

Very Important Information Please Read!

9, 10, 11 Year Visit (circle the appropriate age)

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

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

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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

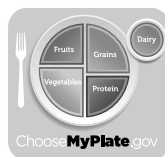
Age	Iron (Fe) Amount	Supplement options
4 mo - 12 mo <i>breastfed</i>	~6-11 mg/day	-Poly-vi-sol with Fe - 1 ml daily (10 mg Elemental Fe) + Dietary sources + Ok to stop Poly-vi-sol with Fe once dietary intake meets iron requirements
4 mo - 12 mo <i>formula fed</i>	~6-11 mg/day	-24-32 oz formula per day 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.



**10
tips**
Nutrition
Education Series



**MyPlate
MyWins**

Based on the
**Dietary
Guidelines
for Americans**

Build a healthy meal

Each meal is a building block in your healthy eating style. Make sure to include all the food groups throughout the day. Make fruits, vegetables, grains, dairy, and protein foods part of your daily meals and snacks. Also, limit added sugars, saturated fat, and sodium. Use the [MyPlate Daily Checklist](#) and the tips below to meet your needs throughout the day.

1 Make half your plate veggies and fruits

Vegetables and fruits are full of nutrients that support good health. Choose fruits and red, orange, and dark-green vegetables such as tomatoes, sweet potatoes, and broccoli.



2 Include whole grains

Aim to make at least half your grains whole grains. Look for the words “100% whole grain” or “100% whole wheat” on the food label. Whole grains provide more nutrients, like fiber, than refined grains.



3 Don't forget the dairy

Complete your meal with a cup of fat-free or low-fat milk. You will get the same amount of calcium and other essential nutrients as whole milk but fewer calories. Don't drink milk? Try a soy beverage (soymilk) as your drink or include low-fat yogurt in your meal or snack.



4 Add lean protein

Choose protein foods such as lean beef, pork, chicken, or turkey, and eggs, nuts, beans, or tofu. Twice a week, make seafood the protein on your plate.



5 Avoid extra fat

Using heavy gravies or sauces will add fat and calories to otherwise healthy choices. Try steamed broccoli with a sprinkling of low-fat parmesan cheese or a squeeze of lemon.

6 Get creative in the kitchen

Whether you are making a sandwich, a stir-fry, or a casserole, find ways to make them healthier. Try using less meat and cheese, which can be higher in saturated fat and sodium, and adding in more veggies that add new flavors and textures to your meals.

7 Take control of your food

Eat at home more often so you know exactly what you are eating. If you eat out, check and compare the nutrition information. Choose options that are lower in calories, saturated fat, and sodium.



8 Try new foods

Keep it interesting by picking out new foods you've never tried before, like mango, lentils, quinoa, kale, or sardines. You may find a new favorite! Trade fun and tasty recipes with friends or find them online.

9 Satisfy your sweet tooth in a healthy way

Indulge in a naturally sweet dessert dish—fruit! Serve a fresh fruit salad or a fruit parfait made with yogurt. For a hot dessert, bake apples and top with cinnamon.

10 Everything you eat and drink matters

The right mix of foods in your meals and snacks can help you be healthier now and into the future. Turn small changes in how you eat into your MyPlate, MyWins.

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.

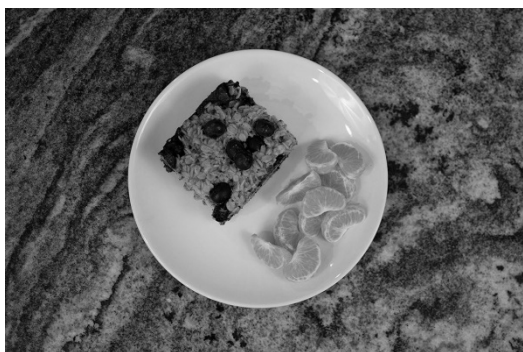
Last Updated: 11/21/2015

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

10 Breakfast Ideas to Kickstart Kids' Days

Most mornings, it's a mad dash out the door. When you're getting everyone up and ready to go, breakfast tends to get the short end of the stick. But it doesn't have to.

Get outside of the box with these 10 tasty and balanced breakfasts both you and your children can enjoy.



Blueberry oatmeal casserole

What's not to love about a tasty breakfast meal that you can make ahead of time? Make this [blueberry oatmeal casserole](#) on Sunday night and serve it all week long. You can feel good about this meal because oatmeal is a great source of fiber, which helps to keep you and your children feeling fuller longer.

Pair it with a clementine for a boost of vitamin C.



Homemade pancakes

Sure, you can buy frozen pancakes at the grocery store, but you'll end up paying more and getting more of what you don't want (like unhealthy ingredients) than if you made them at home. With these [homemade pancakes](#), you can make a big batch and freeze a bunch to keep yourself set for a few months. Simply pull them out of the freezer and either microwave or toast them in the morning. And avoid the sugar rush by topping the pancakes with peanut butter instead of syrup. Throw some fruit on the plate, and breakfast is served! This pancake recipe calls for whole-wheat or oat flour, which packs in more fiber than regular white flour—which is another great way to keep your child fuller longer.



Kid-friendly avocado toast

Avocado toast isn't just for hipsters who brunch; it's a great source of healthy, filling fat that your child needs for his growing brain and body. This smart meal is also much less expensive to make at home and is even better with the high-quality protein of eggs. Pair it with a clementine for vitamin C.

Speed things up by making a big batch of hard-boiled eggs to eat throughout the week for snacks and quick meals like this one.



Vegetable egg muffins

Like serving eggs for breakfast but don't have the time to deal with the scrambling and the cleanup? If so, these [vegetable egg muffins](#) are a great breakfast entrée to make ahead of time in a big batch, and they taste just as good fresh out of the oven as they do frozen, thawed and then reheated in the microwave.

Plus, this is a great way to add some veggies to breakfast.

Round out the meal with some fruit and whole-wheat toast.



Instant Pot quinoa breakfast bowl

You probably don't hear of many people eating (or serving) quinoa for breakfast, but why not? Quinoa contains all 9 essential amino acids, making it a powerhouse source of vegetarian protein. You can make quinoa on the stovetop, but if you have a pressure cooker, the cooking process is a whole lot easier!

Get creative with different toppings to keep this [quinoa](#)

[Instant Pot breakfast bowl](#) recipe fun and fresh.



Nut butter toast with strawberries and banana

Take banana and nut butter toast up a notch by adding strawberries into the mix. Sliced strawberries not only add a little extra sweetness, they also provide a good source of antioxidants, which help keep your child's body healthy.



