside of these situations, strong emotions often continue to drive their decisions when impulses come into play.

Late Adolescents (18-21... and beyond!)

Late adolescents generally have completed physical development and grown to their full adult height. They usually have more impulse control by now and **may** be better able to gauge risks and rewards accurately. In comparison to middle adolescents, youth in late adolescence might find themselves thinking:

- *"While I do love Paul Rudd movies, I need to study for my final."*
- *"I should wear a condom...even though my girlfriend is on birth control, that's not 100% in preventing pregnancy."*
- *"Even though marijuana is legal, I'm worried about how it might affect my mood and work/school performance."*

Teens entering early adulthood have a stronger sense of their own individuality now and can identify their own [values](#). They may become more focused on the future and base decisions on their hopes and ideals. Friendships and romantic relationships become more stable. They become more emotionally and physically separated from their family. However, many reestablish an "adult" relationship with their parents, considering them more an equal from whom to ask advice and discuss mature topics with, rather than an authority figure.

Parents: How To Help Your Children Navigate Adolescence

Children and their parents often struggle with changing dynamics of family relationships during adolescence. But parents are still a critical support throughout this time.

Here are some things you can do:

- **Help your child anticipate changes in his or her body.** Learn about [puberty](#) and explain what's ahead. Reassure them that [physical changes](#) and emerging [sexuality](#) is part of normal, healthy development. Leave room for questions and allow children to ask them at their own pace. Talk to your pediatrician when needed!
- **Start early conversations about other important topics.** Maintain open [communication](#) about [healthy relationships](#), [sex](#), sexuality, consent, and safety (such as how to prevent [sexually transmitted infection](#) and [pregnancy](#), and [substance use](#)). Starting these conversations during early adolescence will help build a good framework for discussions later.
- **Keep conversations with your child positive.** Point out strengths. Celebrate successes.
- **Be supportive and set clear limits with high (but reasonable) expectations.** Communicate clear, reasonable expectations for curfews, school engagement, [media use](#), and behavior, for example. At the same time, gradually expanding opportunities for more independence over time as your child takes on responsibility. Youth with parents that aim for this balance have been shown to have lower rates of depression and drug use.
- **Discuss risky behaviors (such as sexual activity and substance use) and their consequences.** Be sure to set a positive example yourself. This can help teens consider or rehearse decision-making ahead of time and prepare for when situations arise.
- **Honor independence and individuality.** This is all part of moving into early adulthood. Always remind your child you are there to help when needed.

The adolescent years can feel like riding a roller coaster. By maintaining positive and respectful parent-child relationships during this period, your family can (try to) enjoy the ride!

Additional Information:

- [Ages and Stages: Teen](#)
- [Ages and Stages: Puberty](#)
- [What is an Adolescent Health Specialist?](#)
- [Concerns Girls Have About Puberty](#)
- [Concerns Boys Have About Puberty](#)

Last Updated: 3/28/2019

Source: American Academy of Pediatrics (Copyright © 2019); by, Dr. Brittany Allen & Dr. Helen Waterman

Talking to Your Child About Sex

Our children live in a highly sexualized society where they are exposed to sexual language, images, and behaviors before they are developmentally prepared to handle them. Kids didn't "ask" for hormones at age 12, but they are stuck learning how to handle their changing bodies and urges in a society that shows them "yes" but tells them "not now."

- **Don't discredit love.** Understand the importance of romantic attachments in a teenager's life and the intensely strong feelings that they generate, even if your definition and perspective of love differ from your child's.
- **Don't abstain from educating your own children.** If you don't educate them, someone else will. They learn from behaviors and attitudes modeled by other adults, from the media and popular culture, and certainly from peers. Stand up and let your own views be counted as part of their sex education.
- **Talk about sex early and often.** They don't always hear you. They may not always believe you. They often don't remember, especially if they weren't ready to hear you. *(But they are often listening when they are pretending not to be.)*
- **Avoid sexuality conversations that are all "don'ts."** Parents often recount that they speak to their teens often about sex. Yet generally those conversations are all about the "don'ts."
 - Don't have sex.
 - Don't get pregnant.
 - Don't get a disease.
- **It's don't, don't, don't.** But what gets left out are the "do's." What can they *do* to be sexually healthy with a partner that they care about? How can they decide whether a partner is interested in them as a person or just as a potential sex partner? What ways can they address peer or partner pressure to be sexual when they don't feel they are ready? These topics need to be part and parcel of any discussion of healthy sexuality. Give them some things they can do!
- **Right time, right place.** Provide accurate information in developmental context. Meet them where they are. A young child asking, "What does sex mean?" may wonder what the teacher meant when she said, "line up by sex" for recess. Find out exactly what the question is, then try to give an honest answer that meets that need.
- **Be real.** Dispel myths and rumors. Provide accurate information. Use simple language, but respect their intelligence and curiosity. Above all, avoid talking down to children and teens about sex.
- **Empower your children.** Let them know they deserve to feel honored in their relationships, to have their own space, to keep their friends, to include their family, and to feel good about who they are. Teach them to expect a give-and-take, but that, in the end, a good relationship helps you to be more of who you already are and feel even better about it.
- **Set positive expectations.** Let your children know they deserve to have great sex. Discussing what's good about sex will help them to have positive standards by which to judge sexual experiences. Help your kids know why sex is worth waiting for and give them some realistic guidance about how they will know when it might be worth moving forward.



- **Use the media (the good, bad, and the ugly).** Use topics presented in daily media sources and popular teen culture as springboards for theoretical conversations about sex and relationships. Avoid proclamations and judgments, even about fictional characters; your children will anticipate your reacting to them in the same way should they ever be in that situation. Consider role-playing through a situation presented on TV as collaborative, nonjudgmental thought processing; it will provide insight into your child's view of the world and give you the opportunity to offer your ideas for them to reflect on.
- **Live by example.** If you have a good relationship, let your children know it. Let them witness you and your partner having a disagreement and working it out; let them see you kiss and make up.
- **Teaching kids about sex doesn't mean parenting without values.** Acknowledging sexuality is not the same as condoning or giving permission to have sex. Helping their children understand that sexual thoughts and feelings are normal gives parents the opportunity to follow up with conversations about *how* (and from *what*) to be abstinent as well as how to regulate their impulses and urges. It opens the door to continued conversation about how to be safe and responsible when their adolescents begin to engage in intimate physical or sexual activities.
- **You have 2 ears and 1 mouth.** Listen more than you talk. Be the sounding board that helps developing teens come to their own good decision about their sexual behaviors. Engaging kids in conversation about sexuality goes much further toward developing independent decision-making than lecturing about what they "should" and "shouldn't" do.
- **Ask, don't tell.** Find out what your child is thinking when talking about their relationships or sexual experiences. What does it mean to have a boyfriend or girlfriend at what age? Listen to what it means to the teen at that time. The teen's level of understanding and participation may actually be appropriate for her developmental level. Understand, don't judge. It is also helpful to talk about her friends and her relationships. Teens can be more chatty about their friends than about themselves, but listening to what their friends are doing will offer insight into how your teen herself feels.
- **Don't ask too many questions, or you won't get any information at all.** Provide a respectful place for sharing what she is willing to share (excitement of first love, feeling valued, wanted, desired by someone else in a very different, intensely intimate way).
- **Keep it generic.** Being willing to speak in generalities allows conversations about difficult subjects like sex to move forward without getting anyone too uncomfortable. Let your children know that you know of people that had certain experiences when they were younger, that you have been in difficult situations or know others who have been, and that you're not afraid to discuss those things on some level. Avoid interrogating your teen about what exactly they did or didn't do sexually; you don't want them to demand details about your love life, either. Keeping things on a surface level gives permission to continue the discussion over a greater breadth (and possibly depth) of topics and allow you to communicate more honestly about sex in ways that may very well be helpful one day.
- **Adolescence is for practice.** The teenage years are great for learning about relationships. What is the difference between a crush and real love? Between a "boyfriend" or "girlfriend" and a friend who is a boy or a girl? What belongs on Facebook and what doesn't? How does he treat you when you're alone compared to when your friends or parents are around? Does she keep a confidence or tell all her friends about it the next day? Without a few battle scars, how will we know a good relationship when we see it? On the other hand, major mistakes that change our lives (like disease or unintended pregnancy) are best avoided.

- **Things that are hard are not without value.** Help your teen learn from his or her mistakes. The goal is to learn to develop and maintain healthy relationship skills. Protecting your children from every trauma may not bring the message home, as well as the lessons learned from experiencing a broken heart themselves.
- **Beware of the “D” word.** Children fear *disappointing* their parents more than just about anything else in the world. While you should let children know when their behavior is dangerous or wrong, be very clear that there is nothing they could ever do that would make you stop loving them. Reassure them that after your blood pressure comes down, you still want what’s best for them and you will see they find help when they need it. Avoid getting into situations where their fear of your disappointment or anger keeps them from coming to you when they need you the most.
- **Be clear that safety is nonnegotiable.** Think about your bottom-line priorities for your children. Chances are nothing matters more to you than their safety. Be very clear, and repeat often, that nothing matters more than knowing they are going to be okay. Establish a code word they can use to get your attention and help when they need to get out of a potentially dangerous or uncomfortable situation. Set a standard for protecting themselves from disease and unwanted pregnancy regardless of whether you agree with their decision-making about sex. Make sure that they know they can come to you for help if something goes wrong.
- **Find a surrogate.** Talking about sex is difficult. When necessary, identify and encourage them to ask for help from other trusted adults; it doesn’t always have to be you.
- **Build your own toolkit.** Create a list of Web resources about sexuality that you believe offer sound information and advice. Consider keeping books at home that support your values about sexuality while providing accurate information. Find resources in your community, such as clinics, hotlines, therapeutic specialists, and support groups, in case you or your children need more help.

Author: Edited by Kenneth R. Ginsburg, MD, MS Ed, FAAP, FSAHM and Sara B. Kinsman, MD, PhD

Last Updated: 11/21/2015

Source: Reaching Teens: Strength-based Communication Strategies to Build Resilience and Support Healthy Adolescent Development (Copyright © 2014 American Academy of Pediatrics)

Talk to Your Teen About Drugs—And Keep Talking

“Are you listening to me?” Sometimes it seems as if half of what parents say to teenagers skips off their consciousness like rocks skimmed across the surface of a lake. When discussing the subject of drugs, however, you’re liable to have an unusually attentive audience. The Partnership for a Drug-Free America’s annual “Partnership Attitude Tracking Study,” the largest survey on drug-related attitudes in the United States, sampled the opinions of approximately nine thousand youngsters aged nine to eighteen. Three-quarters of the fourth-graders said that they wanted *more* information about drugs from their parents.



Your words carry weight, too. According to the 1998 survey, the stronger and more frequent the antidrug messages at home, the less likely a child is to become a user. Only 26 percent of adolescents who said their parents had taught them “a lot” about the dangers of drugs had smoked marijuana. But among youngsters who claimed to have learned “a little” or “nothing” from their families, the rates of pot use were progressively higher: 33 percent and 45 percent, respectively. That pattern remained consistent for other drugs, too. Overall, boys and girls whose parents ignored the issue were about two times as likely to use drugs than kids who learned “a lot” at home.

A mere one in four teens felt that they were receiving adequate parental guidance. Clearly, more of us have to broach the subject with our youngsters, and on a regular basis. We present some ideas of what to say.

Tips For Talking To Your Child About Substance Use:

Leave No Doubt As To Where You Stand

“You are not to use any drug, including tobacco or alcohol, under any circumstances.” Then explain why:

- Because we love you.
- Because drugs are dangerous, and we don’t want to see you harm yourself.
- Because it is against the law.

As When Setting Any Limit, Clearly Spell Out The Consequences For Defying The Rules:

What the punishment will be and how it will be implemented? Later, we suggest plans of action for parents who discover that their child is smoking, drinking and/or using illicit drugs.

Don’t Hesitate To Aim For The Emotional Jugular

Remind your teen that you would be deeply disappointed in his behavior if he were to disobey you on this matter. Research shows that when a child is deciding whether or not to indulge, a key consideration is, *What will my parents think?*

When Discussing The Dangers of Drugs, Emphasize The Immediate Consequences

“Parents have to keep in mind where their children are at developmentally,” notes Dr. Richard Heyman, a pediatrician from Cincinnati and former chair of the American Academy of Pediatrics’s Committee on Substance Abuse.

“Younger teens tend to think mainly in terms of today, tomorrow and the next day,” he explains. “It’s not until much later in adolescence that kids begin to contemplate how their actions could impact on their lives down the line.” They’re also still at a stage of thinking that they are invincible. Therefore, warnings that cigarette smokers are more than ten times as likely to die of lung cancer than nonsmokers are probably going to elicit little more than a shrug from a thirteen-year-old. Or a twenty-year-old, for that matter.

Instead, stress how smoking tobacco causes bad breath, hoarseness and a hacking cough; stains teeth yellow; impairs athletic performance; and in general makes other people not want to be around the smoker. In an American Cancer Society survey, eight in ten boys and seven in ten girls aged twelve to seventeen said they wouldn’t date someone who smoked.

Remind Your Teenager That Smoking, Drinking and Drugging Aren’t Just Harmful, They’re Expensive

A youngster with a pack-a-day cigarette habit sees close to a thousand dollars a year go up in smoke. Surely your son or daughter could find better ways to spend all that money, whether it’s buying CDs and clothing or saving up for a car and college.

Appeal To An Adolescent’s Natural Independent Streak By Praising His Determination To Avoid Using Drugs

“I admire the way you’ve stuck to your principles and refused to use drugs. It takes courage to not always go along with the crowd, and I’m proud of you.”

Explain To Your Child That Once People Start Using Drugs, They May Not Be Able To Stop

Addiction is poorly understood, by both substance abusers themselves and those who care about them. The young person with an addiction tells himself and everyone around him that he can quit whenever he wants.

But with prolonged use, the addictive substance triggers long-lasting changes in the chemical composition of the brain. At that point professional treatment is required to cure him of his compulsive behavior. Even then, many tobacco users, alcoholics and drug abusers will relapse and revert to their old ways.

Last Updated: 11/21/2015

Source: Caring for Your Teenager (Copyright © 2003 American Academy of Pediatrics)

Alcohol and Your Child: What Parents Need to Know



One of the most abused drugs in the United States is alcohol. It's also a drug that many people start using at a very young age. Though it's illegal for people younger than 21 years to drink, many children are introduced to alcohol well before they reach that age. The earlier they begin using alcohol, the higher risk they will have for problems with it later in life. Here is information from the American Academy of Pediatrics to help parents understand the dangers of alcohol and how to prevent alcohol use.

Why parents should worry

- Between 36% and 50% of high school students drink alcohol, and 28% to 60% report binge drinking.
- In 2014, half of 12th graders and one in nine 8th graders reported having been drunk at least once in their life.
- More than 4,300 people younger than 21 years die each year as a result of underage drinking.
- Adolescents who start drinking before 15 years of age are at 4 times the risk of developing alcohol use disorder as those who start drinking after 20 years of age.
- 80% of adolescents say their parents are the biggest influence on their decision to drink or not.

Alcohol is often the first drug that young people try. Since alcohol is legal for those older than 21 years and found in most American homes, it's often easy for children to be around alcohol and its use. Some parents may feel relieved when they find out their teen is "only" drinking alcohol. They may even think it isn't dangerous. Not true! Alcohol can harm your child's normal brain growth and development. Also, if young people like the feeling they get from alcohol, they may be interested in trying other drugs as well.

Risks linked to alcohol use

Even if a person drinks alcohol only occasionally, it can play a part in a variety of risky behaviors. Just one drink can impair decision-making and slow down reaction time. Underage drinking is not legal and is also linked to

- Early sexual activity, multiple partners, unintended pregnancy, and sexually transmitted infections, including AIDS.
- Drunk driving. Among 15- to 20-year-olds, nearly a third of all fatal automobile crashes involve alcohol.
- Use of other drugs, such as marijuana or cocaine.
- Health concerns like stunting brain growth, liver damage, hormone imbalances, and addiction to alcohol.
- School problems, such as poor grades and dropping out.
- Injuries that can be deadly or cause long-term problems.
- Crime, violence, and safety concerns.

Why young people drink

Here are some reasons why young people drink.

- Out of curiosity. They have heard that getting drunk is fun, and they want to find out for themselves.

- As a rite of passage. They see drinking as "something everyone does on the way to adulthood."
- To get drunk. This explains why teens drink until they are out of control. Binge drinking (having at least 4–5 drinks within 2 hours) is alarmingly common.
- To "fit in" with friends who drink.
- To feel relaxed and more confident.
- To escape problems, such as depressed feelings, family conflicts, or trouble in school or with a boyfriend or girlfriend.

Stages of alcohol use

The same pattern of use exists for alcohol as with other drugs, such as marijuana or cocaine. The following table shows how experts explain the stages of alcohol use. Keep in mind that even if your child doesn't meet criteria for substance use disorder (SUD), all underage drinking is risky. For example, binge drinking, at any stage of use, is very dangerous and should not be condoned.

Stage	Description
Abstinence	The time before an individual has ever used alcohol more than a few sips.
Substance use without a disorder	Very limited use that does not meet the definition of an SUD. The most common problems associated with adolescent substance use (car crashes, unintentional injuries, sexual trauma) can all occur with limited use in teens without an alcohol use disorder.
Mild-moderate SUD	Use in high-risk situations, such as when driving or with strangers. Use associated with a problem such as a fight, arrest, or school suspension. Use for emotional coping, such as to relieve stress or depression. Defined as meeting 2–5 of the 11 criteria for an SUD in <i>DSM-5</i> .*
Severe SUD	Loss of control or compulsive drug use associated with neurologic changes in the reward system of the brain. Defined as meeting 6 or more of the 11 criteria for an SUD in <i>DSM-5</i> .*

*Doctors use the *DSM-5* (*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*) to assist in diagnosing mental disorders, including SUD (substance use disorder).

