

# Very Important Information Please Read!

## 5, 6, 7, 8 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	-----
8 yr.	yearly	Hearing & Vision Screens Anemia Screen w/CBC (if indicated)
9 yr.	yearly	-----
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)
12-21 yrs.	yearly	Anemia Screen w/CBC (if indicated) 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:

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**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.**

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## **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

## Choose MyPlate

**Use MyPlate to build your healthy eating style and maintain it for a lifetime.** Choose foods and beverages from each MyPlate food group. Make sure your choices are limited in sodium, saturated fat, and added sugars. Start with small changes to make healthier choices you can enjoy.

### 1 Find your healthy eating style

Creating a healthy style means regularly eating a variety of foods to get the nutrients and calories you need. MyPlate's tips help you create your own healthy eating solutions—"MyWins."

### 2 Make half your plate fruits and vegetables

Eating colorful fruits and vegetables is important because they provide vitamins and minerals and most are low in calories.

### 3 Focus on whole fruits

Choose whole fruits—fresh, frozen, dried, or canned in 100% juice. Enjoy fruit with meals, as snacks, or as a dessert.



### 4 Vary your veggies

Try adding fresh, frozen, or canned vegetables to salads, sides, and main dishes. Choose a variety of colorful vegetables prepared in healthful ways: steamed, sautéed, roasted, or raw.



### 5 Make half your grains whole grains

Look for whole grains listed first or second on the ingredients list—try oatmeal, popcorn, whole-grain bread, and brown rice. Limit grain-based desserts and snacks, such as cakes, cookies, and pastries.



### 6 Move to low-fat or fat-free milk or yogurt

Choose low-fat or fat-free milk, yogurt, and soy beverages (soymilk) to cut back on saturated fat. Replace sour cream, cream, and regular cheese with low-fat yogurt, milk, and cheese.



### 7 Vary your protein routine

Mix up your protein foods to include seafood, beans and peas, unsalted nuts and seeds, soy products, eggs, and lean meats and poultry. Try main dishes made with beans or seafood like tuna salad or bean chili.



### 8 Drink and eat beverages and food with less sodium, saturated fat, and added sugars

Use the Nutrition Facts label and ingredients list to limit items high in sodium, saturated fat, and added sugars. Choose vegetable oils instead of butter, and oil-based sauces and dips instead of ones with butter, cream, or cheese.



### 9 Drink water instead of sugary drinks

Water is calorie-free. Non-diet soda, energy or sports drinks, and other sugar-sweetened drinks contain a lot of calories from added sugars and have few nutrients.

### 10 Everything you eat and drink matters

The right mix of foods can help you be healthier now and into the future. Turn small changes into your "MyPlate, MyWins."



**MyPlate**  **MyWins**

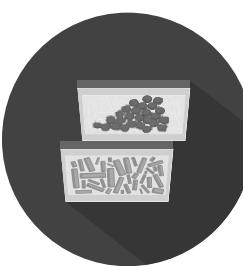
# Hacking your snacks

Planning for healthy snacks can help satisfy hunger in between meals and keep you moving towards your food group goals.



## Build your own

Make your own trail mix with unsalted nuts and add-ins such as seeds, dried fruit, popcorn, or a sprinkle of chocolate chips.



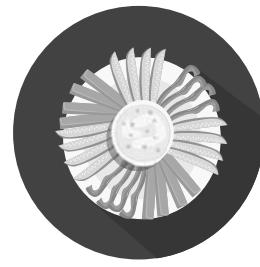
## Prep ahead

Portion snack foods into baggies or containers when you get home from the store so they're ready to grab-n-go when you need them.



## Make it a combo

Combine food groups for a satisfying snack—yogurt and berries, apple with peanut butter, whole-grain crackers with turkey and avocado.