Easy overnight oats

If you can spare just a few minutes before bed to prep this meal, you'll be glad you did in the morning. Literally, all you have to do with these [overnight oats](#) is dump ingredients into a container and go to bed. When you wake up, everything is ready to eat!

You can have fun subbing in different flavors. Just be sure to include the chia seeds, as they are a good source of healthy

fats and a little boost of protein.



Breakfast burrito

Turn Taco Tuesday leftovers into a tasty, nutritious breakfast with this egg and bean burrito. This well-balanced plate is full of protein, fiber and antioxidants. Plus, this tasty mix of nutrients will help keep your child fuller longer and help boost her immune system.

You can also make an entire pack of tortillas into burritos at once and freeze them until you're ready to serve. Just pull

one out the night before.

Burrito ingredients:

- Whole-wheat tortilla
- Scrambled egg
- Black beans
- Spinach
- Diced tomato
- Shredded cheese

Don't forget a side of fruit like a plum.



Yogurt parfait

Yogurt (dairy or non-dairy) is a classic breakfast staple, but did you know that just one serving of many popular flavored yogurts can pack more added sugar than kids should have in an entire day? Instead of opting for the sugary yogurts, flavor your own with layers of cut-up fresh fruit. Add some crunch with plain toasted oats.

Plain, Greek yogurt is a great choice for kids because it is full of vitamin B12, which gives our brains and bodies the energy needed to function.



Lunch for breakfast

Whoever said breakfast has to be made with breakfast foods? When you're coming up with morning meal ideas, you don't have to limit yourself to typical breakfast items. It's perfectly fine to eat what you would normally consider lunch or dinner foods for breakfast (think of it as the opposite of "brinner"). That's why we're proposing a simple chicken and avocado wrap with salsa and an apple for breakfast.

Make life easier by using leftover chicken from the night before for that punch of protein. You can also have fun adding different flavors of salsa to change things up.

Vegetarian option: Swap out the chicken for beans.

10 YEARS

Safety for Your Child

Did you know that injuries are the greatest threat to the life and health of your child? Injuries are the leading cause of death of school-aged children. **Yet you can prevent most major injuries** if you and your child take a few simple steps.

At age 10, children will do more things away from home. They will spend more time on a bike or in a car and will not see the need for adults to watch over them. You must take charge; you must **remind your child of safety!** It takes only a few steps to prevent major, common injuries.

Firearm Hazards

It is best to keep all guns out of your home. **Handguns are especially dangerous.** If you choose to keep a gun, store it unloaded and in a locked place, with the ammunition locked separately. Your child is in more danger of being shot by himself, his friends, or a family member than of being injured by an intruder.

Ask if the homes where your child visits have a gun and how it is stored. Talk with your child about guns in school or on the streets. Find out if your child's friends carry guns.

Sports Safety

At this age your child may be playing baseball, soccer, or other sports. Ask your doctor which sports are right for his or her age. **Be sure your child wears the protective equipment made for that sport**, such as shin pads, mouth guards, wrist guards, eye protection, and helmets. Ask your child's coach what is needed.

And Remember Car Safety

Your child must **buckle the seat belt EVERY TIME** he or she rides in any car. Booster seats should be used until the lap belt can be worn low and flat on the hips and the shoulder belt lies across the middle of the chest and the shoulder rather than the face or neck (usually at about 4 feet 9 inches tall and are 8 through 12 years of age). Remind your child to buckle up when riding with others.

Ask your child to remind you to buckle up, too! Install shoulder belts in the back seat of your car if they are not already there. Serious injuries can happen to your child when a lap belt is used alone. **The safest place for all children to ride is in the back seat.**

Bike Safety

Your child may want to ride his or her bike farther away from home. Teach your child the "Rules of the Road" and be sure your child knows them. You must watch your child to be sure he or she can handle a bike safely. **Make sure your child always wears a helmet** while riding a bike. It is still very dangerous for your child to ride at dusk or after dark. Make sure your child brings in the bike as soon as the sun starts to set.

Would you be able to help your child in case of an injury? Put emergency numbers by or on your phone today. Learn first aid and CPR. Be prepared...for your child's sake!

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN[®]



(over)

SAFETY IN A KID'S WORLD

Dear Parent: Your child is old enough to learn how to prevent injuries. The games below are designed to help your child think about safety. Read the messages with your child and talk about them together. Then take this safety sheet home and post it where everyone can see it.

It takes time to form a safety habit. Remind each other what it says. Make safety a big part of your lives.

Get the Helmet Habit!

DIRECTIONS: Break the code to read this message. On each line, write the alphabet letter that comes before the one above that line (the first 2 have been done for you).

BIKE SAFETY

B M X B Z T X F B S B
A L _ _ _ _ _

I F M N F U X I F O Z P V

S J E F Z P V S C J L F



DIRECTIONS: Circle the signs that belong to "Rules of the Road." Be a smart and safe rider. Learn the "Rules of the Road."

DIRECTIONS: Use the code key to read this message (the first letter has been done for you).

NEVER RIDE AT NIGHT
Always put your bike away when the sun goes down.

	■	●	◆	♥	★
■	A	B	C	D	E
●	F	G	H	I	J
◆	K	L	M	N	O
♥	P	Q	R	S	T
★	U	V	W	X	Y
▲	Z				

CODE KEY

N
◆♥ ■★ ★● ■★ ♥◆
♥◆ ●♥ ■♥ ■★
■ ■ ♥★
◆♥ ●♥ ●● ●◆ ♥★



Keep Your Family Safe

Fire Safety and Burn Prevention at Home



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

Smoke alarms save lives

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

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

Safety around the home

Take a careful look at each room of your home.

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

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

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

Bedrooms

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

Living and family rooms

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

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

Kitchen

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

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

Garage, storage area, and basement

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

Outdoors

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

Know what to do in a fire

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

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

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

Cool!—Cool the burned area with water.

Call!—Call for help.

Fire and children

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

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

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

For your sitters

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

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

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

Burn prevention

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

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

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

Kitchen concerns

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

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

Hot water

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

First aid for burns

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

1. Cool the burn.

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

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

2. Remove burned clothing.

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

3. Cover the burn.

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

4. Keep the child from losing body heat.

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

Fire drills—be prepared!

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

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

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

Draw a floor plan of your home. Discuss with your family 2 ways to exit every room. Make sure everyone knows how to get out and that doors and windows can be easily opened to permit escape.