How can I tell if my child is drinking?

Certain symptoms and behaviors are warning signs for alcohol use. Look for

- Alcohol odors on your child's breath or clothing
- Alcohol in your child's room or backpack

- Obvious intoxication, dizziness, or bizarre behavior
- Changes in dress and grooming
- Changes in choice of friends; alcohol use by your child's friends
- Frequent arguments, sudden mood changes, and unexplained violent actions
- Changes in eating and sleeping patterns
- Loss of interest in activities
- School problems, such as declining or failing grades, poor attendance, and recent discipline problems
- Runaway and delinquent behavior
- Talk about depression or suicide; suicide attempts

How to prevent alcohol use

Here are ways parents can help their children resist alcohol use.

- Boost confidence and self-worth by praising your child often for what she does well. Avoid constant criticism.
- Listen to what your child says. Pay attention and really listen. Be helpful during periods of loneliness or doubt.
- Know the facts and correct any wrong beliefs your child may have, such as "everybody drinks."
- Know who your child's friends are, and set clear limits. Do not support friendships with others whose parents do not set similar limits. Real friends do not urge their friends to break the rules, such as drinking alcohol, or reject them if they don't. Insist that a parent be at any party your child attends. Don't let your teen go to parties where alcohol is served.
- Make promises. Have your child promise never to get in a car when the driver has been drinking. You must promise your child that you will always be willing to pick him up, no questions asked, when a safe ride home is needed. Promise each other you will talk about it the next day.
- Help your child deal with emotions. Let her know that strong emotions are normal. She can express strong emotions in healthy ways. Talk about concerns and problems. Assure your child that everything has an upside, and things do not stay "bad" forever. Be a good role model in the ways you express, control, or relieve stress, pain, or tension.
- Talk about things that are temptations and those that are important to your child. Talk about school and your child's need for peer-group acceptance. Discuss life goals and desires. Talk about the risk of using alcohol and drugs and how that might prevent reaching those goals. Teach children exactly how you expect them to respond if someone offers them alcohol.
- Encourage healthy ways to have fun. Family activities, sports and physical activities, interests in the arts, and hobbies can all be good uses of leisure time.
- Use teachable moments. Discuss tragedies resulting from alcohol use that are reported in the news. Ask your child what he thinks happened in the story and how tragedy could have been prevented.
- Join your child in learning all you can about preventing alcohol abuse. Programs offered in schools, churches, and youth groups can help you both learn more about alcohol abuse.
- Your child's doctor understands that good communication between parents and children is one of the best ways to prevent alcohol use. If talking with your child about alcohol is difficult, your child's doctor may be able to help open the lines of communication. If you suspect your child is using alcohol or any other drug, ask your child's doctor for advice and help.

Alcohol and the media

No matter how often they hear how dangerous it is to drink alcohol, many young people today still think it's cool. A big reason for this is the media. Alcohol companies spend billions of dollars every year promoting their products on TV, in movies and magazines, on billboards, and at sporting events. In fact, alcohol products are among the most advertised products in the nation.

Alcohol ads never mention the dangers, such as alcoholism and drinking and driving, or how it affects an unborn infant (fetal alcohol syndrome). Most ads show drinkers as healthy, energetic, sexy, and successful. Ads are trying to boost sales of a product, so this product—alcohol—is made to look as appealing as possible!

Here are tips on how parents can address issues related to alcohol and the media.

- Talk about ads with your children. Help them understand the sales pitch—the real messages in these ads.
- Teach your children to be wary consumers and not to believe everything they see and hear on TV.
- Make sure the TV shows and movies your children watch do not show drinking alcohol as cool or glamorous.
- Don't let your children wear T-shirts, jackets, or hats that promote alcohol products.
- Talk with your children's school about starting a media education program.

Parents who drink alcohol

Parents who drink should be careful how alcohol is used at home. Having a drink should never be shown as a way to cope with problems. Don't drink in unsafe conditions—before or while driving a car, mowing the lawn, boating, etc. Don't encourage your child to drink or join you in having a drink. Parents who are problem drinkers or who use alcohol often and in large amounts place their children at increased risk of alcohol dependence. Studies show that alcoholism runs in the family, so children of alcoholic parents are more likely to become alcoholics.

About teen confidentiality

All teens should be screened for alcohol and other drug use as part of routine medical care. Your child's doctor will want to ask questions about alcohol in private to get honest answers. If your child reports alcohol use, the doctor will determine whether your child needs very brief advice, a return visit, or a referral to a specialist. Every doctor will have his or her own policy about what information must be shared with a parent and what will stay confidential (between the patient and the doctor), but most doctors will protect a teen's confidentiality if they believe the teen's drug use is not an immediate safety risk to the child or others. It is important for you to respect the doctor's decisions about confidentiality to encourage your child to have an open and honest discussion with the doctor.

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.

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

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics (AAP) is an organization of 64,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of all infants, children, adolescents, and young adults.

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

© 2015 American Academy of Pediatrics.
All rights reserved.



Teen Suicide, Mood Disorder, and Depression

Thousands of teens commit suicide each year in the United States. In fact, suicide is the second leading cause of death for 15- to 24-year-olds.

Suicide does not just happen. Studies show that at least 90% of teens who kill themselves have some type of mental health problem, such as depression, anxiety, drug or alcohol abuse, or a behavior problem. They may also have problems at school or with friends or family, or a combination of all these things. Some teens may have been victims of sexual or physical abuse, or bullied via social media. Others may struggle with issues related to gender and sexual identity. Usually they have had problems for some time.

Most teens do not spend a long time planning to kill themselves. They may have thought about it but only decide to do it after an event that produces feelings of failure or loss, such as getting in trouble, having an argument, breaking up with a partner, or receiving a bad grade on a test.

Why do teens kill themselves?

Most teens who kill themselves have a **mood disorder** (bipolar disorder or depression). A mood disorder is an illness of the brain. It can come on suddenly or be present on and off for most of a teen's life. A teen with a mood disorder may be in one mood for weeks or months or switch quickly from one feeling to another.

Teens with **bipolar disorder**, also called **manic depression**, may change between *mania* (angry or very happy), *depression* (sad or crabby), and *euthymia* (normal mood). Some teens are more manic, some are more depressed, and some seem normal much of the time. Mania and depression can happen at the same time. This is called a *mixed* state.

Teens in a manic or a mixed state may

- Strongly overreact when things do not go their way
- Become hyper, agitated, or aggressive
- Be overwhelmed with thoughts or feelings
- Sleep less
- Talk a lot more
- Act in impulsive or dangerous ways
- Feel they can do things they really can't
- Spend money they do not have or give things away
- Insist on unrealistic plans for themselves or others

Teens with depression may

- Feel sad, down, or irritable, or not feel like doing things
- Have a change in sleeping or eating habits
- Feel guilty, worthless, or hopeless
- Have less energy, or more trouble paying attention
- Feel lonely, get easily upset, or talk about wanting to die
- Lose interest in things they used to enjoy

Mood disorders can be treated. Ask your teen's doctor about treatment options. Recent declines in teen suicide may be due to

an increase in early detection, evaluation, and effective treatment of mood disorders.

What are the warning signs of depression, mood disorder, or suicide?

Signs of a mental health problem, such as a mood disorder, or suicidal thoughts or behavior may include

Changes in activities, such as

- A drop in grades or school performance
- Neglecting personal appearance
- Neglecting responsibilities

Changes in emotions, such as

- Appearing or talking about feeling sad, hopeless, bored, or overwhelmed
- Having outbursts, severe anger, or irritability
- Appearing or talking about feeling more anxious or worried

Changes in behavior, such as

- Getting in trouble or being rebellious, aggressive, or impulsive
- Running away or threatening to run away
- Withdrawing from friends or family or changing friends
- Eating or sleeping less or more
- Losing interest in activities
- Using drugs or alcohol
- Hurting oneself, such as cutting or severe dieting
- Talking, writing, or posting information on social media about suicide or death
- Any suicidal behavior, even if it could not have been lethal, such as taking a small amount of pills

Myths and Facts

Myth: Teens who kill themselves are obviously depressed.

Fact: It's not always obvious. Parents are sometimes "the last to know" their teens are so depressed and desperate. Teens are often good at hiding their problems. While depressed adults sometimes seem deeply sad and hopeless for quite a while, depressed teens may seem "OK" some of the time as they swing in and out of depression. Some teens don't ever seem extremely depressed, but they are never OK—these teens are also at increased risk of suicide.

Myth: People who talk about suicide or post messages on social media about suicide do not do it.

Fact: Teens who talk about suicide or wanting to "run away," "get away," "disappear," "end it," or "die" are more likely to kill themselves than those who do not. It's important to respond right away, if your teen talks about suicide or death.

Myth: Low-lethality suicide attempts don't need to be taken seriously.

Fact: A low-lethality attempt, such as taking a small number of pills or cutting the wrists, may be followed by behavior that is more lethal. It can be the first obvious sign of deep emotional problems. No suicide attempt should be dismissed, and steps should be taken to prevent future attempts.

Myth: Asking for or seeking help about suicidal thoughts increases the risk of suicide.

Fact: Research shows that asking about suicide and talking about it with a professional does not increase risk and likely reduces it.

Myth: Teens don't really want to kill themselves; they just want attention.

Fact: Sometimes this may be true; however, the behavior can still be lethal. Teens not intending to die may still take too many pills or miscalculate when someone will rescue them.

What You Can Do

- **Respond quickly if anyone is in danger.** Bring your teen to a hospital emergency department if you are worried he or she may hurt himself or herself or others.
- **Listen to your teen.** This is harder than it sounds. Focus on what your teen is saying and try not to suggest how to "fix" his or her problems. Here are questions you could ask: What is bothering you? Have you been sad or feeling down? Do you ever feel like you want to end it all or wish you could go to sleep and never wake up? Do you ever feel like hurting yourself, like cutting yourself?
- **Be understanding and supportive.** It's often easier to point out faults. Try to be understanding if your teen is "in trouble" or feels very negative about himself or herself. Let him know that however he feels now, you have an overall positive view of who he is and his future. Showing you care and saying "I love you" can go a long way.

- **Get professional help.** Talk with your teen's doctor about treatment, including an evaluation by a child and adolescent psychiatrist or other mental health professional.

- **Remove firearms from the home.** Studies show that even when firearms in the home are locked up, teens there are more likely to kill themselves than those in homes without firearms. 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.

Remember

Family support and professional treatment can help teens who are at risk of suicide deal with their difficulties and feel better. Current treatments for mood disorders and other mental health problems, such as individual and family counseling, medications, and other therapies, along with long-term follow-up, can be very helpful.

From Your Doctor



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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 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. 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.

© 2017 American Academy of Pediatrics. All rights reserved.

2 of 2

your family's mental health: 10 ways to improve mood naturally



Great physical health

is characterized by strength, flexibility, comfort, energy, endurance, and coordination. Similarly, great mental health includes feeling cheerful, hopeful, confident, resilient, adaptable, and connected to the people and world around us. Developing and maintaining a healthy lifestyle is the foundation for physical *and* mental health.

The information in this brochure focuses on natural approaches to helping individuals and families improve mental health through living a healthy lifestyle. It provides tips that can fit every budget. Keep in mind that well-being is affected by genetics, physical health, and the environment, including relationships. Remember that your doctor can help you track your success and suggest ideas that are best for you and your family.

1. Lighten up

Sunshine boosts mood. Try to spend 30 to 60 minutes outdoors daily. Bright lights, especially in the early morning, can also help. Light can work as well as medicine to help with depression.

2. Get plenty of sleep

Aim for at least 7 to 8 hours of sleep each night. For teens, 9 to 10 hours of sleep each night is even better. The following are things you can try to help you relax and get a good night's sleep:

- A hot shower or bath before bed
- A back, hand, or foot rub
- Relaxing music
- A cool, dark room
- Using the bed just for sleep (not homework, TV, or phone calls)

3. Connect with someone

Talk it out. Find a friend, teacher, coach, spiritual leader, or counselor who is a good listener. Ask this person to listen to you as you talk it out.

Combine sunshine, exercise, and social connections. Go for a 30-minute walk each day with a pet or a supportive relative or friend.

4. Eat wisely

- Eat protein-rich foods at breakfast and lunch. Protein helps keep your blood sugar stable and gives your brain the fuel it needs. (And try not to skip breakfast.)
- Eat fish rich in omega-3 fatty acids twice a week. Fish rich in omega-3 fatty acids include salmon, sardines, mackerel, and herring. Omega-3 fatty acids help improve mood and heart health.
- Choose colorful fruits and vegetables, beans, brown rice, oatmeal, and whole-wheat bread. They contain vitamins, fiber, and minerals your brain needs.
- Limit junk food and fast food. They're often full of fat, cholesterol, salt, and sugar.

5. Go for gratitude

Focus on the positive. For what do you feel gratitude or appreciation? In a journal, write down at least 3 to 5 people, places, events, or things each day for which you feel grateful.

6. Step it up!

Exercise or play so hard you break a sweat for at least 30 minutes a day. When we exercise, our bodies release chemicals that can help boost mood. These natural chemicals can be as effective as many medicines.

7. Be kind

Helping other people makes us feel better about ourselves. It can be as simple as saying thank you or holding the door open for someone. Or look for ways you can volunteer your time, like reading to children at a shelter or visiting a senior citizens' home. Try to do at least one kind thing each day. Keep a journal of all the things you do for others—even the little things.

8. Turn off the TV

Free yourself from TV ads trying to convince you to buy things to be happy. They are usually more interested in making money than your happiness. Move the TV out of the bedroom, and try to watch less than 2 hours a day. This will help limit your exposure to messages about happiness that are false or unrealistic.

9. Address stress

Try yoga, meditation, or another relaxation technique to help you de-stress and improve your mood. Time away in nature, like watching a sunset, may help too.

10. Ask your doctor about supplements

- Folate, B and D vitamins, calcium, and magnesium are essential for healthy moods. Ask your doctor to recommend a multivitamin/mineral daily.
- Fish oil supplements (omega-3 fatty acids, EPA, and DHA) help the brain and have less mercury than many fish.
- Talk with your doctor before starting St Johns wort, Sam-E, 5-HTP, L-tryptophan, or other herbs or supplements. The quality and costs can vary greatly.

When extra help is needed

Call the doctor if...

- You are concerned that your child or teen might hurt himself or others.
- You want an accurate diagnosis and to rule out other conditions.
- You want to try medications or to find out if medications might be causing mood problems.
- You would like a referral to another health professional such as a psychologist, psychiatrist, licensed acupuncturist, massage therapist, or social worker.
- Natural therapies are not enough.
- You have any other questions.

Written by Kathi Kemper, MD, on behalf of the Section on Complementary, Holistic, and Integrative Medicine.

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

From your doctor

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
American Academy of Pediatrics, Reaffirmed 2/10
All rights reserved

Helping Your Child Cope With Life



Every parent's dream is to raise perfect children who have no worries and lead charmed, happy lives free of pain and hurt. We dream that we can keep our children safe from loss, heartache, and danger. But even if we could, would it really help them?

If we want our children to experience the world as fully as possible—with all its pain and thankfully, with all its joy—our goal will have to be *resilience*. Resilience is the ability to rise above challenges and live in this less-than-perfect world while moving forward with hope and confidence. Read on to find out how you can help your children be more resilient. There's also a special section about helping your children manage stress.

Seven Cs of resilience

All children have abilities and strengths that can help them cope with everyday life. As parents, you can develop your children's resilience by paying attention to those strengths and building on them.

But what are the ingredients of resilience? There are 7 essential components, all interrelated, called the 7 Crucial Cs.

- **Competence**—the ability to handle situations effectively.
- **Confidence**—the solid belief in one's own abilities.
- **Connection**—close ties to family, friends, school, and community give children a sense of security and values that prevent them from seeking destructive alternatives to love and attention.
- **Character**—a fundamental sense of right and wrong that helps children make wise choices, contribute to the world, and become stable adults.
- **Contribution**—when children realize that the world is a better place *because they are in it*, they will take actions and make choices that improve the world. They will also develop a sense of purpose to carry them through future challenges.
- **Coping**—children who learn to cope effectively with stress are better prepared to overcome life's challenges.
- **Control**—when children realize that they can control their decisions and actions, they're more likely to know that they have what it takes to bounce back.

Building resilience

Parents are the most important source of love, support, and guidance for their children and therefore have the greatest effect on resilience. Here's how you can make a difference.

- **Love.** To be strong, your children need love, absolute security, and a deep connection to at least one adult.
- **Let go.** Sometimes the best thing you can do to help your children learn is get out of their way while allowing them to figure things out on their own.
- **Expect the best.** Your children will live up or down to your expectations of them, so expect them to be kind, caring individuals who will give their best effort.

- **Listen.** Listening to your children attentively is more important than any words you can say. This applies to routine situations as well as times of crisis.
- **Set a good example.** Nothing you say is as important as what your children see you doing on a daily basis.
- **Encourage.** Your children can only take positive steps when they have the confidence to do so. They gain that confidence when they have solid reasons to believe they are competent.
- **Teach.** If your children are to develop the strength to overcome challenges, they need to know that they can control what happens to them. Helping your children develop a wide range of positive coping strategies will prepare them to overcome almost anything and make them far less likely to try many of the risk behaviors we all fear.