If you live in an apartment building, never use an elevator during a fire. Use the stairs!

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

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

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

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

Different degrees of burns

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

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

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

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

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

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

From your doctor

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

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

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

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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 outcome 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

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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.

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Source: Healthy Children Magazine, Back to School 2008

Sports Safety Tips to Help Keep Kids in the Game

According to the Centers for Disease Control and Prevention, emergency departments in the U.S. treat nearly 3 million youth sports injuries each year.

Many common sports injuries are preventable. That's why it's important to take the proper sports

General sports safety guidelines

In general, here's how you can keep your kids safe in sports:

- **Get a checkup.** Make sure your child gets [a physical exam](#) performed by a doctor, nurse practitioner or qualified healthcare provider before they start a sport or new season.
- **Get the right gear.** Be sure your child is using the right protective equipment for each sport or activity. Some examples of protective gear include helmets, wrist guards, and knee or elbow pads. Some sports require mouth guards to prevent dental injury.
- **Make sure their gear fits.** Check to ensure that your child's clothing and equipment fit properly and are always worn correctly. If you can, buy sports equipment new. If you buy used or get gear from a friend or family member, make sure it's in good condition (e.g., there are no missing buckles and/or padding isn't cracked or worn).
- **Don't overdo it.** Encourage your child to try out different sports and increase training gradually. Specializing in one sport before the age of 15 can lead to stress, burnout and [overuse injury](#).
- **Be a good role model.** If you play sports with your kids, at practice or at home, model the safe behaviors you expect from them, like wearing a helmet or other protective gear and following the rules of the game.



Watch out for heat-related youth sports injuries

Heat illness and [dehydration](#) are common sports-related injuries. Here are some ways parents and coaches can beat the heat:

- Offer water breaks every 15 minutes. Encourage the athletes to drink, even if they're not thirsty.
- Include warmups and cool downs. Help the athletes cool off quickly by offering shade, ice and kiddie pools (these are also helpful for emergency treatment).
- Encourage kids to wear a hat with a brim, and light-colored, breathable clothing, if possible.

- Pay close attention to kids with asthma, because exercise—especially in the warm, outdoor air—can trigger attacks.
- Supervise children who have had heat-related issues in the past, or are taking medications such as those for allergies or Attention Deficit Disorder (ADD) closely. They could be at greater risk for heat-related illness.
- Know these symptoms of [heat-related health problems](#):
 - Cramps
 - High body temperature
 - Red, hot, dry skin (without sweating)
 - Heavy sweating
 - Rapid pulse
 - Headache
 - Dizziness
 - Nausea or vomiting
 - Loss of consciousness
 - Paleness



Know the rules for contact sports

If your child plays a contact sport, like football, basketball, lacrosse or soccer, make sure everyone follows the rules of the sport to prevent injuries, such as traumatic brain injury.

To prevent severe injury, kids should avoid unsafe actions such as:

- Hitting another athlete in the head.
- Using their head or helmet to hit another athlete.
- Making illegal contact with another athlete.
- Trying to injure another athlete.

Signs of concussion include:

- Confusion
- Headache
- Nausea or vomiting
- Clumsy movement or dizziness



What to do if your child is injured playing a sport

It's never easy to see your child get injured—especially when it could be avoided. These young athletes are still growing, so it's important to treat sports injuries the right way.

Know the signs of common youth sports injuries and seek treatment immediately if you suspect your child is hurt. Learn more about [sports medicine for kids and teens](#).



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

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Helping Your Child Develop A Healthy Sense of Self Esteem

How can we help our child develop a healthy sense of self-esteem?

By definition, self-esteem is the way in which an individual perceives herself-in other words, her own thoughts and feelings about herself and her ability to achieve in ways that are important to her. This self-esteem is shaped not only by a child's own perceptions and expectations, but also by the perceptions and expectations of significant people in her life-how she is thought of and treated by parents, teachers and friends. The closer her perceived self (how she sees herself) comes to her ideal self (how she would like to be), the higher her self-esteem.



For healthy self-esteem, children need to develop or acquire some or all of the following characteristics:

A sense of security.

Your child must feel secure about herself and her future. ("What will become of me?")

A sense of belonging.

Your youngster needs to feel accepted and loved by others, beginning with the family and then extending to groups such as friends, schoolmates, sports teams, a church or temple and even a neighborhood or community. Without this acceptance or group identity, she may feel rejected, lonely, and adrift without a "home," "family" or "group."

A sense of purpose.

Your child should have goals that give her purpose and direction and an avenue for channeling her energy toward achievement and self-expression. If she lacks a sense of purpose, she may feel bored, aimless, even resentful at being pushed in certain directions by you or others.

A sense of personal competence and pride.

Your child should feel confident in her ability to meet the challenges in her life. This sense of personal power evolves from having successful life experiences in solving problems independently, being creative and getting results for her efforts. Setting appropriate expectations, not too low and not too high, is critical to developing competence and confidence. If you are overprotecting her, and if she is too dependent on you, or if expectations are so high she never succeeds, she may feel powerless and incapable of controlling the circumstances in her life.

A sense of trust.

Your child needs to feel trust in you and in herself. Toward this goal, you should keep promises, be supportive and give your child opportunities to be trustworthy. This means believing your child, and treating her as an honest person.

A sense of responsibility.

Give your child a chance to show what she is capable of doing. Allow her to take on tasks without being checked on all the time. This shows trust on your part, a sort of "letting go" with a sense of faith.

A sense of contribution.

Your child will develop a sense of importance and commitment if you give her opportunities to participate and contribute in a meaningful way to an activity. Let her know that she really counts.

A sense of making real choices and decisions.

Your child will feel empowered and in control of events when she is able to make or influence decisions that she considers important. These choices and decisions need to be appropriate for her age and abilities, and for the family's values.

A sense of self-discipline and self-control.

As your child is striving to achieve and gain more independence, she needs and wants to feel that she can make it on her own. Once you give her expectations, guidelines, and opportunities in which to test herself, she can reflect, reason, problem-solve and consider the consequences of the actions she may choose. This kind of self-awareness is critical for her future growth.

A sense of encouragement, support and reward.

Not only does your child need to achieve, but she also needs positive feedback and recognition - a real message that she is doing well, pleasing others and "making it." Encourage and praise her, not only for achieving a set goal but also for her efforts, and for even small increments of change and improvement. ("I like the way you waited for your turn," "Good try; you're working harder," "Good girl!") Give her feedback as soon as possible to reinforce her self-esteem and to help her connect your comments to the activity involved.