Coping strategies—managing stress

Adults deal with stress in various ways, from helpful strategies like exercise, meditation, long walks, and turning down overtime or weekend work, to less helpful ways like using painkillers, smoking, or drinking another glass of wine. How do children deal with stress? Depending on their ages and temperaments, some kids withdraw, sulk, or zone out, while others act aggressively, talk back, and toss tantrums. Older children may turn to the coping mechanisms that they see their peers using such as smoking, drugs, fighting, sexual activity, eating disorders, self-mutilation, and delinquency. Adults usually see these activities as behavior problems and underestimate the amount of stress that young people are under today. In actuality, these negative behaviors are often attempts to counter stress, push it under, chill out, and make it all go away.

When kids are stressed, their first impulse is to relieve the discomfort. They don't sit down and rationally think about the best way to do it. They find relief by acting impulsively or following the paths most readily available to them, the ones they see other kids taking. Most young people simply don't know more healthy and effective alternatives. Unless we guide them toward positive ways to relieve and manage stress, they will choose the negative behaviors of their peers or the culture they absorb from the media. They will become caught up in a cycle of negative coping methods and risky behaviors such as using alcohol or drugs to relieve their stress. We need to help them avoid that cycle.

Signs of stress

The following are some common signs of stress in children. Keep in mind that many children and teens have some of these signs and do just fine. But they may be signals that you should check in with your children and consider seeking professional help.

- Slipping school performance
- Sleep problems
- Nightmares

- Returning to less mature behaviors (for example, thumb sucking, tantrums)
- Renewed separation anxiety
- New bedwetting
- Irritability, outbursts, or tantrums
- Hopelessness
- Change in eating habits
- Anger
- Isolation or withdrawal
- Loss of friends
- New circle of friends
- Radically new style of dress
- Physical symptoms such as belly pain, headaches, fatigue, or chest pain (Always see your pediatrician before assuming these are stress symptoms.)
- Missing school because of frequent symptoms
- Drug, alcohol, or cigarette use

Ten-point stress-management plan

People with a wide range of coping strategies can manage stress more easily. The following plan is designed for adults and children. Remember that when you model healthy coping strategies, your children learn by example.

1. **Figure out what the problem is and make it manageable.** What is the cause of the stress, what is it doing to you, and how can you solve the problem? Learn to break big problems into smaller manageable parts.
2. **Avoid things that bring you down.** If we teach kids to identify the people who frustrate or bother them, places where stress usually rises, and things that provoke or intensify stress, they can learn when and how to avoid those stressors.
3. **Let some things go.** People who waste their energy worrying about things they can't change don't have enough energy left over to fix the things they can.
4. **Exercise.** When people exercise they keep their bodies healthy, think more clearly, and manage stress better because exercise uses up stress energy.
5. **Learn to relax your body.** People who use deep breathing exercises, changes in body posture, and other relaxation techniques such as yoga and meditation can control their stress.
6. **Eat well.** A healthy body helps us manage stress.
7. **Sleep well.** Getting enough sleep on a consistent basis is essential for good health and keeping stress levels manageable.
8. **Take instant vacations.** Use your mind to imagine a special place whenever you need to escape the stress of the moment. Reading, a nature walk, hobbies, and a warm bath all offer great instant vacations.
9. **Release emotions.** We often lock unwanted feelings away, thinking we will deal with them later. But for many people, later never comes. Create outlets for feelings and emotions such as art or music, talking feelings out with someone you trust, writing down feelings in a journal, prayer or meditation, or having a good laugh or cry.

10. **Make the world a better place.** When we contribute to our communities we can put our own troubles in perspective and build a sense of purpose.

Keep in mind...

- When you choose strategies from this plan, select those you think will work, not those that will impress someone else.
- The plan cannot be imposed on children; it has to be welcomed to be effective. If your children don't take to one strategy, try another.
- Don't stress about the stress-management plan! Don't feel that your children must be exposed to everything in the plan to manage stress successfully.
- These points are suggestions that you can adapt for your children and yourself. No one is expected to use all of them all the time.

Getting help

All people, even the most stable, reach their limit sometimes. It is not a sign of weakness on our children's part, nor is it a sign of poor parenting on our part.

Whenever your children seem troubled, the first step is to reinforce that you are there to be fully supportive. Listen, give hugs, be a sounding board, sometimes even offer advice, but give them hope that things will get better.

If you feel your children need more help than you can give, be assured that mental health professionals who work with children have the training to ensure a safe, even enjoyable experience. Ask your children's pediatrician, school counselor, or clergy person for recommendations and then speak to the professional to feel confident you have found the right match for your children.

Visit the AAP Web site at www.aap.org/stress for more information.

Adapted from Ginsburg KR, Jablow MM. *A Parent's Guide to Building Resilience in Children and Teens: Giving Your Child Roots and Wings*. Elk Grove Village, IL: American Academy of Pediatrics; 2006

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

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 © 2007
American Academy of Pediatrics

Ways To Build Your Teenager's Self-Esteem

Often without thinking about it, parents fortify their youngsters' self-esteem every day, whether it's by complimenting them on a job well done, kissing them good-bye (assuming they still allow it) or disciplining them for breaking a rule. But all of us have days when we inadvertently bruise children's egos or simply miss an opening to make them feel good about themselves.

Here are some easy ways to help instill self-esteem:

Be Generous With Praise

"We don't tell our children often enough what they did *right*," observes Dr. Adele Hofmann. Commend your child not only for accomplishments but for effort—including those times when it fails to bring the desired results. In addition, let's encourage kids to feel proud of themselves. Pride should shine from within, not just in response to external approval.



Teens with low self-esteem may feel awkward accepting praise. If that's true of your youngster, then hand out compliments frugally. Don't slather on the praise so thick that it sounds insincere. Boys and girls have an internal radar that tells them when Mom and Dad are merely trying to make them feel good. If anything, it has an opposite effect.

Criticize When Necessary, but Constructively

But never in a hurtful or demeaning manner.

Instead of saying: "How could you have gotten that answer wrong on your chemistry test?"

Say: "You almost got the answer. With a little extra studying, I'm sure you'll do better next time."

Solicit Your Youngster's Opinions

Teenagers have no shortage of them. Include him in everyday family decisions and implement some of his suggestions. What does he think about the new couch you're considering for the living room? Adolescents love nothing better than to be treated like grownups, and they're usually flattered anytime that you invite them into the adult world.

Encourage Youngsters To Cultivate Their Talents and Interests

Everybody excels at *something*. Everybody *needs* to excel at something. Let your child follow her passion, whatever it may be. Even interests that you may consider frivolous can provide opportunities for success and a safe outlet for peer acceptance. Sports is generally a popular arena for achievement among girls as well as boys. But what if your son's talent is playing bass guitar in his heavy metal quartet "Marshmallow Bulldozer," which rattles the walls of your basement every Saturday?

Support his hobby, provided that the band, or any other pastime, doesn't interfere with more pressing responsibilities such as schoolwork. "Parents shouldn't just say no to kids," says Dr. Robert Blum of University Hospitals in Minneapolis. "They also have to say yes, to help them find positive ways of building self-esteem and exploring their self-identity."

Performing at school dances could be a boy's ticket to coolness, which just might enable him to avoid going to risky lengths in order to win friends' approval. He may also pick up some valuable skills (musical proficiency not necessarily being one of them), such as how to work as part of a team, how to persuasively present creative ideas to a "committee" and so on.

Just be aware that like boy-girl infatuations, a teenager's enthusiasm for a particular pursuit may be short-lived. Until your child demonstrates a serious commitment, you might want to hold off on buying expensive top-of-the-line equipment or lessons right away, be it ice-hockey gear, a pricey tutor for advanced calculus or an expensive racing bicycle. Some teens find fulfillment channeling their idealism into volunteer work. A study by the U.S. Department of Education found that of eight thousand students in grades six through twelve, about half had performed volunteer work during the academic year. When schools offered or arranged community service, about nine in ten youngsters took part. In some instances participation was incorporated into the curriculum, and therefore mandatory. But there were nearly as many "volunteens" from schools where community service was optional.

Kids want to feel valued not only by their families but by the greater community. "One way they feel validated is to have social roles that are meaningful and useful," asserts Dr. Blum. "When kids perform community service, they receive positive feedback that makes them feel good about themselves."

Dr. Diane Sacks, a pediatrician from Ontario, Canada, has seen this firsthand. She regularly steers some of her young patients to organizations seeking teenage volunteers. "It started when a center for the handicapped put out a call looking for kids to help lift and transport patients," she says. "Two boys in my practice had told me that they needed to do community service for school credit. I volunteered them, and it was great for them. Many teenagers with low self-esteem find it very difficult to go out and get a job, but if they're directed to a volunteer position, where the expectations may be less demanding and gratitude is expressed more openly, they flower."

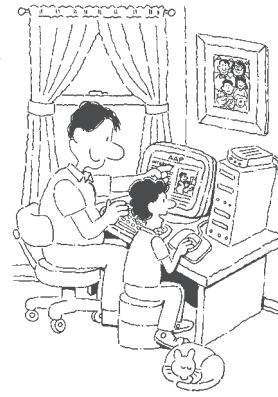
To an adult, teenagers' starry-eyed idealism can seem laughably naive, as in "But there shouldn't be *any* wars!" From experience, you probably appreciate that the world and human relations are far more complex than you ever imagined back when you were a youngster.

Perhaps you can now see shades of gray where you once saw only black and white. Or maybe the years have had the opposite effect, sharpening the contrast. Whichever side of the political fence you're on, isn't an adolescent's resolve to change the world refreshing in an increasingly cynical age? Let's not stand in his way.

Last Updated: 11/21/2015

Source: Caring for Your Teenager (Copyright © 2003 American Academy of Pediatrics)

The Internet and Your Family



The Internet can connect you and your family to all types of resources. At your computer, you and your family can read the latest news, look up information, listen to music, play games, buy things, or e-mail friends. The possibilities for learning and exploring on the Internet are endless. However, not all information and resources are safe and reliable. Read more about how to make sure you and your family's experience on the Internet is safe, educational, and fun.

About the Internet

The Internet (or the Net) is a vast network that connects people and information worldwide through computers. It's sometimes called the **information superhighway**. The **World Wide Web** (WWW or the Web) is a part of the Internet that includes pictures and sound as well as text. **Online** means being connected to the Internet. **Surfing the Web** means browsing or searching for information on the Internet.

When you and your family surf the Web it's important to keep the following in mind:

- Online information is usually not private.
- People online are not always who they say they are.
- Anyone can put information online.
- You can't trust everything you read online.
- You and your family may unexpectedly and unintentionally find material on the Web that is offensive, pornographic (including child pornography), obscene, violent, or racist.

Setting the rules

It's important to have a set of rules when your children use the Internet. Make sure your children understand what you consider appropriate and what areas are off limits. Let them know that the rules are for their safety.

Safety first

The following are tips you can teach your children about online safety:

- **NEVER give out personal information** unless a parent says it's OK. This includes your name, address, phone number, age, race, school name or location, or friends' names.
- **NEVER share passwords**, even with friends.
- **NEVER meet a friend you only know online in person** unless a parent says it's OK. It's best if a parent goes along and to meet in a public place. (Older teens that may choose not to tell a parent and go alone should at least go with a friend and meet in a public place.)
- **NEVER respond to messages that make you feel uncomfortable** or hurt your feelings. Ignore these messages, stop all communication, and tell a parent or another adult you trust right away.

Time limits

Surfing the Web should not take the place of other important activities, including homework, playing outside, or spending time with friends. The American Academy of Pediatrics recommends limiting total screen time in front of a TV or computer to no more than 1 to 2 hours a day for children older than 2 years. An alarm clock or timer can help you keep track of time.

Good behavior

The following is what you can teach your children about how they should act online:

- **NEVER send mean messages online.** NEVER say something online that you wouldn't say to someone in person. Bullying is wrong whether it's done in person or online.
- **NEVER use the Internet to make someone look bad.** For example, never send messages from another person's e-mail that could get that person into trouble.
- **NEVER plagiarize.** It's illegal to copy online information and say that you wrote it.

Other steps you can take

In addition to setting clear rules, you can do the following to create a safer online experience:

- Surf the Web with your children.
- Put the computer in a room where you can monitor your children. Computers should never be placed in a room where a door can be closed or a parent excluded.
- Use tracking software. It's a simple way to keep track of where your children have been on the Web. However, nothing can replace supervision.
- Install software or services that can filter or block offensive Web sites and material. Be aware, however, that many children are smart enough to find ways around the filters. Also, you may find that filters may be more restrictive than you want.
- Find out what the Internet use policies are at your child's school or at your library.

CyberTipline

If you or your children come across anything illegal or threatening, you should report it to the National Center for Missing & Exploited Children's CyberTipline. For more information, call 800/THE-LOST (800/843-5678) or visit the Web site at www.cybertipline.com.

AAP age-based guidelines for children's Internet use

Up to age 10

Children this age need supervision and monitoring to ensure they are not exposed to inappropriate materials. Parents should use Internet safety tools to limit access to content, Web sites, and activities, and be actively involved in their child's Internet use.

Ages 11 to 14

Children this age are savvier about their Internet experience; however, they still need supervision and monitoring to ensure they are not exposed to inappropriate materials. Internet safety tools are available that can limit access to content and Web sites and provide a report of Internet activities. Children this age also need to understand what personal information should not be given over the Internet.

Ages 15 to 18

Children this age should have almost no limitations on content, Web sites, or activities. Teens are savvier about their Internet experience; however, they still need parents to define appropriate safety guidelines. Parents should be available to help their teens understand inappropriate messages and avoid unsafe situations. Parents may need to remind teens what personal information should not be given over the Internet.

Communicating on the Net

The following are some ways people can communicate with one another on the Internet. Keep in mind that information that is shared may not always be appropriate for children. Also, information on the Internet is often not monitored.

Blog (or Web log). An online journal or diary that can include images. They can be found on social networking Web sites and are becoming more popular than chat rooms.

Chat rooms. Chat rooms are a way for a number of computer users to communicate with each other instantly in "real time." For example, if you type a message and send it, everyone else will see it instantly in the chat room and they can respond just as quickly.

E-mail (electronic mail). Messages sent and received electronically between computers.

Instant messaging (IM). Sending and receiving messaging instantly in "real time" over the Internet.

Surfing the Net

When you go to the Internet, you may have a specific address in mind or you may browse through the Web, just as you would a library or a catalog. This is often called "surfing the Net." Following are several ways to get information on the Web:

- **Web addresses.** Every Web site has its own unique address. By typing the address in the space provided, your Web browser will take you there. Make sure you type the exact Web address. Any missing or incorrect characters could create an error or bring you to a totally different Web site. The last 3 letters in a Web site address can tell you what type of organization or company set up the site, for example: .gov (government), .org (nonprofit organizations), .edu (academic or education), .com (commercial).
- **Links (or hyperlinks).** Many Web sites link to information on other sites. By clicking on the highlighted area, you can connect to another Web site without having to type its address.
- **Search engines.** Search engines are programs that can enable you to search the Internet using keywords or topics. For example, to find information about Abraham Lincoln, simply click on a search engine and type "Abraham Lincoln." A list of several Web sites will come up for you to select from.

Keep in mind—The Internet can be a helpful source of information and advice, but you and your children can't trust everything you read. Anyone can put information on the Internet, and not all of it is reliable. Some people and organizations are very careful about the accuracy of the information they post, others are not. Some give false information on purpose.

Begin your search for information with the most reliable, general information Web sites and expand from there. The Web site for the American Academy of Pediatrics (AAP), www.aap.org, is a good starting point.

Source: US Department of Education booklet "Parents Guide to the Internet."

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

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 © 2006
American Academy of Pediatrics

Why to Limit Your Child's Media Use

Today's children and teens are growing up immersed in digital media. They are exposed to media in all forms, including TV, computers, smartphones, and other screens.

Because media can influence how children and teens feel, learn, think, and behave, the American Academy of Pediatrics (AAP) encourages parents (and caregivers) to help their children form and practice healthy media use habits.

Facts About Digital Media Use:

- Almost 75% of teens own a smartphone. They can access the Internet, watch TV and videos, and download interactive applications (apps). Mobile apps allow photo-sharing, gaming, and video-chatting.
- 25% of teens describe themselves as "constantly connected" to the Internet.
- 76% of teens use at least one social media site. More than 70% of teens visit multiple social media sites, such as Facebook, Snapchat, and Instagram.
- 4 of 5 households (families) own a device used to play video games.



Why Limit Media Use?

Overuse of digital media and screens may place your child or teen at risk of

- **Obesity.** Excessive screen use, as well as having a TV in the bedroom, can increase the risk of obesity. Teens who watch more than 5 hours of TV per day are 5 times more likely to be overweight than teens who watch 0 to 2 hours. Watching TV for more than 1.5 hours daily is a risk factor for obesity for children 4 through 9 years of age. This is in part due to the fact that viewers are exposed to advertising for high-calorie foods. Viewers are also more likely to snack or overeat while watching screen media.
- **Sleep problems.** Media use can interfere with sleep. Children and teens who spend more time with social media or who sleep with mobile devices in their rooms are at greater risk for sleep problems. Exposure to light (particularly blue light) and stimulating content from screens can delay or disrupt sleep, and have a negative effect on school.
- **Problematic internet use.** Children who overuse online media can be at risk for problematic Internet use. Heavy video gamers are at risk for Internet gaming disorder. They spend most of their free time online, and show less interest in offline or "real-life" relationships. 4% to 8% of children and teens may have problems limiting their Internet use, and almost 10% of US youth 8 to 18 years of age may have Internet gaming disorder. There may be increased risks for depression at both the high and low ends of Internet use.
- **Negative effect on school performance.** Children and teens often use entertainment media at the same time that they're doing other things, such as homework. Such multi-tasking can have a negative effect on school.
- **Risky behaviors.** Teens' displays on social media often show risky behaviors, such as substance use, sexual behaviors, self-injury, or eating disorders. Exposure of teens through media to alcohol, tobacco use, or sexual behaviors is associated with earlier initiation of these behaviors.

- **Sexting and privacy and predators.** Sexting is sending nude or seminude images as well as sexually explicit text messages using a cell phone. About 12% of youth age 10 to 19 years of age have sent a sexual photo to someone else. Teens need to know that once content is shared with others they may not be able to delete or remove it completely. They may also not know about or choose not to use privacy settings. Another risk is that sex offenders may use social networking, chat rooms, e-mail, and online games to contact and exploit children.
- **Cyberbullying.** Children and teens online can be victims of cyberbullying. Cyberbullying can lead to short- and long-term negative social, academic, and health issues for both the bully and the target. Fortunately, programs to help prevent bullying may reduce cyberbullying.

Tips for Healthy Media Use:

Children today are growing up in a time of highly personalized media use experiences, so parents must develop personalized media use plans for their children. Media plans should take into account each child's age, health, personality, and developmental stage. All children and teens need adequate sleep (8-12 hours, depending on age), physical activity (1 hour), and time away from media. Parents can create a Family Media Use Plan online.

Here are some guidelines for healthy media use.

- Find out what type of and how much media are used and what media behaviors are appropriate for each child—and for you. Place consistent limits on hours of media use as well as types of media used.
- Check your children's media use for their health and safety.
- Avoid exposure to devices or screens for 1 hour before bedtime. Do not let your children sleep with devices such as smartphones.
- Discourage entertainment media while doing homework.
- Plan media-free times together, such as family dinners.
- Decide on media-free, unplugged locations in homes, such as bedrooms.
- Engage in family activities that promote wellbeing, such as sports, reading, and talking with each other.
- Set a good example and turn off the TV and put your smartphone on "do not disturb" during media-free times with your family.
- Use sites like Common Sense Media to help you decide if movies, TV shows, apps, and videos games are age and content appropriate for your children and your family values.
- Share your family media rules with caregivers or grandparents to help ensure rules are consistent.
- Talk with your children and teens about online citizenship and safety. This includes treating others with respect online, avoiding cyberbullying and sexting, being wary of online solicitations, and safeguarding privacy.
- Encourage your child's school to teach digital citizenship
- Remember that your opinion counts—so make your voice heard. Let a TV station know if you like a program, or contact the makers of a video game if the content is too violent. Visit the Federal Communications Commission (FCC) website for more information.
- Get other parents and your school and community involved to advocate for better media programs and for healthier habits. For example, encourage your school and community to sponsor a "Screen-Free Week."

Additional Information from HealthyChildren.org:

- [How to Make a Family Media Use Plan](#)
- [Where We Stand: TV Viewing Time](#)
- [Food and TV: Not a Healthy Mix](#)
- [11 Ways to Encourage Your Child to Be Physically Active](#)
- [Video Games: Establish Your Own Family's Rating System](#)
- [Developing Good Homework Habits](#)

Last Updated: 10/5/2016

Source: Digital Media and Your Children and Teens: TV, Computers, Smartphones, and Other Screens (Copyright © 2016 American Academy of Pediatrics)

acne—how to treat and control it



Got ZITS? You're not alone.

Almost all teens get zits at one time or another. It's called *acne*. Whether your case is mild or severe, there are things you can do to keep it under control. Read on to find out how.

What causes acne?

During puberty, your skin gets oilier. This can cause pimples. There are many myths about what causes acne, but there are really only 3 main causes.

- 1. Hormones.** You get more of them during puberty. Certain hormones, called *androgens*, trigger the oil glands on the face, back, shoulders, and upper chest to begin producing more oil. This can cause acne in some people. Some girls get more pimples before and during their periods. This is caused by changes in the levels of hormones.
- 2. Heredity.** Acne can run in families. If your mom or dad had severe acne as a teen, there may be a chance that you'll get it too.
- 3. Plugged oil ducts.** Small whiteheads or blackheads can form when the oil ducts in your skin get plugged with oil and skin cells. They can turn into the hard and bumpy pimples of acne.

What doesn't cause acne?

Don't let people tell you it's your fault. It's not. Acne is not caused by

- **Dirt.** That black stuff in a blackhead is not dirt. A chemical reaction in the oil duct turns it black. No matter how much you wash your face, you can still get acne.
- **Contact with people.** You can't catch acne from or give acne to another person.
- **Your thoughts.** Thinking about sex won't cause acne.
- **Food.** Even though soft drinks, chocolate, and greasy foods aren't really good for you, they don't cause acne directly. There is some information suggesting a diet high in sugar and starch may worsen acne, however.

What you can do

- **Don't pop or pinch your zits.** All this does is break open the lining of the oil ducts and make them more red and swollen. This can also cause scars.
- **Don't scrub your skin too hard**—it irritates the skin. Other things that can irritate the skin are headbands, hats, chin straps, and other protective pads like football players use.
- **Don't use greasy makeup or oily hair products.** These can block oil ducts and make acne worse.
- **Do learn how to handle stress.** Sometimes stress and anxiety can cause pimples. Try to keep your stress down by getting enough sleep and having time to relax.

- **Do ask your doctor about medicines.** If you have to take a prescription medicine, ask your doctor if it can cause pimples. Also ask your doctor what medicines would be best to treat your acne.

Acne and birth control pills

Birth control pills can be useful for treating young women with acne. However, taking birth control pills and other medicines may make both less effective. If you are on the Pill, talk with your doctor about how it might affect your acne.

Types of treatments

The bad news—There's no cure for acne. The good news—It usually clears up as you get older. In the meantime, there are a few things you can do to help keep those zits under control.

Benzoyl peroxide

Benzoyl peroxide wash, lotion, or gel—the most effective acne treatment you can get without a prescription. It helps kill bacteria in the skin, unplug oil ducts, and heal pimples. There are a lot of different brands and different strengths (2.25% up to 10%). The gel may dry out your skin and make it redder than the wash or lotion, so try the wash or lotion first.

How to use benzoyl peroxide

- **Start slowly**—only once a day with a 5% wash or lotion. After a week, try using it twice a day (morning and night) if your skin isn't too red or isn't peeling.
- Don't just dab it on top of your pimples. Apply a thin layer to the entire area where pimples may occur. Avoid the skin around your eyes.
- If your acne isn't any better after 4 to 6 weeks, try a 10% lotion or gel. Use it once a day at first and then try twice a day if it doesn't irritate your skin.

Stronger treatments

- **Retinoid.** If benzoyl peroxide doesn't get your zits under control, your doctor may prescribe a retinoid to be used on the skin (like Retin A, Differin, and other brand names). This comes in a cream or gel and helps unplug oil ducts. It must be used *exactly* as directed. Try to stay out of the sun (including tanning salons) when taking this medicine. Retinoids can cause your skin to peel and turn red.
- **Antibiotics,** in cream, lotion, solution, or gel form, may be used for "inflammatory" acne (when you have red bumps or pus bumps). Antibiotics in pill form may be used if the treatments used on the skin don't help.

- **Isotretinoin** (brand names are Accutane, Amnesteem, Sotret, and Claravis) is a very strong medicine taken as a pill. It's only used for severe acne that hasn't responded adequately to other treatments. Because it's such a powerful drug, it must *never be taken just before or during pregnancy*. There is a danger of severe or even fatal deformities to unborn babies. Patients who take this medicine must be carefully supervised by a doctor knowledgeable about its usage, such as a pediatric dermatologist or other expert in treating acne. Isotretinoin should be used cautiously (and only with careful monitoring by a dermatologist and psychiatrist) in patients with a history of depression. Don't be surprised if your doctor requires a negative pregnancy test, some blood tests, and a signed consent form before prescribing isotretinoin.

Remember

The following are things to keep in mind no matter what treatment you use:

- **Be patient.** Give each treatment enough time to work. It may take 3 to 6 weeks or longer before you see a change and 12 weeks for maximum improvement.
- **Be faithful.** Follow your program every day. Don't stop and start each time your skin changes. Not using it regularly is the most common reason why treatments fail.
- **Follow directions.** Not using it correctly can result in treatment failure or troublesome side effects.
- **Only use your medicine.** Doctors prescribe medicine specifically for particular patients. What's good for a friend may not be good for you.
- **Don't overdo it.** Too much scrubbing makes skin worse. Too much benzoyl peroxide or topical retinoid creams can make your face red and scaly. Too much oral antibiotic may cause side effects.
- **Don't worry about what other people think.** It's no fun having acne, and some people may say hurtful things about it. Try not to let it bother you. Most teens get some acne at some point. Also remember that acne is temporary, and there are a lot of treatment options to keep it under control.

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.

Products are mentioned for informational purposes only and do not imply an endorsement by the American Academy of Pediatrics.

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

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 62,000 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.HealthyChildren.org

Copyright © 2010
American Academy of Pediatrics, Updated 12/2013
All rights reserved.



Illustration by
Billy Nuñez, age 16

CONNECTING WITH YOUR COMMUNITY

WHY SHOULD YOU BE INVOLVED WITH YOUR COMMUNITY?

- Participating in community activities gives you more opportunities to become an independent and successful adult.
- It provides you with a group of friends who can help you learn more about yourself and your talents and help you make better decisions.
- By connecting with your community, you are never alone. You have a place to go and people to talk with when you need it.
- The more you help others, the better you feel and the more likely that someone will be there for you.

Teens can—and do!—improve the communities they live in.

While families provide the love and support needed for teens to become more independent, teens active in their community will:

- Do better in school.
- Find it easier to stay out of trouble.
- Be less likely to become depressed or suicidal.

MAKING COMMUNITY CONNECTIONS

Help others.

- Ask about service projects. Check with your school or where you worship about volunteering at homeless shelters, soup kitchens, nursing homes, or child care centers.

- Work for a political campaign.
- Tutor children at the library or become a coach.
- Help clean up the neighborhood.

Do what you love.

Try different things until you discover your passion. Art, music, writing, drama, or sports are just some examples.

Keep in touch with family members.

Learn about your family—both near and far. Ask about family stories and history. Get in touch with family you have not met or have not seen for a while or plan a family reunion.

Get to know your neighbors.

Talk with people who have different cultural backgrounds, religious or spiritual beliefs, and political values.

NOBODY SUCCEEDS ALONE— EVERYONE NEEDS HELP

There are many adults in your community who can help.

- A teacher, coach, or counselor at school can help point you in the right direction.
- A neighbor, relative, friend's parent, or your boss can give you the advice you need to make decisions.
- A spiritual leader or an adult at an after-school activity or club can help you through a hard time.

Find people who can stay calm and listen, understand you, and give you practical advice.

It is hard to talk with parents about some topics. Find other trusted adults who can help. They also can help teens and parents figure out how to talk with each other.



Connected Kids: Safe, Strong, Secure™

© 2006 American Academy of Pediatrics, Reaffirmed 03/2018. All rights reserved.

YOUR PARENTS' JOB

You are now old enough to start making your own decisions and taking care of yourself, but parents are still there to help keep you safe and guide you in becoming an independent adult.

For safety reasons, parents will ask about:

- Where you are going
- Whom you will be with
- What you will be doing
- When you will return



Parents need to know the names of friends.

They also will want to meet your friends as well as meet and talk to your friends' parents.

Parents still can help solve problems.

This includes correcting you when you make a mistake, without making you feel bad.

Parents can help you get involved with community activities.

Being involved with your community will help you become independent, develop new skills, and help others.

Connected Kids are Safe, Strong, and Secure

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 American Academy of Pediatrics 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.

This project was supported by Grant No. 2001-JN-FX-0011 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

HE50402

PAGE 2 CONNECTING WITH YOUR COMMUNITY

Graphic design and illustrations by Artists For Humanity,
a non profit arts and entrepreneurship program for Boston teens.

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Connected Kids: Safe, Strong, Secure™

© 2006 American Academy of Pediatrics, Reaffirmed 03/2018. All rights reserved.

Are You Ready to Be a Babysitter?

Have your parents or guardians help you decide if you are ready to take on this important job. With their help, you should think about what you will and won't be able to handle as a babysitter. For example, you may decide to only watch children ages 3 and up or to only work on weekends.

- **Are you mature enough to handle this job?** A person must be at least a young adult (12–14 years old) to take on the responsibility of watching young children, and mature enough to handle common emergencies.
- **How many children can you handle at one time?** A new sitter should start with one child or even start as a mother's helper. A more experienced sitter may handle several children of similar age. It takes a very experienced sitter to handle a mixed age group of children or more than three children at once. Watching too many children can challenge even a very experienced older teen sitter.
- **Can you handle babies and young children?** Younger teens should not sit for children younger than 6 months. Toddlers can also be challenging. Teens should only accept sitting for one child at a time if the child is three or younger.
- **Have you been trained in how to care for small children?** Have you received first aid and [cardiopulmonary resuscitation \(CPR\) training](#) from a nationally recognized organization? Discuss with parents or guardians the time frame during which they want you to watch their children, and whether it is proper. Leaving a young child in your care for a few hours is acceptable, but all day or a very late night may not be.



Sitter Qualities

Successful sitters have these qualities. Are you . . . ?

- Mature
- Trustworthy
- Patient
- Responsible
- Safety-conscious
- Fun-loving
- Punctual
- And do you like children?

Be Prepared to Answer Questions

Responsible parents or guardians will [interview sitters before hiring them](#). They want to feel confident that you can do the job.

Expect to be asked the following types of questions:

- **Experience:** How much babysitting have you done? Have you cared for other children the same age as theirs? Do you understand the importance of constantly supervising children?
- **Training:** What training do you have in babysitting and first aid? Do you know what to do in an emergency?
- **References:** Can you provide names and phone numbers of families who have hired you before? Are you responsible and trustworthy?
- **Availability:** When can you sit? How late can you sit? What ages of children can you sit for?

- **Pay:** Parents or guardians may ask you what you charge. You should be prepared to tell them a rate per hour that is similar to what other sitters are being paid. You need to determine what sitters are getting paid per hour in your neighborhood. Ask friends who sit and adults who hire sitters what a typical rate is. If the parents or guardians do not ask what you charge, you may politely ask them what they will be paying per hour. It is OK for you to ask how much they will pay you.

Be a Good Guest!

Remember that you are an invited guest in the house.

The following rules are good to remember when sitting:

- Only eat food if you have been given permission to do so. If you are welcome to eat, make sure to clean up and wash any dishes when you are done.
- Avoid "exploring" another person's home, such as opening closets or drawers or looking through personal belongings.
- Avoid having friends visit you while you are sitting. This way your attention can always be on the child or children.
- Avoid personal calls or texts. The phone should be kept available for incoming calls from the child's parents or guardians.

Last Updated: 6/18/2015

Source: BLAST! Babysitters Student Manual: Babysitter Lessons and Safety Training, 3rd Edition (Copyright © 2015 Jones & Bartlett Learning, LLC, an Ascend Learning Company)

Transitioning to Middle School and High School

New school, new schedule, new people, new anxiety. Going from elementary to middle school or from middle school to high school is a major transition for your children. Suddenly, there's a whole new set of challenges, from waking up at a different time to meeting new kids from other schools to new freedom and responsibility. Plus, they go from being the oldest at school to being the youngest.

Fortunately, there are a lot of things you can do as a parent to prepare your child for the big move. We asked our experts to give you insights on what to do before and throughout their new school experiences.

Transitioning to middle school

The transition from elementary school to middle school can be tough. Suddenly your kids have multiple teachers in multiple subjects in multiple classrooms, and there may be kids from other feeder schools they've never seen before. They have to carry all those books. And, of course, there's a lot of new hormones at play, too. It can be a lot to handle.

According to Erin Harlow-Parker, APRN, licensed therapist with Children's Healthcare of Atlanta Strong4Life, little things like finding a classroom or remembering the locker combination aren't little at all. "They're afraid they won't be able to open their locker, or that all their things will fall out and everybody will know. To a rising middle schooler, it's a really big deal."



Jody Baumstein, LCSW, also a licensed therapist with Strong4Life, says you should do whatever you can to help prepare them:

- Buy a lock and practice how to use it.
- Go to the middle school and take a tour.
- Check out the school's website with your child.
- Make a map of the school to attach it to the inside of a binder.
- Practice waking up at the time they'll need to get up for school.

Anything you can do to build familiarity and confidence before the first day will make a big difference.

Transitioning to high school

Just when your child has gotten used to the challenges and routines of [middle school](#), it's time to switch again. You'll find a lot of the same, common challenges and fears as kids move into high school. Fear of getting lost. Fear of not having a good lunch group or having to deal with [peer pressure](#). Your child may even need to wake up at a different time again.



High school also continues to create new [academic pressures](#). Group projects and speaking in front of the whole class may be new experiences for your child. And, like in middle school, athletics ramp up again. According to Harlow-Parker, "It might be the first time

they're playing a competitive-level sport.

So, there are tryouts associated with that. Will I make JV? Will I make the freshman team?"

Help your child set realistic expectations for his academic and athletic goals. Let him know he doesn't have to be an A student or a star athlete to get into a good college or to have a happy, successful adult life.

Along with a tour of the school and a week or so practicing the new wake-up time, help your child get a general idea of his class schedule and encourage him to socialize with his "friend group" as much as possible. All of that will help build confidence through the transition.

Developing better habits throughout high school

With so much more homework and after-school activities, your kids will be crunched for time like never before. So it's important to help them develop better habits to be ready for it all. And that starts with sleep. According to Kathleen Hill, LPC, licensed therapist with Strong4Life, there's a shift in a teen's circadian clock that makes it "naturally harder for them to fall asleep and wake up earlier." This is why Hill recommends enforcing a nighttime routine:

- Tell her to turn off her phone (and other screens) an hour before bed.
- Have her take a shower. Read a book.
- Get her to be in her room by a certain time to increase the chance she'll fall sleep earlier.
- Encourage her to go to bed at the same time on weekends and on school breaks.