A sense of accepting mistakes and failure.

Your child needs to feel comfortable, not defeated, when she makes mistakes or fails. Explain that these hurdles or setbacks are a normal part of living and learning, and that she can learn or benefit from them. Let your supportive, constructive feedback and your recognition of her effort overpower any sense of failure, guilt, or shame she might be feeling, giving her renewed motivation and hope. Again, make your feedback specific ("If you throw the ball like this, it might help") and not negative and personal ("You are so clumsy," "You'll never make it").

A sense of family self-esteem.

Your child's self-esteem initially develops within the family and thus is influenced greatly by the feelings and perceptions that a family has of itself. Some of the preceding comments apply to the family in building its self-esteem. Also, bear in mind that family pride is essential to self-esteem and can be nourished and maintained in many ways, including participation or involvement in community activities, tracing a family's heritage and ancestors, or caring for extended family members. Families fare better when members focus on each other's strengths, avoid excessive criticism and stick up for one another outside the family setting. Family members believe in and trust each other, respect their individual differences and show their affection for each other. They make time for being together, whether to share holidays, special events or just to have fun.

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](#)

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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

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

Why to Have the Alcohol Talk Early: A Pediatrician-Mom's Perspective

Most parents don't realize how much their children drink— research shows that only 10% of parents think their teens drink, yet 52% of teens admit to drinking alcohol. But parents do believe other people's kids drink—the same study showed that parents estimated that 60% of 10th graders drink.

It's our kids that drink, not other people's. Yes, even well-raised children with loving parents.



As parents, we need to remember the harsh reality that our children are not immune to the vices of this world, and alcohol is a frequent culprit. According to the American Academy of Pediatrics (AAP), alcohol is the substance most frequently abused by teens, and its use leads to the most injuries and deaths from accidents, homicides, and suicides among teens.

The Reality I See as a Pediatrician in the Emergency Room

A 15 year-old stumbled into my ER at 2 am, barely conscious, supported by his terrified mother. He was out with friends, dropped off at home, seemed tired, and went to bed. The mom of one of his friends just called, and her son is in another ER unconscious, poisoned by something someone allegedly slipped into his drink. *"They must have done the same thing to him,"* my patient's mother tells me.

I attach monitors, start oxygen, hang IV fluids, and draw a "coma panel"—a myriad of tests meant to pick out what toxic substance could have poisoned this patient. I didn't have to wait long for the answer.

Alcohol. No date rape drugs, no heroin, just alcohol. All the other tests came back negative, and the patient slowly woke up, and went home to shake off a really bad hangover. Apparently, the patient's friend in the other ER had only alcohol in his blood, too.

The saddest part was the mom, who wouldn't believe me. *"Isn't there something else wrong with him?"* she asked me. *"He swears he didn't drink anything."* I struggled to think of a gentle reply, but I couldn't find words. Finally, I sighed and said, *"I don't know how you get a blood alcohol level that high without drinking."*

80% of Teens Say Their Parents are the Biggest Influence on Their Decision to Drink

You are the strongest force to protect your children from alcohol abuse. Even if you think your kids don't care what you have to say...they really do. The best solution for underage drinking is to talk to our kids, and talk early.

Children start to think positively about alcohol around age 9-13, so the AAP recommends we start talking to our children about alcohol around age 9. That's right-- I just said you should talk to your 9-year-old about alcohol. I have. Have you?

So what's wrong with an occasional drink, especially if teens drink responsibly? Here's what the data says:

- **The younger you start, the more likely you are to have an adult drinking problem:** Adults age 21 or older who started using alcohol before age 15 were almost 6 times as likely to have alcohol dependence or abuse than adults who first used alcohol at age 21 or older (15.1 percent vs. 2.6 percent), according to SAMHSA's 2008 National Survey on Drug Use and Health (NSDUH).
- **Drinking isn't good for your grades:** About 25 percent of college students report academic consequences of their drinking including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall, according to a 2002 study by The Harvard School of Public Health by Wechsler et al.
- **Unsafe sex and rape usually happens after drinking:** In a large study between 1998-2005, 97,000 students between the ages of 18 and 24 were victims of alcohol-related sexual assault or date rape. 400,000 students had unprotected sex and more than 100,000 students report having been too intoxicated to know if they consented to having sex (Hingson et al., 2009).
- **You'll wind up in the ER:** In the same study, 599,000 students between the ages of 18 and 24 were unintentionally injured under the influence of alcohol (Hingson et al., 2009).
- **You can die:** 1,825 college students between the ages of 18 and 24 died from alcohol-related unintentional injuries, including motor vehicle crashes (Hingson et al., 2009).

Kids' Brains Aren't Mature Yet

The white matter continues to develop through adolescence. Even the best kids can have very poor judgment every once in a while—I see this in the ER all the time. Any amount of alcohol just makes their judgment even worse. **There are good reasons why the legal drinking age increased from 18 to 21 in 1984.**

Talk to Your Kids about Alcohol

Bring it up casually and be non-threatening about it. Maybe even quote the statistics above to start a conversation. Tell them real stories of your life when you have seen alcohol hurt people. Show them you're not an ignorant parent. They'll love you for it.

Additional Information:

- Alcohol: The Most Popular Choice
- Drinking Responsibly at College
- Binge Drinking (AAP Clinical Report)

Last Updated: 8/31/2015

Source: *Kathleen Berchelmann, MD, FAAP*; American Academy of Pediatrics (Copyright © 2015)



Illustration by
Billy Nuñez, age 16

DRUG ABUSE PREVENTION STARTS WITH PARENTS

PREVENTION STARTS WITH PARENTS

As a parent, you have a major impact on your child's decision not to use tobacco, alcohol, and drugs.

- Prevention starts when you start talking with, and listening to, your child.
- Help your child make good choices and good friends.
- Teach your child different ways to say "No!"

Drugs, including tobacco and alcohol, are easily available to children and adolescents. As a parent, you have a major impact on your child's decision not to use drugs.

Most likely, children in grade school have not begun to use alcohol, tobacco, or any other kind of drug. That is why grade school is a good time to start talking about the dangers of drug use. Prepare your child for a time when drugs may be offered.

Drug abuse prevention starts with parents learning how to talk with their children about difficult topics. Then, the programs offered by school, sports, and other groups can support what you have started.

PARENTS ARE POWERFUL

Parents are the strongest influence that children have. There is no guarantee that your child won't use drugs, but drug use is much less likely to happen if you:

- Provide guidance and clear rules about not using drugs.
- Spend time with your child.
- Do not use tobacco or other drugs yourself.

**If you do drink, do so in moderation,
and never drive after drinking.**

What messages do your actions and words send to your child?

Children notice how parents use alcohol, tobacco, and drugs at home, in their social life, and in other relationships. This includes how parents deal with strong feelings, emotions, stress, and even minor aches and pains.

**Having a designated driver sends a very
important message to children—safety
and responsibility.**

**Actions speak louder than words. Children
really do notice what their parents say
and do.**

PREVENTION STARTS WHEN YOU START TALKING— AND LISTENING

Talk honestly with your child about healthy choices and risky behaviors. Listen to what your child has to say. Make talking and listening a habit, the earlier the better!



Connected Kids: Safe, Strong, Secure™

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Learn the facts about the harmful effects of drugs.

Talk with your child about the negative effects alcohol and drugs would have on their brains and bodies and their ability to learn or play sports. Ask your pediatrician about the other dangers of drug use.

As part of your regular safety conversations, talk about avoiding tobacco, alcohol, and drug use.

Be clear and consistent about family rules.

It does not matter what other families decide; your family rules show your family values.

Correct any wrong beliefs your child may have.

- “Everybody drinks.”
- “Marijuana won’t hurt you.”

Avoid TV programs, movies, and video games that glamorize tobacco, alcohol, and drugs.

Since it’s hard to escape the messages found in music and advertising, discuss with your child the influence these messages have on us.

Find time to do things together.

Eating together as a family is a good time to talk and learn about what’s going on.



MAKING SMART CHOICES

It’s a parent’s job to use love and experience to correct mistakes and poor choices.

By using a mix of praise and criticism, you can correct your child’s behavior without saying your child is bad. This helps children build self-confidence and learn how to make healthy and safe choices. In time, making smart choices on their own will become easier.

**Let children know you care about them.
Talk with them about being safe.**

HELP YOUR CHILD MAKE GOOD CHOICES AND FRIENDSHIPS

A good sense of self-worth and knowing what is right and wrong will help your child say “No!” to drugs and other risky behaviors. Help your child by

- Noticing efforts as well as successes.
- Praising for things done well and for making good choices.

Encourage positive friendships and interests.

- Check to see that the friends and neighbors your child spends time with are safe and have values similar to yours.
- Find ways to get your child involved in sports, hobbies, school clubs, and other activities. These usually are positive interactions that help develop character and lead to good peer relationships.
- Look for activities that you and your child or the entire family can do together.

Help your child learn the importance of being a responsible individual and what it means to be a real friend.

Children need to learn that doing something they know is wrong is not a good way to “fit in” or feel accepted by others.

Remind your child that real friends do not:

- Ask friends to do risky things like use alcohol, tobacco, or drugs.
- Reject friends when they don’t want to do something that they know is wrong.

Good communication between you and your child is one of the best ways to prevent drug use. If talking with your child becomes a problem, ask your pediatrician for help.



HELP YOUR CHILD LEARN DIFFERENT WAYS TO SAY “NO!”

Teach your child how to respond to someone offering drugs. It is much easier to say “No!” when prepared ahead of time.

It helps if you role play and practice. This way, it becomes natural to do at least one of the following:

- Firmly say, “No!”
- Give a reason—“No thanks, I’m not into that.” or “No, my parents would get really mad at me.”
- Suggest something else to do, like watch a movie or play a game.
- Leave—go home, go to class, go join other friends.

Connected Kids are Safe, Strong, and Secure

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American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Healthy Communication With Your Child



Healthy communication with your child is one of the most important and rewarding skills that you can develop as a parent. It also makes the tough parts of parenting (such as disciplining your child) much easier and more effective. Good communication is a two-way street, meaning that listening to your child is just as important as talking to him.

When you talk in a calm and caring manner, you let your child know what you expect of him and give him information that he needs. You also show him that when you ask him to calm down and control his temper, you are practicing what you preach.

Listening to your child helps you learn more about what is going on with your child. You can learn his thoughts about a subject, how he is getting along socially, what problems he may be having, and whether your child is getting the message that you are trying to communicate.

Good communication is needed so that you can be a good teacher for your child and know what is happening in your child's life.

Why is healthy communication important?

Healthy communication is important because it helps your child

- Feel cared for and loved
- Feel safe and not all alone with her worries
- Learn to tell you what she feels and needs directly in words
- Learn how to manage her feelings safely so that she does not act on feelings without thinking
- Talk to you openly
- Learn to listen to you

Healthy communication also helps *you*

- Feel close to your child
- Know your child's needs
- Know you have powerful tools to help your child develop and grow
- Manage your own stress and frustrations with your child

What are the building blocks of healthy communication?

Here are a few important ways to build healthy communication

- **Be available.** Make time in everyone's busy schedule to stop and talk about things. Even 10 minutes a day without distractions for you and your child to talk can make a big difference in forming good communication habits. Turn off the television or radio. Give your undivided attention to your child. Sit down and look at your child while you talk. Those few minutes a day can be of great value.
- **Be a good listener.** When you listen to your child, you help your child feel loved and valued. Ask your child about his feelings on a subject. If you are not clear about what your child is saying, repeat what you are hearing to be sure that you understand what your child is trying to say. You do not

have to agree with what your child is saying to be a good listener. Sharing his thoughts with you helps your child calm down, so later he can listen to you.

- **Show empathy.** This means tuning in to your child's feelings and letting him know you understand. If your child is sad or upset, a gentle touch or hug may let him know that you understand those sad or bad feelings. Do not tell your child what he thinks or feels. Let him express those feelings. And be sure not to minimize these feelings by saying things like, "It's silly to feel that way," or "You'll understand when you get older." His feelings are real to him and should be respected.
- **Be a good role model.** Remember, children learn by example. Use words and tones in your voice that you want your child to use. Make sure that your tone of voice and what you do send the same message. For example, if you laugh when you say, "No, don't do that," the message will be confusing. Be clear in your directions. Once you get the message across, do not wear out your point. If you use words to describe your feelings, it will help your child to learn to do the same. When parents use feeling words, such as, "It makes me feel sad when you won't do what I ask you to do," instead of screaming or name calling, children learn to do the same.