If your child is still up until 2 a.m. texting her friends, take her phone away at night—even if she says her friends are still on social media. You're the parent. Remind her that a phone is a privilege, not a right, and reassure her that she'll have it back in the morning before she heads to school.

Creating downtime and unstructured time

Transitioning to middle school or high school typically means additional activities and more homework. Teens, like adults, need [downtime](#) (time without any structured activities or electronics) to let their minds rest and to help give them perspective. They also need regular family time. If this simply isn't possible, they may be overcommitted. Sometimes kids are in school all day, have 2 or 3 activities after school, then come home to dinner and another 3 hours of homework. That doesn't even leave enough



time to sleep! So, it's important to be aware of their schedules and to feel comfortable setting limits—even if that means only allowing a couple of activities per week. You can also try to build downtime into the family routine, like a family game or a walk before or after dinner.

This new journey can be scary for both you and your child, but remember that following healthy habits, establishing good routines and [staying close with your teens](#) will be foundational for their adjustment into their next stage in life.

If your child is having a more difficult time with the changes, or if you think she could benefit from seeing a mental health professional, don't hesitate to get help. You don't have to wait until something is going terribly wrong to get professional help.



Puberty: Ready or Not, Expect Some Big Changes

Puberty is the time in your life when your body starts changing from that of a child to that of an adult. At times, you may feel like your body is totally out of control! At first, your arms, legs, hands, and feet may grow faster than the rest of your body. But it will even out quickly.

Compared with your friends, you may feel too tall, too short, too fat, or too skinny. You may feel self-conscious about these changes, but many of your friends probably do too.

Everyone goes through puberty, but not always at the same time or in exactly the same way. In general, here's what you can expect.

When?

There's no "right" time for puberty to begin. But girls start a little earlier than boys, usually between 8 and 13 years of age. Puberty for boys usually starts at about 10 to 14 years of age.

What's happening?

Chemicals called hormones will cause many changes in your body.

Hair, everywhere!

Soft hair starts to grow in the pubic area (the area between your legs and around your genitals [around your vagina or penis]). This hair will become thick and very curly. It is not necessary to shave your pubic hair. It is a normal change as you become an adult. You may also notice hair under your arms and on your legs. Girls usually shave the hair under their arms. Boys start to get hair on their face or chest. Most boys choose to shave their facial hair.

Acne

You may start to get acne (also called pimples or zits) because your oil glands are changing. It's important to wash your face with soap, not bodywash, every day to keep your skin clean.

Don't be surprised, even if you wash your face every day, that you still get acne. It's normal to get acne when your hormone levels are high. Almost all teens develop acne at one time or another. Whether your case is mild or severe, you can do things to keep it under control. Talk with your doctor about how to treat and control acne.

Body odor

You may begin to sweat more. Most people use a deodorant or an antiperspirant to keep underarm odor and wetness under control.

Weight gain

Sometimes the weight gain of puberty causes girls and boys to feel so uncomfortable with how they look that they try to lose weight by throwing up, by not eating, or by taking medicines. These are not healthy ways to lose weight and may make you very sick. If you feel this way, or have tried any of these ways to lose weight, please talk with your parents or doctor.

Girls only

Breasts. The first sign of puberty in most girls is breast development (small, tender lumps under one or both nipples). The soreness is temporary and goes away as your breasts grow. Don't worry if one breast grows a little faster than the other. By the time your breasts are fully developed, they usually end up being the same size.

When your breasts get larger, you may want to start wearing a bra. Some girls are excited about this. Other girls may feel embarrassed, especially if they are the first of their friends to need a bra. Talk with your mom or another trusted adult about buying your first bra.

Curves. As you go through puberty, you'll get taller, your hips will get wider, and your waist will get smaller. Your body also begins to build up fat in your belly, bottom, and legs. This is normal and gives your body the curvier shape of a woman.

Periods. Your menstrual cycle, or "period," starts during puberty. Most girls get their periods 2 to 2½ years after their breasts start to grow (between 10 and 16 years of age).

During puberty, your ovaries begin to release eggs. If an egg connects with sperm from a man's penis (fertilization), it will grow inside your uterus and develop into a baby. To help your body prepare for this, a thick layer of tissue and blood cells builds up in your uterus. If the egg doesn't connect with a sperm, the body does not need these tissues and cells. They turn into a blood-like fluid and flow out of your vagina. Your period is the monthly discharge of this fluid out of the body.

A girl who has started having periods is able to get pregnant, even if she doesn't have a period every month.

You will need to wear some kind of sanitary pad or tampon, or both, to absorb this fluid and keep it from getting on your clothes. Most periods last from 3 to 7 days. Having your period does not mean you have to avoid any of your normal activities, like swimming, horseback riding, or gym class. Exercise can even help get rid of cramps and other discomforts you may feel during your period.

Boys only

Muscles. As you go through puberty, you'll get taller, your shoulders will get broader, and, as your muscles get bigger, your weight will increase.

Does size matter? During puberty, the penis and testes get larger. There's also an increase in sex hormones. You may notice you get erections (when the penis gets stiff and hard) more often than before. This is normal. Even though you may feel embarrassed, try to remember that unless you draw attention to it, most people won't notice your erection. Also, remember that the size of your penis has nothing to do with manliness or sexual functioning.

Wet dreams. During puberty, your testes begin to produce sperm. This means that during an erection, you may also ejaculate. This is when

semen (made up of sperm and other fluids) is released through the penis. This could happen while you are sleeping. You might wake up to find your sheets or pajamas are wet. This is called a nocturnal emission, or wet dream. This is normal and will stop as you get older.

Voice cracking. Your voice will get deeper, but it doesn't happen all at once. It usually starts with your voice cracking. As you keep growing, the cracking will stop and your voice will stay at the lower range.

Breasts? You may have swelling under your nipples. If this happens to you, you may worry that you're growing breasts. Don't worry, you're not. This swelling is very common and only temporary. But if you're worried, talk with your doctor.

New feelings

In addition to all the physical changes you will go through during puberty, there are many emotional changes. For example, you may start to care more about what other people think about you because you want to be accepted and liked. Your relationships with others may begin to change. Some become more important and some less so. You'll start to separate more from your parents and identify with others your age. You may begin to make decisions that could affect the rest of your life.

At times, you may not like the attention of your parents and other adults, but they, too, are trying to adjust to the changes you're going through. Many teens feel their parents don't understand them; this is a normal feeling. It's usually best to let them know (politely) how you feel and then talk things out together.

Also, it's normal to lose your temper more easily and to feel that nobody cares about you. Talk about your feelings with your parents, another trusted adult, or your doctor. You may be surprised at how much better you will feel.

Sex and sexuality

During this time, many teens also become more aware of their sexual feelings. A look, a touch, or just thinking about someone may make your heart beat faster and may produce a warm, tingling feeling all over. You may not be sure if you are attracted to boys, girls, or both. That's OK and you shouldn't feel worried about it.

You may ask yourself...

- When should I start dating?
- When is it OK to kiss?
- How far should I go sexually?
- When will I be ready to have sexual intercourse?
- Will having sex help my relationship?
- Do I have to have sex?
- If I am attracted to a same-sex friend, does that mean I am gay or lesbian?
- What is oral sex? Is oral sex really sex?
- Is it OK to masturbate (stimulate your genitals for sexual pleasure)? (Masturbation is normal and won't harm you. Some boys and girls masturbate; some don't.)

Remember, talking with your parents or doctor is a good way to get information and to help you think about how these changes affect you.

Decisions about sex

Deciding to become sexually active can be very confusing. On the one hand, you hear many warnings and dangers about having sex. On the other hand, movies, TV, magazines, and even the lyrics in songs all seem to be telling you that having sex is OK.

It's normal for teens to be curious about sex, but deciding to have sex is a big step.

There's nothing wrong if you decide to wait to have sex. Not everyone is having sex. Half of all teens in the United States have never had sex. Many teens believe waiting until they are ready to have sex is important. The right time is different for each teen.

If you decide to wait, stick with your decision. Plan ahead how you are going to say no so you are clearly understood. Stay away from situations that can lead to sex. If your boyfriend or girlfriend doesn't support your decision to wait, he or she may not be the right person for you.

No one should be forced to have sex! If you are ever forced to have sex, it's important to never blame yourself and to tell an adult you trust as soon as possible. Medical and counseling supports are available to help someone who has been forced to have sex.

If you decide to have sex, it's important you know the facts about birth control, infections, and emotions. Sex increases your chances of becoming pregnant, becoming a teen parent, and getting a sexually transmitted infection (commonly known as an STI), and it may affect the way you feel about yourself or how others feel about you.

These are important decisions and are worth talking about with adults who care about you, including your doctor.

Taking care of yourself

As you get older, you will need to make many decisions to ensure you stay healthy.

- Eating right, exercising, and getting enough rest are important during puberty because your body is going through many changes.
- It's also important to feel good about yourself and the decisions you make.
- Whenever you have questions about your health or your feelings, don't be afraid to share them with your parents and doctor.

From Your Doctor



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 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.

© 2017 American Academy of Pediatrics. All rights reserved.

Physical Development in Boys: What to Expect

Puberty – it's a crazy time and occurs through a long process, beginning with a surge in hormone production, which in turn causes a number of physical changes. Every person's individual timetable for puberty is different.

Below is an overview of some physical changes boys can expect during these years.

Enlargement of the Testicles and Scrotum

A near doubling in the size of the testicles and the scrotal sac announces the advent of puberty. As the testicles continue to grow, the skin of the scrotum darkens, enlarges, thins, hangs down from the body and becomes dotted with tiny bumps. These are hair follicles. In most boys, one testicle (usually the left) hangs lower than the other.



Pubic Hair

Fueled by testosterone, the next changes of puberty come in quick succession. A few light-colored downy hairs materialize at the base of the penis. As with girls, the pubic hair soon turns darker, curlier and coarser in texture, but the pattern is more diamond-shaped than triangular. Over the next few years it covers the pubic region, then spreads toward the thighs. A thin line of hair also travels up to the navel. Roughly two years after the appearance of pubic hair, sparse hair begins to sprout on a boy's face, legs, arms and underarms, and later the chest.

Changing Body Shape

A girl's physical strength virtually equals a boy's until middle adolescence, when the difference between them widens appreciably. Boys tend to look a little chubby and gangly (long arms and legs compared to the trunk) just prior to and at the onset of puberty. They start to experience a growth spurt as they progress further into puberty, with the peak occurring during the later stages of sexual maturation. Body proportions change during this spurt, as there is rapid growth of the trunk, at the legs to some extent too. Boys continue to fill out with muscle mass long after girls do, so that by the late teens a boy's body composition is only 12 percent fat, less than half that of the average girl's.

Penis Growth

A boy may have adult-size genitals as early as age thirteen or as late as eighteen. First the penis grows in length, then in width. Teenage males seem to spend an inordinate amount of time inspecting their penis and covertly (or overtly) comparing themselves to other boys. Their number-one concern? No contest: size. See [Concerns Boys Have About Puberty](#).

Most boys don't realize that sexual function is not dependent on penis size or that the dimensions of the flaccid penis don't necessarily indicate how large it is when erect. Parents can spare their sons needless distress by anticipating these concerns rather than waiting for them to say anything, since that question is always there regardless of whether it is articulated. In the course of a conversation, you might muse aloud, *"You know, many boys your age worry that their penis is too small. That almost never turns out to be the case."* Consider asking your son's pediatrician to reinforce this point at his next checkup. A doctor's reassurance that a teenager is *"all right"* sometimes carries more weight than a parent's.

Boys' preoccupation with their penis probably won't end there. They may notice that some of the other guys in gym have a foreskin and they do not, or vice-versa, and might come to you with questions about why they were or weren't circumcised. You can explain that the procedure is performed due to parents' choice or religious custom.

"What Are These Bumps On My Penis?"

About one in three adolescent boys have penile pink pearly papules on their penis: pimple-like lesions around the crown, or corona. Although the tiny bumps are harmless, a teenager may fear he's picked up a form of sexually transmitted disease. The appropriate course of action is none at all. Though usually permanent, the papules are barely noticeable.

Fertility

Boys are considered capable of procreation upon their first ejaculation, which occurs about one year after the testicles begin to enlarge. The testicles now produce sperm in addition to testosterone, while the prostate, the two seminal vesicles and another pair of glands (called Cowper's glands) secrete fluids that combine with the sperm to form semen. Each ejaculation, amounting to about one teaspoonful of semen, contains 200 million to 500 million sperm.

Wet Dreams & Involuntary Erections

Most boys have stroked or rubbed their penises for pleasure long before they're able to achieve orgasm—in some instances, as far back as infancy. A child may consciously masturbate himself to his first ejaculation. Or this pivotal event of sexual maturation may occur at night while he's asleep. He wakes up with damp pajamas and sheets, wondering if he'd wet the bed.

A nocturnal emission, or "wet dream," is not necessarily the culmination of a sexually oriented dream. See Nocturnal Enuresis in Teens.

What parents can do to help:

- Explain to your son that this phenomenon happens to all boys during puberty and that it will stop as he gets older.
- Emphasize that a nocturnal emission is nothing to be ashamed of or embarrassed by.
- Note that masturbation is normal and harmless, for girls as well as boys, as long as it is done privately.

Erections, too, are unpredictable during puberty. They may pop up for no apparent reason—and seemingly at the most inconvenient times, like when giving a report in front of the class. Tell your teen there's not much he can do to suppress spontaneous erections (the time-honored technique of concentrating on the most unsexy thought imaginable doesn't really work), and that with the passage of time they will become less frequent.

Voice Change

Just after the peak of the growth spurt, a boy's voice box (larynx) enlarges, as do the vocal cords. For a brief period of time, your son's voice may "crack" occasionally as it deepens. Once the larynx reaches adult size, the cracking will stop. Girls' voices lower in pitch too, but the change is not nearly as striking.

Breast Development

Early in puberty, most boys experience soreness or tenderness around their nipples. Three in four, if not more, will actually have some breast growth, the result of a biochemical reaction that converts some of their testosterone to the female sex hormone, estrogen. Most of the time the breast enlargement amounts to a firm breast bud of up to 2 inches in diameter under the nipples. Occasionally, this may be more extensive, resulting in profound "gynecomastia." Overweight boys may have the appearance of pseudo-gynecomastia (lipomastia), due to excess fatty tissue on the chest wall.

As you might imagine, this development can be troubling for a child who is in the process of trying to establish his masculinity. If your son suddenly seems self-conscious about changing for gym or refuses to be seen without a shirt, you can reasonably assume that he's noticed some swelling in one or both breasts. (One particularly telltale sign: wearing a shirt to go swimming.)

Boys are greatly relieved to learn that gynecomastia usually resolves in one to two years. *"Thanks for telling me! I thought I was turning into a girl!"* is a common reaction. There are rare instances where the excess tissue does not subside after several years or the breasts become unacceptably large. Elective plastic surgery may be performed, strictly for the young patient's psychological well-being.

Gynecomastia warrants an evaluation by a pediatrician, especially if it arises prior to puberty or late in adolescence, when the cause is more likely to be organic.

A number of medical conditions can cause excessive breast growth, including:

- Endocrine tumors
- An adrenal disorder (congenital adrenal hyperplasia)
- A chromosomal disorder (Klinefelter syndrome)
- Liver disease
- Rare genetic disorders

Breast development may also be a side effect of various drugs, including certain antidepressants, anti-anxiety medications, anti-reflux medications, or due to exposure to external sources of estrogen or estrogen precursors, including ingested soy, and plant estrogen in lotions and/or personal care products, such as lavender or tea tree oil applied to the skin.

There may be other possible environmental sources, some of which are under investigation, such as certain plastic containers.

Additional Information:

- [Physical Changes During Puberty](#)
- [Concerns Boys Have About Puberty](#)
- [Physical Development in Girls: What to Expect](#)
- [Physical Development: What's Normal? What's Not?](#)

Last Updated: 11/21/2015

Source: Section on Endocrinology (Copyright © 2014 American Academy of Pediatrics)

Physical Development in Girls: What to Expect

Breast Development (Thelarche)

The first visible evidence of puberty in girls is a nickel-sized lump under one or both nipples. *Breast buds*, as these are called, typically occur around age nine or ten, although they may occur much earlier, or somewhat later. In a study of seventeen thousand girls, it was concluded that girls do not need to be evaluated for precocious puberty unless they are Caucasian girls showing breast development before age seven or African American girls with breast development before age six. It is not known why, but in the United States, African American girls generally enter puberty a year before Caucasian girls; they also have nearly a year's head start when it comes to menstruation. No similar pattern has been found among boys.



Regardless of a girl's age, her parents are often unprepared for the emergence of breast buds, and may be particularly concerned because at the onset of puberty, one breast often appears before the other. According to Dr. Suzanne Boulter, a pediatrician and adolescent-medicine specialist in Concord, New Hampshire, "many mistake them for a cyst, a tumor or an abscess."

The girl herself may worry that something is wrong, especially since the knob of tissue can feel tender and sore, and make it uncomfortable for her to sleep on her stomach. Parents should stress that these unfamiliar sensations are normal.

What appear to be burgeoning breasts in heavyset prepubescent girls are often nothing more than deposits of fatty tissue. True breast buds are firm to the touch.

Q: "My daughter just started developing breasts. Should she be wearing a training bra?"

A: There's no need for one right now, as long as she's comfortable. But given the sensitivity of early breast tissue, some girls find it more comfortable to wear a soft, gently supportive undergarment like an undershirt or sports bra. Let her decide. Girls' feelings about their first bra are decidedly mixed. Some are thrilled to take this early step toward womanhood, but others are mortified by the thought of wearing a bra to school.

Q: "Why is one of my breasts bigger than the other?"

A: In the early stages of puberty, it is not unusual for one breast to be noticeably larger than the other. Young girls aren't always told this, however, leading many to worry that they're going to be "lopsided" forever. Breast size usually evens out within a year or so, although most adult women's breasts are slightly different in size. Unless the difference is significant, padding the bra cup for the smaller side is frequently considered a satisfactory solution. However, sometimes the difference in size is very pronounced. This condition, *asymmetrical breasts*, is more common than you might think. The situation occasionally resolves itself, but if not, some young women may want to pursue plastic surgery. However, any such operation should be delayed until at least six to twelve months after breast growth has stopped, usually a minimum of one year following the first menstrual period. The standard approach among physicians is to see young patients every six months for several years, then assess whether the option of surgery should be offered.

Pubic Hair (Pubarche)

For most girls, the second sign of puberty is the appearance of *pubic hair* in the pubic area. (About 10 to 15 percent will develop pubic hair before the breasts begin to bud.) At first the hair is sparse, straight and soft, but as it fills in it becomes darker, curlier and coarser. Over the next few years, the pubic hair grows up the lower abdomen, eventually taking on a triangular shape; finally it spreads to the inner thighs. About two years after the onset of pubarche, hair begins to grow under the arms as well.

Changing Body Shape

Preadolescent females acquire what, in common language, is often called “baby fat,” which may give them a more rounded belly; this development may cause considerable anxiety for these girls. That’s hardly surprising in light of our culture’s conditioning women, even from an early age, to aspire to thinness. The weight gain of puberty comes at a time when a girl may be comparing herself to the malnourished supermodels she sees worshiped in fashion advertisements or to their plasticized counterpart, the unrealistically proportioned Barbie doll.

These young female patients, and their parents, often worry that baby fat is a harbinger of impending obesity—usually the deposition of *adipose* tissue (connective tissue where fat is stored) around the middle is part of normal development. The body will soon redistribute the fat from the stomach and the waist to the breasts and the hips in order to mold a womanly figure. However, excessive abdominal fat, often characterized by a “D” shape, should be addressed, since obesity predisposes youngsters to diabetes, high blood pressure and other serious health concerns.

Menstruation (Menses/Menarche)

Girls often have many misconceptions and unfounded fears about menstruation. The time to begin discussing this subject with your daughter is when the breasts start to develop, heralding the arrival of puberty. Typically, one and a half to three years pass before the first menstrual period, or *menarche*.

Here’s how a mother or father might go about explaining the concepts of ovulation and menstruation to a twelve-year-old. It’s helpful to have on hand a book or pamphlet that includes an illustration of the female reproductive system.

“When you’re older, you’ll be able to become a mother, if you decide to. Even though that’s a long time from now, your body is already getting itself ready for the day when you choose to have a baby.”

“Now that you’ve entered puberty, each month one of your two ovaries will release a ripened egg inside you. A woman becomes pregnant when a man’s sperm unites with the egg. If fertilization takes place, the fertilized egg attaches itself to the inner lining of the uterus, which is also called the womb. This is where the baby lives while it’s growing and waiting to be born. The uterus prepares for this possibility by forming a thick layer of tissue and importing extra blood, just in case.”

“Most months, though, the egg doesn’t meet a sperm. Since the body won’t be needing the extra tissue and blood, it discharges the red fluid out your vagina. This is called your menstrual period, and it will happen every three to five weeks or so. During the three to seven days that you’re having your period, and for a few days afterward, you need to wear a special absorbent pad in your panties. Or you can use something called a tampon, which is made of soft cotton and goes inside your vagina.”

“Menstruation is normal and healthy. It means that you are growing up. It doesn’t stop you from doing the things you want to do, like swimming or playing sports. In time, you will begin to ovulate and be capable of getting pregnant.”

Teenagers' Common Concerns

Q: *"How will I know when I'm going to get my first period?"*

A: Although there's no way to pinpoint the day, most girls reach menarche at about the same age as their mothers and older sisters did. Prepare your daughter in advance. Buy her a box of sanitary pads and show her how to wear them.

Explain that her menstruation may be highly irregular at first, with as many as six months passing between periods. Even once a girl becomes regular, any of a number of conditions can cause her to miss a cycle: sickness, stress, excessive exercise, poor nutrition and, of course, pregnancy.

If your daughter has not menstruated by age 16 or 17, or is more than a year older than her mother was at the time of menarche, consult your pediatrician. Although everything is probably normal, it's wise to rule out any medical problems.

Q: *"What if I get my period while I'm at school and have an accident?"*

A: This is probably every girl's greatest fear. Have your daughter keep a few sanitary pads in her book bag or knapsack at all times, in case of an emergency. Explain that the initial bleeding during a period is usually light, and that she should be able to get to the girls' room or the nurse's office in time.

Q: *"Should I use sanitary pads or tampons?"*

A: "I usually suggest that girls start out with pads for the first month or so, until they get used to having their period and seeing how heavy the flow is," Dr. Felice explains. "It depends upon when a girl is ready and how comfortable she is with her body." Some girls prefer tampons because they do not like the feeling of wetness or the odor that pads may emit. Other girls may be squeamish about inserting a tampon in their vagina and opt for pads. Buy your daughter some of each type and in absorbencies ranging from light to heavy so she can experiment to find what works best for her.

Q: *"Does it hurt to have your period?"*

A: The first several periods are almost always painless. Once a girl begins to ovulate, she may experience some discomfort before, during or after her period. Common symptoms include cramping, bloating, sore or swollen breasts, headaches, mood changes and irritability, and depression. Menstrual cramps, probably the most bothersome effect, can range from mild to moderate to severe. If your daughter complains of pain in the lower abdomen or back, talk to her pediatrician, who may recommend exercises and an over-the-counter pain medication such as ibuprofen.

When To Call The Doctor

Contact your daughter's pediatrician if she experiences any of the following symptoms, or if there is any concern that there might be a problem:

- A sudden, unexplained change in her periods;
- Heavy menstrual bleeding that soaks more than six to eight pads or tampons per day for more than seven to ten days;
- Persistent bleeding between periods;
- Call your pediatrician immediately if your teen develops severe abdominal pain.

Effects of Puberty on Sports Performance: What Parents Need to Know

There appears to be increasing numbers of children who specialize in a single sport at an early age and train year-round for this sport. While the lure of a college scholarship or a professional career can motivate young athletes (and their parents) to commit to specialized training regimens at an early age, **the American Academy of Pediatrics (AAP) recommends avoiding specializing in one sport before puberty.**

The Growing & Maturing Skeleton

Puberty is a period of rapid growth.

- **Girls:** On average, rapid growth occurs around age eleven and a half, but it can begin as early as eight or as late as fourteen.
- **Boys:** Usually trail behind by about two years—this is why thirteen-year-old girls can, for a time, be a head taller than thirteen-year old boys.



Once puberty begins, both boys and girls go through their **adolescent growth spurt (AGS)**. Needless to say, these changes and the ages at which they occur *can* have an impact on a child's sports performance.

Changes in Athletic Performance during the Adolescent Growth Spurt

Going through puberty can have a significant impact on athletic performance in both positive and negative ways. While increases in body size, hormones, and muscle strength can improve athletic performance, there may be a temporary decline in balance skills and body control during the AGS. Quick increases in height and weight effect the body's center of gravity. Sometimes, the brain has to adjust to this higher observation point, and a teen may seem a bit "clumsy."

This phase especially noticeable in sports that require good balance and body control (e.g. figure skating, diving, gymnastics, basketball). In addition, longer arms and legs can affect throwing any type of ball, hitting with a bat or racquet, catching with a glove or lacrosse stick, swimming and jumping. Coaches and trainers that are aware of the AGS can help reduce athletic awkwardness by incorporating specific aspects of training into practices and training sessions.

Understanding Growth Plates

Children's bones differ from adults. Inside the ends of their bones is a section of cartilage that eventually turns into bone when they are finished growing. This section of cartilage, called the **growth plate**, is actually responsible for growth. It is much more delicate than the surrounding bone, muscle, tendons or ligaments. The growth plate is also weakest during periods of most rapid growth or AGS. Injury to the growth plate can limit the ability for the bone to grow properly.

What causes growth plate injuries?

Injuries to the growth plate are fractures. Some growth plate injuries are caused by an acute event, such as a fall or a blow to a limb, while others result from overuse or repetitive stress to the growth plate. For example, a gymnast who practices tumbling routines for many hours each week, a long-distance runner ramping up mileage in preparation for a race, or a baseball pitcher perfecting his fastball are all at risk for developing overuse injuries to a growth plate.

Prevent ACL Injuries

As pre-teens enter into puberty and grow taller and heavier, their risk of anterior cruciate ligament (ACL) injury increases. The ACL is one of the main ligaments providing stability to the knee.

According to the 2014 AAP clinical report, ACL injury risk begins to increase significantly at 12 to 13 years of age in girls and at 14 to 15 years of age in boys. Teenage girls are at higher risk of ACL injury, because they tend to use their muscles differently than boys during sports skills such as jumping and landing. During puberty, body size increases for both sexes, but boys also get a burst of testosterone which results in larger, stronger muscles to control their new body; girls do not get this same rapid growth in muscle power. Watch the video, *Preventing ACL Injuries in Young Athletes*, for more information.

Remember, Puberty is Temporary

It is important for parents to stay positive and seek out coaches who are well-versed in the nuances of puberty and AGS. Being constantly yelled at by a coach or put down by a disappointed parent can cause the child to quit the sport altogether.

Your job as a parent isn't to produce another Olympian—it's to make sure your kids fall in love with an activity in a lasting way so they become healthy adults. Support and encourage them to make fitness a way of life!

Additional Information:

- [Preventing Overuse Injuries](#)
- [Knee Pain: How to Choose the Right Knee Brace for Your Child](#)
- [Safe Weight Loss and Weight Gain for Young Athletes](#)
- [Intensive Training and Sports Specialization in Young Athletes](#) (AAP Policy Statement)
- [Anterior Cruciate Ligament Injuries: Diagnosis, Treatment, and Prevention](#) (AAP Clinical Report)

Author: Suanne Kowal-Connelly, MD, FAAP

Last Updated: 4/13/2016

Source: American Academy of Pediatrics (Copyright © 2016)

Teen Crisis Help Numbers

National Suicide Hotline. Available 24/7 Helps individuals in suicidal crisis with support
Dial: 988
<https://988lifeline.org/talk-to-someone-now/>

Georgia Crisis & Access Line (GCAL) 1-800-715-4225

Crisis Textline. Available 24/7

Support to all individuals in crisis
Text "HELLO" to 741741
www.crisistextline.org

Trevor Project Lifeline. Available 24/7 Confidential suicide hotline for LGBT youth 866-488-7386;
<https://www.thetrevorproject.org>

National Human Trafficking Resource Center
Available 24/7
Confidential hotline 1-888-373-7888 24/7
Text "HELP" or "INFO" to 2333733
<https://humantraffickinghotline.org/>

Substance Abuse Mental Health Awareness National Helpline. 24/7, English and Spanish
Support & referral for drug and alcohol services
1-800-662-HELP (4357)
<https://www.samhsa.gov/find-help/national-helpline>

National Sexual Assault Hotline. Available 24/7 Supports victims of sexual assault, LGBT-inclusive
1-800-656-HOPE
24/7 or Online Counseling at www.rainn.org

National Eating Disorders Helpline
Available Mon.-Thurs. 9:00am – 9:00pm, Fri. from 9:00am-5:00pm (EST)

Support, resources and treatment options for people struggling with eating disorders
Hotline 1-800-931-2237
www.nationaleatingdisorders.org

Building resilient children at 12 to 14 years old

Resilient children
are better able to
handle life's ups
and downs.

What is happening at 12 to 14 years old?

- Your child may start having a lot of feelings about her appearance.
- You may notice a shift in your child's self-esteem. The sense of doubt and lowered self-esteem could lead to feeling intense levels of peer pressure.
- Your child should be getting 9 to 12 hours of sleep in a 24-hour period.

Your hormonal teenager

Your teen is experiencing intense hormonal changes and rapid brain development. This could cause your child to act emotionally, make questionable decisions, have a hard time understanding social cues and have conflicts with his peers. These changes do not mean your child is incapable of making good decisions or that your child should be excused from the results of his actions. They do, however, help you make sense of why your teen is acting a certain way.

As children grow older, they face more and more daily challenges. How they deal with those challenges depends on their resilience. Your child can develop, early in her life, tools to manage and cope with her emotions. By helping her develop these tools, you are helping mold her long-term physical and emotional wellness for the better. **Below are some tips to help your 12- to 14-year-old build resilience.**

Connecting with your teen (or pre-teen)

Now, more than ever, you may feel distant from your child. The most important thing to remember is to never stop trying to bond and communicate with your child.

Take 5 for quality time

Carve out time each day to connect with your child. Devote at least five minutes of uninterrupted, distraction-free time for your child (the longer the better!).

Trying new things

Encourage your child to become more independent by engaging in things she enjoys and trying new things! Get to know your child's interests, as well as her friends, her friends' parents and the other adults in her life (such as coaches and teachers). Allow your child time to have free play, reading and quiet time as well.

Listening

Listen and talk with your child without judgment. Even if you don't agree with her thoughts, let her know that you understand where she is coming from.

Being open and honest

Be open and honest with your child about difficult topics surrounding her. Also, be honest about things occurring within your own family, and tell your child important information.

Dealing with conflict

When there is conflict between you and your child, be open to compromise, validate her feelings, and be respectful, to make sure the conflict is settled in a helpful way. Encourage your child to handle conflicts the same way with friends. Help your child learn how to make her own mistakes and to apologize or make things better as needed.

Screen time

This is a critical time to closely monitor and set limits on your child's screen time, media and devices.

- Have conversations with your children about things he may be exposed to via media, such as violence, sex and other concepts your child may not be familiar with.
- Monitor your child's electronic usage via apps and other technology.
- Place parental monitoring and blocks on websites and media on all devices in the home.
- Do not allow devices to be used in privacy.
- Stop the use of electronics at least one hour before bedtime to ensure your child gets restful sleep. Sleep is very important for emotional and physical wellness during adolescence.

Helping your child express and manage feelings



Happy



Mad



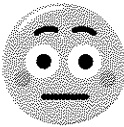
Sad



Hurt



Excited



Embarrassed



Disappointed



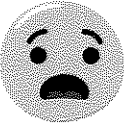
Worried



Lonely



Jealous



Scared



Frustrated



Guilt



Overwhelmed



Surprised

It's important to talk about feelings with your child so that she can express those feelings on her own. Use the short list of faces as a starting point, and use your own experiences and other examples to teach your child about different feelings.

Your child may not feel comfortable sharing all of her feelings with you. If that is the case, encourage your child to talk and share with other trusted adults.

Academic pressure and anxiety

Your child may be feeling more and more pressure to do well in school during this phase of life. Take time to talk with her about having realistic expectations and a healthy relationship with school. Praise her effort instead of just the end result. Model for her that it's OK to make mistakes and fail. Encourage her to use these opportunities to learn and grow, rather than thinking extreme thoughts, such as one bad grade means she won't get into college.

Raising a Resilient Middle Schooler

Resilient children
are better able to
handle life's ups
and downs.

Your child is adjusting to new teachers, a new classroom, a new schedule and new friends—which can be both exciting and overwhelming at the same time! How children deal with challenges depends on their resilience. With your help, your child can develop tools to manage and cope with her emotions. Here are some tips to help your middle schooler build resilience and get her school year off to a great start.

Staying close to your middle schooler

What might seem like a small problem to you may be overwhelming for your child. Here are some communication tips to help support your child.

Communication Strategy	Say This	Avoid This
Listen. Listen to and talk with your child without judgment. Make time each day (even 5 minutes) to have uninterrupted conversations.	"I would love to hear more about how your math test went. I know you were nervous!"	"I'm sure you did fine on the test."
Compromise. Your child may be seeking more independence. Find ways to help balance home and school life so your child feels like she has a voice.	"I know you really want to go to the basketball game. If you finish your assignment, you may go."	"No, you're not going to the game tonight. You have an assignment due Monday."
Resolve conflict. If you get into an argument, model how to make the situation better. That also means admitting when you are wrong and apologizing.	"I am sorry I snapped. I feel frustrated when you forget things, but I apologize for my tone of voice."	"I don't want to talk about it this morning. You should know better than to do that!"

Getting rest to be your best

Getting enough sleep helps your child's brain recharge and can improve his attention span, memory and mood.

- **Power down 1 hour before bed.** Bedrooms should be a screen-free zone (e.g., no TV, tablets, gaming systems or phones). The blue light from screens affects the ability to fall (and stay) asleep.
- **Stick to a bedtime and wake time.** The timing of your child's internal clock may begin to shift, causing him to want to go to bed later and sleep in. Sticking to a similar schedule (during the week, on the weekends and during breaks) will help promote more restful, high-quality sleep.

Setting and enforcing limits

- Be firm and clear, but not too rigid. Avoid setting extreme (or excessive) limits. Compromise with your child and remain calm when discussing the limits.
- Set expectations for each day. You and your child can determine his priorities, such as completing homework and projects in a timely manner.
- Be consistent. Letting your child know what to expect can help prevent future conflict. If he thinks he can get you to change your mind, he may continue to push back.
- Avoid overscheduling. Try to limit extracurricular activities and events. Unstructured time is a great opportunity for children to be creative, read, rest and spend quality time with family.