Keys to healthy communication

Do

- Give clear, age-appropriate directions such as, "When we go to the store I expect you to be polite and stay with me." Make sure your child understands what you have said. Sometimes children do not fully understand the meanings of words they hear and use.
- Praise your child whenever you can.
- Calmly communicate your feelings.
- Be truthful.
- Listen carefully to what your child says.
- Use your talking times as teachable moments – do not miss opportunities to show your child healthy communication.
- Model what you want your child to do – practice what you preach.
- Make sure that when you are upset with your child, she knows that it is her behavior that is the problem, not the child herself.

Don't

- Give broad, general instructions such as, "You'd better be good!"
- Name call or blame. "You are bad" should be replaced with "I don't like the way you are acting."
- Yell or threaten.
- Lie or tell your child half-truths.
- Use silence to express strong feelings. Long silences frighten and confuse children.

Discipline is not punishment

Part of a parent's job is to discipline a child. Discipline is not punishment. Discipline is actually a form of communication. It means teaching children appropriate behavior and correcting inappropriate behavior.

How do you change a child's behavior? The most effective way is through healthy communication. Make sure to teach your child what positive behavior is and praise him when he behaves the way you want him to. Focus on the things he does right and he will be less likely to do things you do not want him to do.

No matter how old your child is, he needs you to calmly and clearly explain (in language that he can fully understand) what you expect from him and what the consequences will be (for example, taking away a privilege) if he acts inappropriately. Then, if the child does misbehave, follow through on the consequences you and he have already discussed. This way, you are not reacting purely out of anger or frustration.

Keeping your cool

There are times when all parents feel that they are out of patience. However, it is always important to find ways to help your child to behave without hurting her feelings. Here are a few ways to calm yourself when you feel stressed, before you try to talk with your child.

- Take a few deep breaths very slowly.
- Wait 5 minutes before starting to talk to your child.
- Try to find a word to label what you are feeling (such as "disappointment"). Say it to yourself and be sure that it is appropriate for you child.
- Share your feelings of frustration with your spouse or a friend.
- Do not hold grudges. Deal only with the present.
- Seek professional help if you feel that you have lost control.

Quick ways to offer praise

A smile and a short phrase can communicate valuable information. Here are just a few phrases that will go a long way.

- Outstanding!
- Nice work!
- Terrific!
- You made my day!
- You are so responsible.
- Good for you.
- You are really growing up!
- I like the way you share.
- Awesome!
- You figured it out on your own.
- I like the way you took care of that.
- What a good listener you are!
- You are so important to me.
- I love you so much!
- Bravo!

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From your doctor

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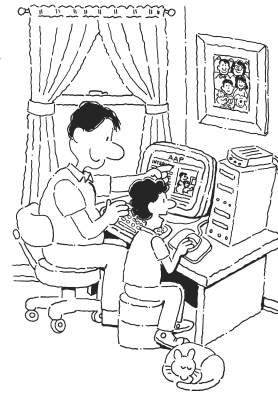


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The Internet and Your Family



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."

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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.

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From your doctor

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Ten Tips for Your Child's Success in School

It should come as no surprise that success — or failure — at school starts at home. Studies have linked poor academic performance to factors such as a lack of sleep, poor nutrition, obesity, and a lack of parental support.

The good news is that those same studies also show higher test scores for students who live in homes where healthy habits, regular routines, and good communication exist. How can you ensure your child heads off to school this fall with the best possible foundation? Follow these 10 tips and watch your child thrive.



Enforce Healthy Habits

You can't perform well when you don't feel good. To help your child have the best chance at doing well in school, make sure she follows healthy habits at home. Choose a bedtime that will give your child plenty of sleep, and provide a healthy breakfast each morning. Encourage exercise, and limit the amount of time she spends watching TV, playing video games, listening to music, or using the computer.

Stick to a Routine

Most kids thrive on structure and will respond well to routines that help them organize their days. In our house, for example, my son gets dressed, makes his bed, and eats breakfast while I make his lunch and pack his school bag with completed homework and forms. When he gets home in the afternoon, I serve him a snack and he does his homework while I prepare dinner. Your routines may differ, but the key is to make it the same every day so your child knows what to expect.

Create a "Launch Pad"

Veteran parents know it's important to have a single place to put backpacks, jackets, shoes, lunchboxes, and school projects each day. Some call it a "launch pad," while others call it a "staging area." Our area is a hook by the back door.

Whatever you call it, find a place where your child can keep the items he needs for school each day and keep him organized. Then you'll know right where to find everything during the morning rush.

Designate a Space

At school your child has a desk or table where she works. There is plenty of light, lots of supplies, and enough room to work. Why not provide her with the same type of environment for homework? A designated homework space often makes it easier and more fun for children to complete assignments at home. A desk is great, but a basket of supplies and a stretch of kitchen counter work just as well.

Read, Again and Again

It is often said that children spend the first several years learning to read, and the rest of the lives reading to learn. The written word is a gateway to all kinds of learning, and the more you read to your child, the better chance he has of becoming a proficient and eager reader.

Try to sit down with your child to read a little bit every day, give him plenty of opportunities to read out loud to you, as well, and above all have fun. While the importance of reading with your child cannot be stressed enough, it should not be the cause of stress.

Learn Always

Your child may be past the preschool years, but home education is still a critical part of his overall learning experience. "Some of the attitude recently is that it's up to the schools and teachers to figure it all out, to make sure children are learning and healthy and safe," says Barbara Frankowski, M.D., MPH, FAAP, and member of the AAP Council on School Health. "There's only so much teachers can do. Parents have to fill in with good support at home."

Look for ways to teach your child throughout the day. For example, cooking combines elements of math and science. Use the time when you make dinner as an opportunity to read and follow directions, to discuss fractions, to make hypotheses ("What will happen when I beat the egg whites?"), and to examine results.

Take the Lead

Children learn by example. Let your kids "catch" you reading. Take time to learn a new skill and discuss the experience with them. Sit down and pay bills or do other "homework" while your kids do their schoolwork.

If you display a strong work ethic and continually seek out learning opportunities for yourself, your kids will begin to model that same behavior in their own lives.

Talk Often

Do you know how your child feels about her classroom, her teacher, and her classmates? If not, ask her. Talk with her about what she likes and doesn't like at school. Give her a chance to express her anxieties, excitements, or disappointments about each day, and continue to support and encourage her by praising her achievements and efforts.

Show Interest

Don't limit your support to your child; extend it to her teachers as well. Meet the teachers and stay in regular contact by phone or e-mail so that you can discuss any concerns as they arise. Not only will it pave the way for you to ask questions, but it will also make the teachers more comfortable with calling you if they have concerns about your child.

Expect Success

Perhaps the most important way you can support your child's efforts at school is to expect him to succeed. That doesn't mean that you demand he be the best student or the best athlete or the best artist. Rather, let him know that you expect him to do "his best" so that he'll be proud of what he can accomplish.

If you make that expectation clear and provide a home environment that promotes learning, then your child will have a greater chance of becoming the best student he can be.

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Source: Healthy Children Magazine, Back to School 2007

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.

Friend or Foe?

Help your child navigate his social world by equipping him with the skills he needs to choose friends wisely.

I came to the realization this past year that the days of handpicking my son's friends are officially over. As a kindergartner, Christian spent the better part of each weekday with 16 other kids, 14 of whom I had never met.

Being a high-energy kid himself, Christian was drawn to the other high-energy kids in class, some of whom didn't always choose the best way to express that energy. After watching these little guys in action, I found myself wondering what I could do to help Christian choose some other friends that would bring out the best in him, rather than the worst. By reading up on the subject, discussing it with my pediatrician, and talking with parents who've already navigated these waters before, I've discovered there are some ways parents can help encourage healthier relationships in their children's lives.



Educate

The best advice I received was to approach teaching Christian how to recognize a good friend, just as I would teach him about bike safety or stranger danger or any other important subject dealing with his health, safety, and well-being. At 6, Christian is just beginning to learn how to build a relationship. The more I can guide him in this process, the better off he'll be. Talk with your child often about how friends should treat one another. Explain that good friends respect others, follow the rules, and help those in need. The more children know about what makes a good friend, the easier it will be for them to recognize one when they meet that child — and to be one himself.

Emulate

As you strive to teach your child about healthy friendships, don't forget to model them in your own life. Demonstrating good relationships skills with your spouse or partner, and taking time to nurture close friendships with others, is as important as simply talking about these skills if not more so.

"Children learn how to relate to people outside of their family from relationships within the family," explains Ed Schor, M.D., FAAP, and editor of *Caring for Your School-Age Child, Ages 5 to 12*. "One would hope that the parents would be friends and would get along well, compromise, etc. Children learn from those exchanges."

Communicate

While it's important to talk about what makes a good friend, it's also good to identify which behaviors are not welcome. Do not focus on specific children and why they are "bad" and others are "good." Instead, explain the values that you live by in your home, such as positive language, respect for others, sharing, and fair play. It could be as simple as saying, "In our house, we have certain rules that we follow. When someone comes to visit and refuses to follow those rules, he is not showing respect, and that makes everyone sad." You can balance that by saying, "We have so much more fun when we spend time with friends who do follow the rules."

Facilitate

To encourage healthy relationships, create opportunities for your child to play with kids who you think have a positive influence on her. Set up play dates at your house where you can observe the children playing together, and then encourage repeat dates with the kids that you feel are good role models for your child.

“You ought to play an active role in choosing your children’s friends. Who better to do this than the parents?” notes Schor. “Know your children’s friends, observe what’s going on, and see if they demonstrate the values you desire.”

If possible, choose to live in a neighborhood with high-quality schools. An Ohio State University study found a direct correlation between school quality and the types of kids that adolescents choose as friends. Kids in better schools tend to choose friends with more “prosocial” characteristics, such as good grades, good attendance, and involvement in extracurricular activities.

Relate

Finally, focus on your relationship with your child. The Ohio State study found that teens are more likely to report positive friendships when they have a good relationship with their parents. (A “good relationship” was defined as one in which the child and parents get involved in activities together, talk frequently, and express affection for one another.)

The more involved you are in your child’s life; the more opportunity you have to help your child develop friendships that can stand the test of time.

The Bully Factor

No matter how many good friends your child has, there may still be times when he finds himself the target of a bully. Talk with him about bullying and share these five tips.

1. Walk away: Bullies are generally looking for a reaction from those they target. When they don’t get one, they’re likely to move on.
2. Speak up: If a bully keeps on bullying, stand tall, look him square in the eye, and say in a clear, loud voice, “I don’t like what you’re doing. Please stop it now.”
3. Ask for help: Talk to a trusted adult about the problem. A teacher or parent can help make the situation better.
4. Find good friends: A bully is only one person. Concentrate on making strong friendships with people who make you feel good.
5. Keep having fun: Don’t let a bully stop you from being part of the activities you enjoy.

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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



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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 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.



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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.

Physical Development: What's Normal? What's Not?

Two boys or girls exactly the same age can start or end puberty years apart, yet still fall within what is considered ["normal" growth](#). The timing and speed of a child's physical development can vary a lot, because it is determined largely by the [genes inherited from the parents](#).

Teen Growth Pattern

Whatever pattern a teen's growth follows, it is during the pubertal years that your son or daughter grows tall more rapidly than at any other time in a child's life.

- **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.



Here's What Usually Happens

The hands and feet grow first, frequently causing an awkward body appearance. Until the arms and legs catch up, teenagers may seem to trip over their own feet. Next, the boys' shoulders and girls' hips get wider and the trunk of the body lengthens. The bones in the face grow too—particularly the lower jaw—bringing about very noticeable changes.

To help you recognize the many changes that can take place during puberty, first remember that every year since the age of two or three, your child has grown an average of about two inches and gained about five pounds. However, while in puberty you can expect that rate to double.

- **Boys:** May grow four inches in twelve months, and by the time his height is complete he may have added thirteen to fourteen inches and forty pounds in three to four years. See [Physical Development in Boys: What to Expect](#).
- **Girls:** May gain nearly ten inches and twenty-five pounds, including three or so inches in the six to twelve months before they begin having menstrual periods. See [Physical Development in Girls: What to Expect](#).

Growth in both boys and girls slows considerably soon after puberty is complete. Having gained nearly all of their adult height during puberty, once the period of development is over, most teens grow no more than another inch or two. You may need to check with your pediatrician to see if your child has completed his or her pubertal development.

When to Speak to the Pediatrician:

For a boy or girl to be slightly less developed or more developed than other kids the same age is rarely cause for alarm. But if a child seems significantly different from others his or her age, parents should speak with their pediatrician, so that their child can be checked for—and most likely rule out—any [medical problems](#). Chances are, it's the pediatrician who will bring these differences to the parents' attention.

Blame It on Hormones

Hormones, chemical messengers produced by the body's glands, travel through the bloodstream to affect:

- Growth
- Sexual characteristics
- The ability to have children
- Metabolism
- Personality
- Mood swings

Although the trigger that starts puberty is not yet fully understood, sometime between the ages of seven and eleven in girls, and nine and a half to thirteen and a half in boys, the pituitary gland at the base of the brain releases two hormones that signal a girl's ovaries to start producing the female sex hormone, estrogen, and a boy's testicles to start producing the male sex hormone, testosterone.

About Sex Hormones:

Sex hormones instruct reproductive organs to develop or mature in preparation for one day being able to have children. Estrogen and testosterone also cause the development of secondary sex characteristics, which lead to male-female differences, such as women's breasts and rounded hips, and men's facial hair and muscle development. The maturing ovaries and testicles make increasing amounts of sex hormones, further promoting the process of puberty.

Additional Information:

- [Physical Development in Boys: What to Expect](#)
- [Physical Development in Girls: What to Expect](#)
- [When a Child is Unusually Short or Tall](#)
- [When Puberty Starts Early](#)

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

Building resilient children at 9 to 11 years old

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

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 9- to 11-year-old build resilience.**

What is happening at 9 to 11 years old?

- Your child is trying to figure out his role in the world around him.
- Your child is seeking acceptance.
- Your child may be going through hormonal changes, and puberty may begin.
- Your child's emotions may seem extreme.

How to really listen to your child

Children at this age often feel misunderstood. Here are some tips for really listening to your child when she is expressing herself:

- Give your child your full attention. Put down the phone, make eye contact and let her talk.
- Set a routine for having daily check-ins with your child. This could happen on the ride home from school or when you're eating dinner together.
- Let her talk, and don't make assumptions about the situation. You might be surprised.
- Repeat back what your child said to you without judgment, to make sure you understand and to let her know you hear what she is saying.
- Honor your child's feelings without judgment.
- Pay attention to not only what your child is saying, but also to what she is showing you with her behavior.

Screen time safety and balance

Your child may be more independent now than ever before. This is a very important time to set limits and to be consistent for the safety and well-being of your child.

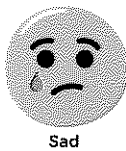
- Have conversations with your child about things he may be exposed to via media, such as violence, sex and other concepts your child may not be familiar with. Help him understand that everything he sees online is not necessarily real.
- Choose media-free times, such as dinner or family game night. Set up media-free zones, such as bedrooms.
- Monitor your child's electronic usage via apps and other technology. (Your phone or service provider may offer a variety of apps or tools to assist with this.)
- Place parental monitoring and blocks on websites and media on all devices in the home.
- Help your child put other things before screen time, such as school work, play and family connection time.
- Show your child how screen limits work with your own device usage, and demonstrate how you put other things first, such as exercise, play and sleep.
- Stop the use of electronics at least one hour before bedtime to make sure your child gets restful sleep. Sleep is very important for emotional and physical wellness during adolescence.
- Do not allow devices to be used in privacy.



Happy



Mad



Sad



Hurt



Excited



Embarrassed



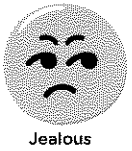
Disappointed



Worried



Lonely



Jealous



Scared



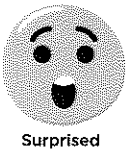
Frustrated



Guilty



Overwhelmed



Surprised

Helping your child express and manage feelings

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 interactions to teach your child about different feelings.

Sometimes, we can feel stuck in our emotions. The good news is that we can help change how we feel by changing our thoughts and behavior. Encourage your child to use a variety of different methods, such as:

- ✓ Journaling
- ✓ Being active
- ✓ Playing games
- ✓ Reading
- ✓ Deep breathing

Encourage your child to practice positive thinking. Each day, ask her to identify one thing she did well or share one thing she likes about herself. Not only does this help her practice positive thinking, but it can also boost confidence and improve self-esteem.

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.

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.

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.

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.

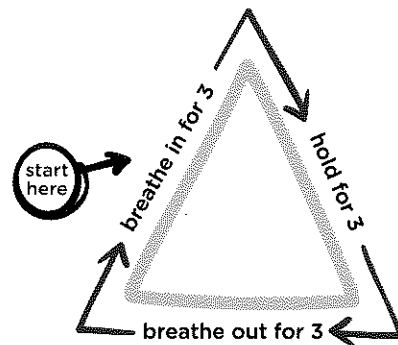
How to practice deep breathing

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.



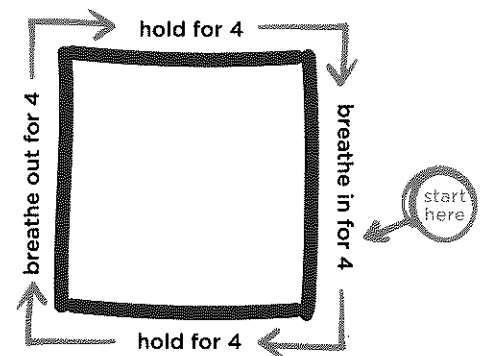
Make deep breathing fun

- ✓ 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 Skill Idea

Journaling: Ages 6 to 11

Sometimes we aren't ready to talk about our thoughts and feelings out loud, and that's OK. But what about writing or drawing to express our feelings? Journaling can help us become aware of our thoughts, feelings and behaviors and allow us to explore solutions to solve problems. You know your child best. Use some of the prompts below to encourage your child to write or draw in a journal or notebook. If your child is willing, he or she can share it with you when finished.

Journaling ideas

- List 3 things you are really good at (or 3 things you are proud of).
- When you feel sad or angry, what things or what people make you feel better?
- If you were granted 3 wishes, what would you ask for?
- Ask your best friend to describe her 3 favorite things about you. Write them down.
- Draw a picture of a happy time.
- Draw a picture of an animal most like you, and share with someone you love why that animal represents you.
- Draw a picture of who or what makes you laugh the hardest.
- Draw a picture or write a story about a time you were very kind to someone.
- List or draw 3 things you are grateful for.
- Think about a time you and a friend got upset with one another. How did you resolve the conflict?
- Sit with someone you love and draw a picture or write a story about a happy time you shared together.
- Close your eyes and think about your favorite smell. What is it? Where is it coming from? Why do you like it? Write about it or draw a picture.
- Close your eyes and think about a sound that makes you happy. What is it? Where are you when you're listening to it? Why do you like it? Write about it or draw a picture.

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.

Ofit 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.

Ofit 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.
- **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: 5/11/2016

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.



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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



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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.

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 - Visit CDC's website at www.cdc.gov/vaccines.



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

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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.



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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.

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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
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