Letting your child fail

- ✓ Gently remind your child about the consequences of her actions, and then allow her to see how it plays out.
- ✓ Remember that everyone makes mistakes. Ask your child to reflect on what she learned from an experience she may not be proud of.
- ✓ Share your own failures. Let your child know that you aren't perfect either. Share stories of your own failures and the lessons you learned from those experiences.
- ✓ Teach self-compassion. Use active listening to help your child feel understood, and then help her learn how to be kind to herself when she makes a mistake.
- ✓ Get her out of her comfort zone. Most children like to play it safe and only do things they know they're good at, and they need help learning to try new things.



Preteens ages 11 to 12 typically need 9 to 12 hours of sleep in a 24-hour period. Teens 13 and up typically need 8 to 10 hours of sleep in a 24-hour period.

Testing

Creating strong routines and study habits can help build your child's test-taking skills.

- ✓ Boost your child's confidence by encouraging her to be well-prepared, well-rested and fueled with good nutrition.
- ✓ Have your child keep an agenda or calendar of all her tasks to stay organized and be on the lookout for upcoming deadlines and tests.

Coping Skill Idea

Progressive Muscle Relaxation

Stress causes our muscles to be tense and tight. Progressive muscle relaxation teaches you to relax your mind and to relieve stress by learning to slowly and progressively tense and then relax your muscles, one group at a time. This helps to improve focus and self-control, and it allows us to take charge of our emotions.

How to practice progressive muscle relaxation

- Take a deep breath by inhaling through your nose, holding it for a few seconds and exhaling slowly through your mouth. Notice your stomach rising and your lungs filling with air as you inhale. As you exhale, imagine the tension in your body being released and flowing out of your body. Do not hold your breath while doing this exercise.
 - After you tighten each muscle group, you will relax and allow the tension to flow out of your body. In between working on each muscle group, pause and breathe slowly.
1. Tighten the muscles in your face by scrunching up your nose and mouth. Hold for 5 seconds and then relax.
 2. Tighten your eye muscles by squinting your eyelids tightly shut. Hold for 5 seconds and then relax.
 3. Smile widely, feeling your mouth and cheeks tense. Hold for 5 seconds and then relax.
 4. Lift your shoulders up as if they can touch your ears. Hold for about 5 seconds and then relax.
 5. Clench your fists by pretending to squeeze an orange or lemon. Squeeze for 5 seconds, as if you are getting all of the juice out of the piece of fruit, then relax.
 6. Tense both arms. Hold for 5 seconds and then relax.
 7. Tighten the muscles in your stomach by sucking them in. Hold for 5 seconds and then relax.
 8. Tighten your legs and thighs. Hold for 5 seconds and then relax.
 9. Tighten your feet and toes. Imagine that your feet are in sand or mud. Hold for 5 seconds and then relax.
 10. Take several deep breaths as your entire body becomes loose and relaxed. As you exhale, allow any lingering tension to flow out of your body. Imagine you are a rag doll as your entire body (head to toe) feels warm, loose and relaxed.

Remind your child that this exercise can be done at any time throughout the day, wherever you are, such as when he is feeling anxious, angry or needs to calm down before bedtime.

Tips for making progressive muscle relaxation work for your child

- ✓ You can make the exercise simpler and shorter by selecting only a few muscle groups, such as your forehead, hands and feet. You can even pick one muscle group, such as focusing on clenching and relaxing the hands. Regardless of how many you focus on and how long you pause in between, make sure to go slowly and take deep breaths throughout the exercise.
- ✓ Keep in mind that you should be tensing your muscles, but not to the point of straining them. If you are uncomfortable or feel any pain, stop.
- ✓ Some people prefer to close their eyes so that they can visualize the muscles tensing and relaxing, but if that is not comfortable for your child, she can keep her eyes open.
- ✓ You can start from the top and work down your body, or start at your feet and work your way up. Do whatever feels most comfortable and helpful for you.

Helpful Hint

It's difficult to learn things when we are anxious, angry or too distracted, so it is important to try new coping skills during a time when your child is calm instead of during a time of stress. A skill that works one day might not work the next, so encourage your child to try different strategies to help build her coping skills toolbox. Keep in mind that your child is watching and listening to you, so it's important that you practice with your child and role model using healthy coping skills to manage your own stress and emotions.

Coping Skill Idea

Deep Belly Breathing

Remind your child that this coping skill can be used at any time, when she wants to calm down and refocus her mind and body. Ask your child when she thinks that this may be helpful for her; perhaps it is before a test or on the way to soccer practice.

We breathe all day long and almost never think about it! Taking deep breaths can improve your child's ability to focus and better handle his emotions by slowing down his heart rate, allowing his muscles to relax and calming his mind and body.

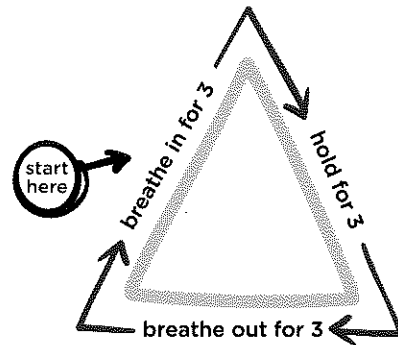
How to practice deep breathing

1. Put your hand on your stomach so that you can feel your stomach filling with air.
2. Inhale through your nose.
3. Feel your belly fill with air and hold it for a few seconds.
4. Exhale through your mouth.
5. Repeat several times.



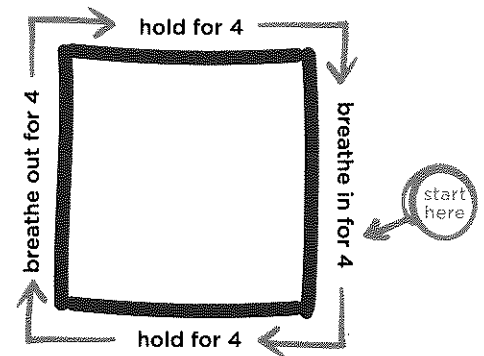
Make deep breathing fun

- ✓ Think of your belly as a balloon. As you breathe in, let the balloon fill with air, then breathe out and let the balloon deflate.
- ✓ Practice taking deep breaths by inhaling and then exhaling as you blow bubbles, or blow on feathers, dandelions or a pinwheel.
- ✓ Lie down and place a small object on your stomach so that you can see the object rising and falling with each breath.
- ✓ Inhale as if you are smelling a flower, and exhale as if you are blowing out birthday candles.
- ✓ You can trace shapes to help you focus on your breathing. Use the triangle and square shapes to practice.



Triangle breathing

- Start at the bottom left of the triangle.
- Breathe in for 3 counts as you trace the first side of the triangle.
- Hold your breath for 3 counts as you trace the second side of the triangle.
- Breathe out for 3 counts as you trace the final side of the triangle.
- You have just completed 1 deep breath!



Square breathing

- Start at the bottom right of the square. Breathe in for 4 counts as you trace the first side of the square.
- Hold your breath for 4 counts as you trace the second side of the square.
- Breathe out for 4 counts as you trace the third side of the square.
- Hold your breath for 4 counts as you trace the final side of the square.
- You just completed 1 deep breath!



Helpful hint: It's difficult to learn things when we are anxious, angry or too distracted, so it is important to try new coping skills during a time when your child is calm instead of during a time of stress. A skill that works one day might not work the next, so encourage your child to try different strategies to help build her coping skills toolbox. Keep in mind that your child is watching and listening to you, so it's important that you practice with your child and role model using healthy coping skills to manage your own stress and emotions.

Coping Skill Idea

Grounding Your Body and Mind

Grounding exercises can improve concentration, decrease anxiety and enhance decision-making and problem-solving skills. This is an exercise to help develop awareness and to focus the mind on the present moment. Use a gentle voice to prompt your child to pay attention to what's happening around her; this will allow her to stay in the present moment and stay calm.

How to practice grounding

- To help calm a busy mind, start by taking several slow, deep breaths in through your nose and out through your mouth.
- Next, use your 5 senses to notice the following:



5 things you can see around you. Maybe it's a book, a paintbrush or a chair. However near or far, big or small, name 5 things you can see right now.



4 things you can touch around you. Maybe it's your dog, your desk or your leg. However big or small, name 4 things you can touch and feel around you right now.



3 things you can hear around you. Maybe it's a ticking clock, a car alarm or a dog barking. Name 3 things you can hear right now.



2 things you can smell. Maybe it's the scent of soap or lotion on your hands, air freshener or freshly cut grass. Name 2 things you can smell right now.



1 thing you can taste. Maybe you taste the gum you are chewing or the snack you just ate. Name 1 thing you can taste.

- How does your body feel after completing this exercise? Are you relaxed? Is your mind calmer? Did your intense feelings decrease?

Remind your child that this coping skill can be used at any time, when she wants to calm down and refocus her mind and body. Ask your child when she thinks that this may be helpful for her; perhaps it is before a test or on the way to soccer practice.



PARENT TIP: *This exercise can be shortened depending on how much time you have. For example, if your child is nervous at the doctor's office, you may want to help him take a few deep breaths and then name 3 things he can see around him (but not address all 5 senses). Focusing his attention on that may make him less nervous about the doctor's appointment.*

How to make grounding fun!

- Take your child outside to try this exercise. Encourage her to pay attention to what is outside in the environment. What does she see? Hear? Feel? Smell?
- Remove 1 of the senses (sight). Ask her to close her eyes and pay attention to what she can hear, smell, taste and touch. Did things change once she had her eyes closed? Was it easier for her to hear noises that were quiet or farther away? Keep in mind that closing eyes can feel unsafe for some children. Never force them to close their eyes if they are uncomfortable.
- For those who need more specific instructions, ask her to look around and name 3 objects that are round, 2 things that are soft, 1 thing that makes noise, etc. You can come up with many options to help your child pay attention to the present moment!

Helpful Hint

It's difficult to learn things when we are anxious, angry or too distracted, so it is important to try new coping skills during a time when your child is calm instead of during a time of stress. A skill that works one day might not work the next, so encourage your child to try different strategies to help build her coping skills toolbox. Keep in mind that your child is watching and listening to you, so it's important that you practice with your child and role model using healthy coping skills to manage your own stress and emotions.

Coping Skills

for Older Children (ages 7 to 14)

Learning to manage our emotions begins when we are young and continues throughout our entire lives. Help support your child in developing healthy habits and skills to manage her emotions and to deal with stress with the following coping methods.

Practice coping skills regularly, not only when your child is upset. Practicing (and introducing) these skills when your child is calm helps her to be more prepared when the emotions or stress hit.

- Take deep belly breaths
- Listen to music
- Take a quiet break
- Go for a walk, run or hike
- Look at pictures from a happy memory
- Do 10 jumping jacks
- Play an instrument
- Tighten muscles, then relax them
- Bounce a ball
- Have a drink of cold water
- Play a board game
- Work on a puzzle
- Make a list of your strengths
- Journal or write someone a letter
- Squeeze a stress ball
- Stretch
- Close your eyes and think of a safe, happy place
- Jump rope or hula hoop
- Sing a song
- Build with Legos
- Draw, paint or color
- Clean or organize
- Count to 10 or count backward from 100
- Share your feelings with someone you trust
- Cuddle or play with your pet
- Write a song or poem
- Blow bubbles
- Think about something that makes you laugh
- Read a book or magazine
- Put on a favorite song and dance

Tips

- ✓ Help your child label his feelings, and encourage him to use coping skills. For example: "It seems like you feel disappointed when your team loses a game. What are some ways you can help yourself feel better when that happens? I know that listening to your favorite song usually helps you feel happy."
- ✓ Model coping skills for yourself and the whole family. Explain the connection between feelings and healthy coping strategies. For example: "I'm feeling stressed after a hard day at work. I am going to take the dog for a walk to help me calm down. Would you like to join me?"
- ✓ Help your child build a long list of coping skills so that she has lots of options to pick from (because what works one day may not work the next). The list should include things she can do inside or outside, things that don't cost any money and things you can do together. There is no age limit on coping skills, so let your child pick which ones work best for her.

Q. How can parents sort out conflicting information about vaccines?

A. Decisions about vaccine safety must be based on well-controlled scientific studies.

Parents are often confronted with “scientific” information found on television, on the internet, in magazines and in books that conflicts with information provided by healthcare professionals. But few parents have the background in microbiology, immunology, epidemiology and statistics to separate good scientific studies from poor studies. Parents and physicians benefit from the expert guidance of specialists with experience and training in these disciplines.

Committees of these experts are composed of scientists, clinicians and other caregivers who are as passionately devoted to our children’s health as they are to their own children’s health. They serve the Centers for Disease Control and Prevention (cdc.gov/vaccines), the American Academy of Pediatrics (aap.org), the American Academy of Family Physicians (aafp.org), the American College of Obstetricians and Gynecologists (acog.org), and the National Foundation of Infectious Diseases (nfid.org), among other groups. These organizations provide excellent information to parents and healthcare professionals through their websites. Their task is to determine whether scientific studies are carefully performed, published in reputable journals and, most importantly, reproducible. Information that fails to meet these standards is viewed as unreliable.



When it comes to issues of vaccine safety, these groups have served us well. They were the first to figure out that intestinal blockage was a rare consequence of the first rotavirus vaccine, and the vaccine was quickly discontinued. And, they recommended a change from the oral polio vaccine, which was a rare cause of paralysis, to the polio shot when it was clear that the risks of the oral polio vaccine outweighed its benefits.

These groups have also investigated possible relationships between vaccines and asthma, diabetes, multiple sclerosis, SIDS and autism. No studies have reliably established a causal link between vaccines and these diseases — if they did, the questioned vaccines would be withdrawn from use.

Q. Are vaccines still necessary?

A. Although several of the diseases that vaccines prevent have been dramatically reduced or eliminated, vaccines are still necessary:

- To prevent common infections

Some diseases are so common that a choice not to get a vaccine is a choice to get infected. For example, choosing not to get the pertussis (whooping cough) vaccine is a choice to risk a serious and occasionally fatal infection.

- To prevent infections that could easily re-emerge

Some diseases can easily re-emerge with relatively small decreases in immunization rates (for example, measles, mumps and *Haemophilus influenzae* type b, or Hib). We have seen this with measles and mumps. Unvaccinated children are more likely to be infected.

- To prevent infections that are common in other parts of the world

Although some diseases have been completely eliminated (polio) or virtually eliminated (diphtheria) from this country, they still occur commonly in other parts of the world. Children are still paralyzed by polio and sickened by diphtheria in other areas of the world. Because there is a high rate of international travel, outbreaks of these diseases are only a plane ride away.

Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. 13th Edition. Hamborsky J, Kroger A, and Wolfe S. eds. Washington, DC: Public Health Foundation; 2015 and Supplement, 2017.

Q. Do vaccines contain additives?

A. Many vaccines contain trace quantities of antibiotics or stabilizers.

Antibiotics are used during the manufacture of vaccines to prevent inadvertent contamination with bacteria or fungi. Trace quantities of antibiotics are present in some vaccines. However, the antibiotics contained in vaccines (neomycin, streptomycin or polymyxin B) are not those commonly given to children. Therefore, children with allergies to antibiotics such as penicillin, amoxicillin, sulfa or cephalosporins can still get vaccines.

Gelatin is used to stabilize live, “weakened” viral vaccines and is also contained in many food products. People with known allergies to gelatin contained in foods may have severe allergic reactions to the gelatin contained in vaccines. However, this reaction is extremely rare.

Offit PA, Jew RK. Addressing parents’ concerns: Do vaccines contain harmful preservatives, adjuvants, additives, or residuals? *Pediatrics*. 2003;112:1394-1401.

American Academy of Pediatrics. In Kimberlin DW, ed. *Red Book: 2018 Report of the Committee on Infectious Diseases*. 31st Edition. Elk Grove Village, IL.

Q. Are vaccines made using fetal cells?

A. Viruses require cells in which to reproduce. This means to make viral vaccines, the viruses must be grown in cells in the laboratory. In a few cases, the types of cells chosen were from pregnancies that were terminated electively. The scientists made this decision for two reasons. First, viruses that infect people reproduce best in cells from people. Second, cells isolated from a fetus are not likely to contain viruses because the womb is sterile.

The fetal cells used to grow vaccine viruses were isolated from two elective abortions that occurred in the early 1960s. The cells have been grown in the laboratory since then, and no additional abortions are needed to make the vaccines.

The vaccines made using these cell lines include the chickenpox, rubella (part of MMR), hepatitis A, and rabies (one version) vaccines.

Q. Are vaccines safe?

A. Because vaccines are given to people who are not sick, they are held to the highest standards of safety. As a result, they are among the safest things we put into our bodies.

How does one define the word safe? If safe is defined as “free from any negative effects,” then vaccines aren’t 100% safe. All vaccines have possible side effects. Most side effects are mild, such as fever, or tenderness and swelling where the shot is given. But some side effects from vaccines can be severe. For example, the pertussis vaccine is a very rare cause of persistent, inconsolable crying, high fever or seizures with fever. Although these reactions do not cause permanent harm to the child, they can be quite frightening.

If vaccines cause side effects, wouldn’t it be “safer” to just avoid them? Unfortunately, choosing to avoid vaccines is not a risk-free choice — it is a choice to take a different and much more serious risk. Discontinuing the pertussis vaccine in countries like Japan and England led to a tenfold increase in hospitalizations and deaths from pertussis. And declines in the number of children receiving measles vaccine in the United Kingdom and the United States have led to increases in cases of measles.

When you consider the risk of vaccines and the risk of diseases, vaccines are the safer choice.

Plotkin S, et al. *Vaccines*. 7th Edition. Philadelphia, PA: W.B. Elsevier, 2017.

Q. How can a “one-size-fits-all” approach to vaccines be OK for all children?

A. The recommended immunization schedule is not the same for all children.

In fact, recommendations for particular vaccines often vary based upon individual differences in current and long-term health status, allergies and age. Each vaccine recommendation, often characterized by a single line on the immunization schedule, is supported by about 25 to 40 additional pages of specific instructions for healthcare providers who administer vaccines. In addition, an approximately 190-page document titled “General Best Practice Guidelines for Immunization” serves as the basis for all vaccine administration. The recommendations are updated as needed by the CDC, and a comprehensive update is published every few years.

continued>

Q&A THE FACTS ABOUT CHILDHOOD VACCINES: WHAT YOU SHOULD KNOW

Q. Is the amount of aluminum in vaccines safe?

A. Yes. All of us have aluminum in our bodies and most of us are able to process it effectively. The two main groups of people who cannot process aluminum effectively are severely premature infants who receive large quantities of aluminum in intravenous fluids and people who have long-term kidney failure and receive large quantities of aluminum, primarily in antacids. In both cases, the kidneys are not working properly or at all and the people are exposed to large quantities of aluminum over a long period of time.

The amount of aluminum in vaccines given during the first six months of life is about 4 milligrams, or four-thousandths of a gram. A gram is about one-fifth of a teaspoon of water. In comparison, breast milk ingested during this period will contain about 10 milligrams of aluminum, and infant formulas will contain about 40 milligrams. Soy-based formulas contain about 120 milligrams of aluminum.

When studies were performed to look at the amount of aluminum injected in vaccines, the levels of aluminum in blood did not detectably change. This indicates that the quantity of aluminum in vaccines is minimal as compared with the quantities already found in the blood.

Baylor NW, Egan W, Richman P. Aluminum salts in vaccines – U.S. perspective. *Vaccine*. 2002;20:S18-S23.

Bishop NJ, Morley R, Day JP, Lucas A. Aluminum neurotoxicity in preterm infants receiving intravenous-feeding solutions. *New Engl J Med*. 1997;336:1557-1561.

Committee on Nutrition: Aluminum toxicity in infants and children. *Pediatrics*. 1996;97:413-416.

Ganrot PO. Metabolism and possible health effects of aluminum. *Env. Health Perspective*. 1986;65:363-441.

Keith LS, Jones DE, Chou C. Aluminum toxicokinetics regarding infant diet and vaccinations. *Vaccine*. 2002;20:S13-S17.

Pennington JA. Aluminum content of food and diets. *Food Additives and Contam*. 1987;5:164-232.

Simmer K, Fudge A, Teubner J, James SL. Aluminum concentrations in infant formula. *J Peds and Child Health*. 1990;26:9-11.

Q. Do vaccines cause autism?

A. Carefully performed studies clearly disprove the notion that vaccines cause autism.

Because the signs of autism may appear in the second year of life, at around the same time children receive certain vaccines, and because all causes of autism are unknown, some parents wondered whether vaccines might be at fault. These concerns focused on three hypotheses — autism is caused by the measles-mumps-rubella (MMR) vaccine; thimerosal, an ethylmercury-containing preservative used in vaccines; or receipt of too many vaccines too soon.

A large body of medical and scientific evidence strongly refutes these notions. Multiple studies have found that vaccines do not cause autism. These studies included hundreds of thousands of children, occurred in multiple countries, were conducted by multiple investigators, and were well controlled.

To see summaries of some of these studies and other studies related to vaccine safety concerns, visit vaccine.chop.edu/safety-references.

To find the most up-to-date information about the causes of autism, visit the Autism Science Foundation website, autismsciencefoundation.org.

Q. Does my child still need to get vaccines if I am breastfeeding?

A. Yes. The types of immunity conferred by breastfeeding and immunization are different. Specifically, the antibodies that develop after immunization are made by the baby's own immune system and, therefore, will remain in the form of immunologic memory; this is known as active immunity. In contrast, antibodies in breast milk were made by the maternal immune system, so they will provide short-term protection, but will not last more than a few weeks. These antibodies are usually not as diverse either, so the baby may be protected against some infections but remain susceptible to others. Immunity generated from breast milk is called passive immunity. Passive immunity was practiced historically when patients exposed to diphtheria were given antitoxin produced in horses; antitoxins to snake venoms are also an example of passive immunity.

Q. Do children get too many shots?

A. Newborns commonly manage many challenges to their immune systems at the same time.

Because some children could receive as many as 27 vaccine doses by the time they are 2 years old and as many as six shots in a single visit to the doctor, many parents wonder whether it is safe to give children so many vaccines.

Although the mother's womb is free from bacteria and viruses, newborns immediately face a host of different challenges to their immune systems. From the moment of birth, thousands of different bacteria start to live on the surface of the skin and intestines. By quickly making immune responses to these bacteria, babies keep them from invading the bloodstream and causing serious diseases.

In fact, babies are capable of responding to millions of different viruses and bacteria because they have billions of immunologic cells circulating in the bodies. Therefore, vaccines given in the first two years of life are a raindrop in the ocean of what an infant's immune system successfully encounters and manages every day.

Offit PA, et al. Addressing parents' concerns: Do vaccines weaken or overwhelm the infant's immune system? *Pediatrics*. 2002;109:124-129.

Q. What is the harm of separating, spacing out or withholding some vaccines?

A. Although the vaccine schedule can look intimidating, it is based upon the best scientific information available and is better tested for safety than any alternative schedules.

Experts review studies designed to determine whether the changes are safe in the context of the existing schedule. These are called concomitant use studies.

Separating, spacing out or withholding vaccines causes concern because infants will be susceptible to diseases for longer periods of time. When a child should receive a vaccine is determined by balancing when the recipient is at highest risk of contracting the disease and when the vaccine will generate the best immune response.

Finally, changing the vaccine schedule requires additional doctor's visits. Research measuring cortisol, a hormone associated with stress, has determined that children do not experience more stress when receiving two shots as compared with one shot. Therefore, an increased number of visits for individual shots will mean an increase in the number of stressful situations for the child without benefit. In addition, there is an increased potential for administration errors, more time and travel needed for appointments, potentially increased costs and the possibility that the child will never get some vaccines.

Cohn M, Langman RE. The protection: the unit of humoral immunity selected by evolution. *Immunol Rev*. 1990;115:9-147.

Offit PA, Quarels J, Gerber MA, et al. Addressing parents' concerns: Do multiple vaccines overwhelm or weaken the infant's immune system? *Pediatrics*. 2002;109:124-129.

Ramsay DS, Lewis M. Developmental changes in infant cortisol and behavioral response to inoculation. *Child Dev*. 1994;65:1491-1502.

Tonegawa S, Steinberg C, Dube S, Bernardini A. Evidence for somatic generation of antibody diversity. *Proc Natl Acad Sci USA*. 1974;71:4027-4031.



This information is provided by the Vaccine Education Center at Children's Hospital of Philadelphia. The Center is an educational resource for parents and healthcare professionals and is composed of scientists, physicians, mothers and fathers who are devoted to the study and prevention of infectious diseases. The Vaccine Education Center is funded by endowed chairs from Children's Hospital of Philadelphia. The Center does not receive support from pharmaceutical companies. © 2020 Children's Hospital of Philadelphia. All Rights Reserved. 20121-07-20

Vaccine Safety: The Facts

Some people have expressed concerns about vaccine safety. **The fact is vaccines save lives and protect against the spread of disease.** If you decide not to immunize, you're not only putting your child at risk to catch a disease that is dangerous or deadly but also putting others in contact with your child at risk. Getting vaccinated is much better than getting the disease.

Indeed, some of the most devastating diseases that affect children have been greatly reduced or eradicated completely thanks to vaccination.

Today, we protect children and teens from [16 diseases](#) that can have a terrible effect on their young victims if left unvaccinated.



Your pediatrician knows that you care about your child's health and safety. That's why you need to get all the scientific facts from a medical professional you can trust before making any decisions based on stories you may have seen or heard on TV, the Internet, or from other parents.

Your pediatrician cares about your child, too, and wants you to know that...

- **Vaccines work.** They have kept children healthy and have saved millions of lives for more than 50 years. Most childhood vaccines are 90% to 99% [effective in preventing disease](#). And if a vaccinated child does get the disease, the symptoms are usually less serious than in a child who hasn't been vaccinated. There may be mild side effects, like swelling where the shot was given, but they do not last long. And it is [rare for side effects to be serious](#).
- **Vaccines are safe.** Before a vaccine is licensed in the United States, the Food and Drug Administration (FDA) reviews all aspects of development, including where and how the vaccine is made and the studies that have been conducted in people who received the vaccine. The FDA will not license a vaccine unless it meets standards for effectiveness (how well the vaccine works) and safety. Results of studies get reviewed again by the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians before a licensed vaccine is officially recommended to be given to children. Every lot of vaccine is tested to ensure quality (including safety) before the vaccine reaches the public. In addition, FDA regularly inspects places where vaccines are made.

Watch the Journey of Your Child's Vaccine @ <https://youtu.be/Fcvgp6gNh6o>.

Learn about the three phases of clinical trials, vaccine licensing and manufacturing, how a vaccine is added to the U.S. Recommended Immunization Schedule, and how FDA and CDC monitor vaccine safety after the public begins using the vaccine.

- **Vaccines are necessary.** Your pediatrician believes that your children should receive [all recommended childhood vaccines](#). In the United States vaccines have protected children and continue to protect children from many diseases. However, in many parts of the world many vaccine-preventable diseases that are rarely seen in the United States are still common. Since some vaccine-preventable diseases still occur in the United States and others may be brought

into the United States by Americans who travel abroad or from people visiting areas with current disease outbreaks, it's important that your children are vaccinated.

- **Vaccines are studied.** To monitor the safety of vaccines after licensure, the FDA and the CDC created the Vaccine Adverse Event Reporting System (VAERS). All doctors must report certain side effects of vaccines to VAERS. Parents can also file reports with VAERS. For more information about VAERS, visit www.vaers.hhs.gov or call the toll-free VAERS information line at 800/822-7967. Other systems exist to further study vaccine safety concerns if they are identified in VAERS by FDA and CDC.

Protection for everyone

Just as important as the initial vaccinations are the booster shots. These are designed to continue immunity by building on the previous vaccines' effectiveness. Unfortunately, some parents forget or skip the boosters, which undercut the effectiveness of a very important concept in vaccination: *herd immunity*. Herd immunity is the benefit everyone receives from a vaccinated population once immunization reaches a critical level. When enough people are vaccinated, everyone—including those who are [too young](#) or too sick to be immunized—receives some protection from the spread of diseases. However, relying on herd immunity to keep your child safe is risky. The more parents that follow this way of thinking, the fewer vaccinated children we will have, and the more likely a serious disease will return and infect all of those unvaccinated.

In the rare case that a child has serious side effects to a vaccine, parents can contact the National Vaccine Injury Compensation Program (VICP) at 800/338-2382 or www.hrsa.gov/vaccinecompensation. This federal program was created to help pay for the care of people who have been harmed.

If you have any additional questions or concerns, feel free to ask your pediatrician.

Additional Information & Resources:

- [Vaccine Studies: Examine the Evidence](#)
- [Vaccines Your Child Needs](#)
- [Weighing the Risks and Benefits](#)
- www.fda.gov (Food and Drug Administration)
- www.cdc.gov/vaccines (Centers for Disease Control and Prevention)

Last Updated: 10/10/2018

Source: Adapted from Healthy Children E-Magazine, Back to School 2012

Vaccine Schedule and Flu Reminder

Age	Immunizations Due	Influenza Vaccine
2 wk	Hepatitis B (if not given at birth)	-
2 mo	Hep B #2, Pentacel #1, Prevnar #1, Rotavirus #1	-
4 mo	Pentacel #2, Prevnar #2, Rotavirus #2	-
6 mo	Pentacel #3, Prevnar #3, Rotavirus #3	First flu season: 2 doses of vaccine, given 28 days apart
9 mo	Hep B #3	
12 mo	MMR #1, Var #1	
15 mo	Prevnar #4, Hep A #1	Annually
18 mo	Pentacel #4	Annually
2 yo	Hep A #2	Annually
30 mo	-	Annually
3 yo	-	Annually
4 yo	MMR #2, Var #2, Quadracel	Annually
5-10 yo	-	Annually
11 yo	Tdap, MCV, HPV x 2	Annually
12-15 yo	-	Annually
16 yo	MCV	Annually
17-20 yo	-	Annually
21 yo	Td	Annually

Pentacel: *Diphtheria, Tetanus & acellular Pertussis* (DTaP), Hep: *Hepatitis, Haemophilus Influenza type B* (Hib), Inactivated poliovirus (IPV); Prevnar: *Pneumococcal conjugate*; MMR: *Measles, mumps, rubella*; VAR: *Varicella*; Quadracel: *DTaP, IPV*; Tdap: *Tetanus, diphtheria & acellular pertussis*; MCV: *Meningococcal*; HPV: *Human papillomavirus*; Td: *Tetanus-Diphtheria*

Don't forget your flu shot - every fall, give us a call!

The annual flu vaccine is an important part of your regularly scheduled vaccines. Every year, millions of people get sick with the flu. A subset of those infected end up hospitalized or even dying. The flu vaccine is your first line of defense in preventing flu. While the flu vaccine certainly reduces your risk of contracting flu, it does not guarantee that you will not catch the flu. However, children and teens with the flu vaccine on board prior to illness are less likely to end up hospitalized or dying from influenza. For those unlucky enough to get flu despite having the vaccine, their illness course is not as severe as those without the vaccine.

If you have questions about the annual flu vaccine, do not hesitate to ask! We strongly recommend the vaccine and want to make sure our patients are optimally protected during flu season.

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636** (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu.



Tdap (Tetanus, Diphtheria, Pertussis) Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Tdap vaccine can prevent **tetanus, diphtheria, and pertussis**.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2. Tdap vaccine

Tdap is only for children 7 years and older, adolescents, and adults.

Adolescents should receive a single dose of Tdap, preferably at age 11 or 12 years.

Pregnant people should get a dose of Tdap during every pregnancy, preferably during the early part of the third trimester, to help protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Adults who have never received Tdap should get a dose of Tdap.

Also, **adults should receive a booster dose of either Tdap or Td** (a different vaccine that protects against tetanus and diphtheria but not pertussis) **every 10 years**, or after 5 years in the case of a severe or dirty wound or burn.

Tdap may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any **severe, life-threatening allergies**
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP, DTaP, or Tdap)**
- Has **seizures or another nervous system problem**
- Has ever had **Guillain-Barré Syndrome** (also called “GBS”)
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**

In some cases, your health care provider may decide to postpone Tdap vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting Tdap vaccine.

Your health care provider can give you more information.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

4. Risks of a vaccine reaction

- Pain, redness, or swelling where the shot was given, mild fever, headache, feeling tired, and nausea, vomiting, diarrhea, or stomachache sometimes happen after Tdap vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
 - Visit CDC's website at www.cdc.gov/vaccines.



Meningococcal ACWY Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Meningococcal ACWY vaccine can help protect against **meningococcal disease** caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available that can help protect against serogroup B.

Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. Certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

2. Meningococcal ACWY vaccine

Adolescents need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 year of age
- Second (booster) dose: 16 years of age

In addition to routine vaccination for adolescents, meningococcal ACWY vaccine is also recommended for **certain groups of people**:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called “complement component deficiency”
- Anyone taking a type of drug called a “complement inhibitor,” such as eculizumab (also called “Soliris”®) or ravulizumab (also called “Ultomiris”®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to or living in a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in residence halls who have not been completely vaccinated with meningococcal ACWY vaccine
- U.S. military recruits



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of meningococcal ACWY vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone meningococcal ACWY vaccination until a future visit.

There is limited information on the risks of this vaccine for pregnant or breastfeeding people, but no safety concerns have been identified. A pregnant or breastfeeding person should be vaccinated if indicated.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting meningococcal ACWY vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Redness or soreness where the shot is given can happen after meningococcal ACWY vaccination.
- A small percentage of people who receive meningococcal ACWY vaccine experience muscle pain, headache, or tiredness.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.



HPV (Human Papillomavirus) Vaccine: *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

HPV (Human papillomavirus) vaccine can prevent infection with some types of human papillomavirus.

HPV infections can cause certain types of cancers including:

- cervical, vaginal and vulvar cancers in women,
- penile cancer in men, and
- anal cancers in both men and women.

HPV vaccine prevents infection from the HPV types that cause over 90% of these cancers.

HPV is spread through intimate skin-to-skin or sexual contact. HPV infections are so common that nearly all men and women will get at least one type of HPV at some time in their lives.

Most HPV infections go away by themselves within 2 years. But sometimes HPV infections will last longer and can cause cancers later in life.

2 HPV vaccine

HPV vaccine is routinely recommended for adolescents at 11 or 12 years of age to ensure they are protected before they are exposed to the virus. HPV vaccine may be given beginning at age 9 years, and as late as age 45 years.

Most people older than 26 years will not benefit from HPV vaccination. Talk with your health care provider if you want more information.

Most children who get the first dose before 15 years of age need 2 doses of HPV vaccine. Anyone who gets the first dose on or after 15 years of age, and younger people with certain immunocompromising conditions, need 3 doses. Your health care provider can give you more information.

HPV vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of HPV vaccine**, or has any **severe, life-threatening allergies**.
- Is **pregnant**.

In some cases, your health care provider may decide to postpone HPV vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting HPV vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- Soreness, redness, or swelling where the shot is given can happen after HPV vaccine.
- Fever or headache can happen after HPV vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

5

What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7

How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines