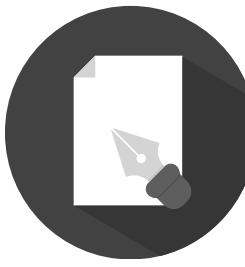
## Eat vibrant veggies

Spice up raw vegetables with dips. Try dipping bell peppers, carrots, or cucumbers in hummus, tzatziki, guacamole, or baba ganoush.



## Snack on the go

Bring ready-to-eat snacks when you're out. A banana, yogurt (in a cooler), or baby carrots are easy to bring along and healthy options.



## List more tips

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## 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.



one out the night before.

### **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

#### **Burrito ingredients:**

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

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



of vitamin B12, which gives our brains and bodies the energy needed to function.

### **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 Tasty Packed Lunch Ideas for School Aged Kids

Running out of ideas for your child's packed lunches? Is he getting tired of the same sandwiches over and over again? Our Strong4Life registered dietitians have put together 10 tasty (and healthy) combos to help you get out of your packed-lunch rut.

Whether you're packing for camp or school, get inspired to change things up.

### Pasta salad

Cold pasta salad is a great option to make with leftover ingredients, or it's easy to make ahead of time and feast on all week. Choose whole-wheat pasta for the extra fiber that helps keep your child fuller, longer.

- Pasta salad:
  - Whole-wheat pasta
  - Italian dressing
  - Cherry tomatoes
  - Lightly cooked broccoli (fresh or frozen)
  - Lightly cooked green beans (fresh or frozen)
  - Cheese
- 2 hard-boiled eggs
- Melon



### Homemade Lunchables

Sure, kids love those prepackaged mini-meals, but there's not much to love about the processed foods that are loaded with sodium and other preservatives. If your child asks for a prepackaged lunch, offer to make a homemade one of her very own.

- Low-sodium turkey
- Cheese
- Whole-wheat crackers
- Cooked green beans (fresh or frozen)
- Apple slices
- Nut or seed butter



## Chicken and guacamole

One of our favorite time-saving meal prep tips is to buy a rotisserie chicken and make it work for whatever chicken dish you are whipping up. It tastes great on its own and can be a great protein staple in your child's lunch since it's still yummy as cold leftovers.

- Rotisserie chicken
- A mini guacamole to-go cup (to prevent browning)
- Whole-wheat pita slices and carrots for dipping
- Grapes



## Nut or seed butter cracker sandwiches

Who says a sandwich has to be on bread? Change things up a bit with your own nut butter cracker sandwiches (opt for sunflower seed butter if the school is nut free).

- Nut or seed butter spread on 10 whole wheat crackers to make 5 cracker sandwiches
- Greek yogurt or cottage cheese
- Sliced bell peppers
- Strawberries and blueberries



## Deconstructed tacos

Have some leftovers from taco night? Don't let them go to waste! All of your taco ingredients taste great cold, and your child will have fun putting them together all on his own.

- Ground turkey or beef with taco seasoning
- Shredded cheese
- Tomatoes or salsa
- Lettuce
- Mini guacamole to-go cup
- Watermelon



*Tip: Make this meal vegetarian by swapping the ground meat for lentils or beans.*

## Chicken salad

If your child enjoys chicken salad sandwiches, try breaking it down. She can make her own sandwich with crackers or have fun dipping the bell peppers into the chicken salad. She might even go wild and make sandwiches with the apple slices.

Anything goes with this nutritious combo!

- Chicken salad
- Whole-wheat crackers
- Sliced bell peppers
- Apple slices



## Ham and cheese roll-up

Deli meat can be featured in your child's packed lunch without having to resort to a sandwich. This lunch covers all of the food groups, and your child will have fun dipping away!

- Ham roll-ups:
  - Low-sodium ham
  - String cheese
- Hummus
- Celery and pita for dipping
- Banana



## Leftover pasta

Tortellini tastes great cold, and we find that cold, leftover broccoli actually tastes sweeter the next day. Throw in some meatballs, sauce and fruit, and voila!

- Tortellini with marinara and meatballs
- Fruit cup packed in water or 100% fruit juice (not syrup)
- Cold cooked broccoli

*Tip: Make this dish vegetarian by swapping the meatballs for lentils.*



### Chicken wrap

The great thing about this meal is that you can use leftover rotisserie chicken to make it extra easy to prepare. Add some ranch dressing to dip the cucumbers or wrap into for an extra touch.

- Wrap:
  - Whole-wheat tortilla
  - Rotisserie chicken
  - Cheese
  - Spinach/romaine lettuce
- Sliced cucumbers
- Blueberries and raspberries
- Ranch dressing



### BBQ chicken

This lunch idea is a great reminder that simple is more than OK. Not every meal is going to be Pinterest-worthy. Just finding the time and energy to pack your child a nutritious meal earns you a gold star in our book.

- Cubed rotisserie chicken
- BBQ sauce for dipping
- Carrots
- Pineapple
- Homemade trail mix





# Eating foods away from home

**Full-service and fast-food restaurants, convenience stores, and grocery stores offer a variety of meal options.** Typically, these meals are higher in calories, saturated fat, sodium, and added sugars than the food you prepare at home. Think about ways to make healthier choices when eating food away from home.

## 1 Consider your drink

Choose water, unsweetened tea, and other drinks without added sugars to complement your meal. If you drink alcohol, choose drinks lower in added sugars and be aware of the alcohol content of your beverage. Keep in mind that many coffee drinks may be high in saturated fat and added sugar.

## 2 Savor a salad

Start your meal with a salad packed with vegetables to help you feel satisfied sooner. Ask for dressing on the side and use a small amount of it.



## 3 Share a dish

Share a dish with a friend or family member. Or, ask the server to pack up half of your entree before it comes to the table to control the amount you eat.

## 4 Customize your meal

Order a side dish or an appetizer-sized portion instead of a regular entree. They're usually served on smaller plates and in smaller amounts.

## 5 Pack your snack

Pack fruit, sliced vegetables, low-fat string cheese, or unsalted nuts to eat during road trips or long commutes. No need to stop for other food when these snacks are ready-to-eat.



## 6 Fill your plate with vegetables and fruit

Stir-fries, kabobs, or vegetarian menu items usually have more vegetables. Select fruits as a side dish or dessert.

## 7 Compare the calories, fat, and sodium

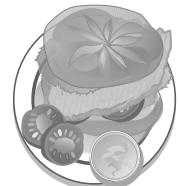
Many menus now include nutrition information. Look for items that are lower in calories, saturated fat, and sodium. Check with your server if you don't see them on the menu. For more information, check [www.FDA.gov](http://www.FDA.gov).

## 8 Pass on the buffet

Have an item from the menu and avoid the "all-you-can-eat" buffet. Steamed, grilled, or broiled dishes have fewer calories than foods that are fried in oil or cooked in butter.

## 9 Get your whole grains

Request 100% whole-wheat breads, rolls, and pasta when choosing sandwiches, burgers, or main dishes.



## 10 Quit the "clean your plate club"

You don't have to eat everything on your plate. Take leftovers home and refrigerate within 2 hours. Leftovers in the refrigerator are safe to eat for about 3 to 4 days.

## 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: 11/2/2009

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

## The Benefits & Tricks to Having a Family Dinner

Eating at least three family meals together each week is associated with healthier kids, according to a study published in *Pediatrics*. This was a large meta-analysis of more than 180,000 children, a well-designed study for those of us that like science and data. But trying to put together a healthy meal between all your kids' extracurricular activities and the business of family evenings can be very challenging.

Here are 5 ways that family meals keep kids healthy:

1. **Family meals prevent excessive weight gain:** Eating 3 or more family meals (meaning at least one parent is present and the meal is prepared at home) results in a 12% lower likelihood of children being overweight.
2. **Family meals teach healthy food choices:** The eating habits of childhood often last a lifetime. Families that ate at least three meals together each had a 20% decrease in unhealthy food choices. Teaching your children to enjoy healthy foods rather than junk foods is a gift that will stay with them through adulthood.
3. **Family meals prevent eating disorders:** Children and adolescents who ate family meals at least three times per week had a 35% reduction in disordered eating habits such as anorexia and bulimia.
4. **Family dinner improves social-emotional health, too:** The ability to understand emotions, express empathy, demonstrate self-regulation, and form positive relationships with peers and adults is called social-emotional health. Young children with high social-emotional health adapt well to the school environment and perform well academically, even in long term studies. Guess which kids had the best social-emotional health? The ones who ate family dinner together regularly and talked about their day, told stories, etc.
5. **Family dinner can help kids deal with cyberbullying:** About one-fifth of adolescents are victims of cyberbullying, putting them at risk for depression, substance abuse, and a host of other concerns. But adolescents who eat regular family dinners handle cyberbullying better and are less likely to engage in substance abuse or develop psychiatric health concerns, even after their involvement in face-to-face bullying is taken into account.

Trying to get the dinner on the table between sports practices and evening meetings is hard to balance. It's so easy to just pick up fast food and have a picnic dinner at the soccer field. But, fast-food bad habits are easy to start and hard to break.



**Here's some tried-and-true tricks to keep family dinner a reality on busy evenings:**

- **Freezer cooking:** On nights when you are making an all-out dinner, double it and freeze the other half. If you know that Thursday nights are always crazy, but Tuesdays are easier, plan to shop for and cook a double meal on Tuesday that you can eat again on Thursday.
- **Love your crock pot:** Get all your cooking done earlier in the day, plug it in, and have it all ready to go at dinner time.
- **Use paper plates:** Don't be afraid to use disposable plates and cups at home. One of the appeals of fast food is easy clean-up and no dishes. It's better to eat healthy food on paper plates than buy fast food.

**Additional Information on HealthyChildren.org:**

- [Making Healthy Food Choices](#)
- [Obesity Prevention: AAP Policy Explained](#)
- [Improving Family Communications](#)
- [How to Communicate With and Listen to Your Teen](#)

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Source: Copyright © 2014 Kathleen Berchelmann M.D., FAAP

# First Aid Guide for Parents & Caregivers

## General Tips

- Know how to get help.
- Make sure the area is safe for you and the child.
- When possible, personal protective equipment (such as gloves) should be used.
- Position the child appropriately if her airway needs to be opened or CPR (cardiopulmonary resuscitation) is needed.
- **DO NOT MOVE A CHILD WHO MAY HAVE A NECK OR BACK INJURY**  
(from a fall, motor vehicle crash, or other injury or if the child says his neck or back hurts) unless he is in danger.
- Look for anything (such as emergency medical identification jewelry or paperwork) that may give you information about health problems.



## Stings, Bites & Allergies

- **Stinging Insects:** Remove the stinger as soon as possible with a scraping motion using a firm item (such as the edge of a credit card). Put a cold compress on the bite to relieve the pain. If trouble breathing; fainting; swelling of lips, face, or throat; or hives over the entire body occurs, call 911 or your local emergency number right away. For hives in a small area, nausea, or vomiting, call the pediatrician. For spider bites, call the pediatrician or Poison Help (1-800-222-1222). Have the pediatrician check any bites that become red, warm, swollen, or painful.
- **Animal or Human Bites:** Wash the wound well with soap and water. Call the pediatrician. The child may need a tetanus or rabies shot or antibiotics.
- **Ticks:** Use tweezers or your fingers to grasp as close as possible to the head of the tick and briskly pull the tick away from where it is attached. Call the pediatrician if the child develops symptoms such as a rash or fever.
- **Snake Bites:** Take the child to an emergency department if you are unsure of the type of snake or if you are concerned that the snake may be poisonous. Keep the child at rest. Do not apply ice. Loosely splint the injured area and keep it at rest, positioned at or slightly below the level of the heart. Identify the snake if you can do so safely. If you are not able to identify the snake but are able to kill it safely, take it with you to the emergency department for identification.
- **Allergy:** Swelling, problems breathing, and paleness may be signs of severe allergy. Call 911 or your local emergency number right away. Some people may have emergency medicine for these times. If possible, ask about emergency medicine they may have and help them administer it if necessary.

## Fever

Fever in children is usually caused by infection. It also can be caused by chemicals, poisons, medicines, an environment that is too hot, or an extreme level of overactivity.

Take the child's temperature to see if he has a fever. Most pediatricians consider any thermometer reading 100.4°F (38°C) or higher as a fever. However, the way the child looks and acts is more important than how high the child's temperature is.

### Call the pediatrician right away if the child has a fever and:

- Appears very ill, is unusually drowsy, or is very fussy
- Has other symptoms such as a stiff neck, a severe headache, severe sore throat, severe ear pain, an unexplained rash, repeated vomiting or diarrhea, or difficulty breathing
- Has a condition causing immune suppression (such as sickle cell disease, cancer, or chronic steroid use)
- Has had a first seizure but is no longer seizing
- Is younger than 3 months (12 weeks) and has a temperature of 100.4°F (38°C) or higher
- Has been in a very hot place, such as an overheated car

To make the child more comfortable, dress him in light clothing, give him cool liquids to drink, and keep him calm. The pediatrician may recommend fever medicines. Do NOT use aspirin to treat a child's fever. Aspirin has been linked with Reye syndrome, a serious disease that affects the liver and brain.

### **Skin Wounds**

Make sure the child is up to date for tetanus vaccination. Any open wound may need a tetanus booster even when the child is currently immunized. If the child has an open wound, ask the pediatrician if the child needs a tetanus booster.

- **Bruises:** Apply cool compresses. Call the pediatrician if the child has a crush injury, large bruises, continued pain, or swelling. The pediatrician may recommend acetaminophen for pain.
- **Cuts:** Rinse small cuts with water until clean. Use direct pressure with a clean cloth to stop bleeding and hold in place for 1 to 2 minutes. If the cut is not deep, apply an antibiotic ointment; then cover the cut with a clean bandage. Call the pediatrician or seek emergency care for large or deep cuts, or if the wound is wide open. For major bleeding, call for help (911 or your local emergency number). Continue direct pressure with a clean cloth until help arrives.
- **Scrapes:** Rinse with clean, running tap water for at least 5 minutes to remove dirt and germs. Do not use detergents, alcohol, or peroxide. Apply an antibiotic ointment and a bandage that will not stick to the wound.
- **Splinters:** Remove small splinters with tweezers; then wash until clean. If you cannot remove the splinter completely, call the pediatrician.
- **Puncture Wounds:** Do not remove large objects (such as a knife or stick) from a wound. Call for help (911 or your local emergency number). Such objects must be removed by a doctor. Call the pediatrician for all puncture wounds. The child may need a tetanus booster.
- **Bleeding:** Apply pressure with gauze over the bleeding area for 1 to 2 minutes. If still bleeding, add more gauze and apply pressure for another 5 minutes. You can also wrap an elastic bandage firmly over gauze and apply pressure. If bleeding continues, call for help (911 or your local emergency number).

### **Eye Injuries**

If anything is splashed in the eye, flush gently with water for at least 15 minutes. Call Poison Help (1-800-222-1222) or the pediatrician for further advice. Any injured or painful eye should be seen by a doctor. Do NOT touch or rub an injured eye. Do NOT apply medicine. Do NOT remove objects stuck in the eye. Cover the painful or injured eye with a paper cup or eye shield until you can get medical help.

### **Fractures & Sprains**

If an injured area is painful, swollen, or deformed, or if motion causes pain, wrap it in a towel or soft cloth and make a splint with cardboard or other firm material to hold the arm or leg in place. Do not try to straighten. Apply ice or a cool compress wrapped in thin cloth for not more than 20 minutes. Call the pediatrician or seek emergency care. If there is a break in the skin near the fracture or if you can see the bone, cover the area with a clean bandage, make a splint as described above, and seek emergency care.

If the foot or hand below the injured part is cold or discolored (blue or pale), seek emergency care right away.

### **Burns & Scalds**

- **General Treatment:** First, stop the burning process by removing the child from contact with hot water or a hot object (for example, hot iron). If clothing is burning, smother flames. Remove clothing unless it is firmly stuck to the skin. Run cool water over burned skin until the pain stops. Do not apply ice, butter, grease, medicine, or ointment.
- **Burns with Blisters:** Do not break the blisters. Ask the pediatrician how to cover the burn. For burns on the face, hands, feet, or genitals, seek emergency care.
- **Large or Deep Burns:** Call 911 or your local emergency number. After stopping and cooling the burn, keep the child warm with a clean sheet covered with a blanket until help arrives.

- **Electrical Burns:** Disconnect electrical power. If the child is still in contact with an electrical source, do NOT touch the child with bare hands. Pull the child away from the power source with an object that does not conduct electricity (such as a wooden broom handle) only after the power is turned off. ALL electrical burns need to be seen by a doctor.

### Nosebleeds

Keep the child in a sitting position with the head tilted slightly forward. Apply firm, steady pressure to both nostrils by squeezing them between your thumb and index finger for 5 minutes. If bleeding continues or is very heavy, call the pediatrician or seek emergency care.

### Teeth

- **Baby Teeth:** If knocked out or broken, apply clean gauze to control bleeding and call the pediatric or family dentist.
- **Permanent Teeth:** If knocked out, handle the tooth by the top and not the root (the part that would be in the gum). If dirty, rinse gently without scrubbing or touching the root. Do not use any cleansers. Use cold running water or milk. Place the tooth in egg white or coconut water or, if those are unavailable, milk, saline solution (1 teaspoon of table salt added to 8 ounces of water), or water, and transport the tooth with the child when seeking emergency care. If the tooth is broken, save the pieces in milk. Stop bleeding using gauze or a cotton ball in the tooth socket and have the child bite down. Call and go directly to the pediatric or family dentist or an emergency department.

### Convulsions, Seizures

If the child is breathing, lay her on her side to prevent choking. Call 911 or your local emergency number for a prolonged seizure (more than 5 minutes).

Make sure the child is safe from objects that could injure her. Be sure to protect her head. Do not put anything in the child's mouth. Loosen any tight clothing. Start rescue breathing if the child is blue or not breathing.

### Head Injuries

**DO NOT MOVE A CHILD WHO MAY HAVE A SERIOUS HEAD, NECK, OR BACK INJURY.** This may cause further harm.

**Call 911 or your local emergency number right away if the child:**

- Loses consciousness
- Has a seizure (convulsion)
- Experiences clumsiness or inability to move any body part
- Has oozing of blood or watery fluid from ears or nose
- Has abnormal speech or behavior

**Call the pediatrician for a child with a head injury and any of the following symptoms:**

- Drowsiness
- Difficulty being awakened
- Persistent headache or vomiting

For any questions about less serious injuries, call the pediatrician.

### Poisons

If the child has been exposed to or ingested a poison, call Poison Help at 1-800-222-1222. A poison expert is available 24 hours a day, 7 days a week.

- **Swallowed Poisons:** Any nonfood substance is a potential poison. Do not give anything by mouth or induce vomiting. Call Poison Help right away. Do not delay calling, but try to have the substance label or name available when you call.
- **Fumes, Gases, or Smoke:** Get the child into fresh air and call 911, the fire department, or your local emergency number. If the child is not breathing, start CPR and continue until help arrives.

- **Skin Exposure:** If acids, lye, pesticides, chemicals, poisonous plants, or any potentially poisonous substance comes in contact with a child's skin, eyes, or hair, brush off any residual material while wearing rubber gloves, if possible. Remove contaminated clothing. Wash skin, eyes, or hair with a large amount of water or mild soap and water. Do not scrub. Call Poison Help for further advice.

If a child is unconscious, becoming drowsy, having convulsions, or having trouble breathing, call 911 or your local emergency number. Bring the poisonous substance (safely contained) with you to the hospital.

### **Fainting**

Check the child's airway and breathing. If necessary, call 911 and begin rescue breathing and CPR.

If vomiting has occurred, turn the child onto one side to prevent choking. Elevate the feet above the level of the heart (about 12 inches).

### **Learn & Practice CPR**

#### **If alone with a child who is choking:**

- SHOUT FOR HELP.
- START RESCUE EFFORTS.
- CALL 911 OR YOUR LOCAL EMERGENCY NUMBER.

#### **Start first aid for choking If:**

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough or talk or looks blue.
- The child is found unconscious/unresponsive.

#### **Do not start first aid for choking if:**

- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

#### **For Infants Younger than 1 Year:**

- **Infant Choking:** If the infant is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911.
  - GIVE 5 BACK BLOWS (SLAPS).
  - ALTERNATING WITH
  - GIVE 5 CHEST COMPRESSIONS.
  - Alternate back blows (slaps) and chest compressions until the object is dislodged or the infant becomes unconscious/unresponsive. If the infant becomes unconscious/unresponsive, begin CPR.
- **Infant CPR:** To be used when the child is UNCONSCIOUS/UNRESPONSIVE or when breathing stops. Place child on flat, hard surface.
  - START CHEST COMPRESSIONS.
    - Place 2 fingers of 1 hand on the breastbone just below the nippleline.
    - Compress chest at least 1/3 the depth of the chest, or about 4cm (1.5inches).
    - After each compression, allow chest to return to normal position. Compress chest at rate of at least 100 times per minute.
    - Do 30 compressions.
  - OPEN AIRWAY.
    - Open airway (head tilt–chin lift).
    - If you see a foreign body, sweep it out with your finger. Do NOT do blind finger sweeps.
  - START RESCUE BREATHING.
    - Take a normal breath.
    - Cover infant's mouth and nose with your mouth.

- Give 2 breaths, each for 1 second. Each breath should make the chest rise.
- RESUME CHEST COMPRESSIONS.
  - Continue with cycles of 30 compressions to 2 breaths.
  - After 5 cycles of compressions and breaths (about 2minutes) and if no one has called 911 or your local emergency number, call it yourself.

**For Children 1 to 8 Years of Age:**

**Child choking (Heimlich Maneuver):** Have someone call 911. If the child is choking and is unable to breathe, cough, cry, or speak, follow these steps.

- Perform Heimlich maneuver.
- Place hand, made into a fist, and cover with other hand just above the navel. Place well below the bottom tip of the breastbone and rib cage.
- Give each thrust with enough force to produce an artificial cough designed to relieve airway obstruction.
- Perform Heimlich maneuver until the object is expelled or the child becomes unconscious/unresponsive.
- If the child becomes UNCONSCIOUS/UNRESPONSIVE, begin CPR.

**Child CPR:** To be used when the infant is UNCONSCIOUS/UNRESPONSIVE or when breathing stops. Place infant on flat, hard surface.

- START CHEST COMPRESSIONS.
  - Place the heel of 1 or 2 hands over the lower half of the sternum.
  - Compress chest at least 1/3 the depth of the chest, or about 5 cm (2 inches).
  - After each compression, allow chest to return to normal position. Compress chest at rate of at least 100 to 120 times per minute.
  - Do 30 compressions.
- OPEN AIRWAY.
  - Open airway (head tilt–chin lift).
  - If you see a foreign body, sweep it out with your finger. Do NOT do blind finger sweeps.
- START RESCUE BREATHING.
  - Take a normal breath.
  - Pinch the child's nose closed, and cover child's mouth with your mouth.
  - Give 2 breaths, each for 1 second. Each breath should make the chest rise.
- RESUME CHEST COMPRESSIONS.
  - Continue with cycles of 30 compressions to 2breaths until the object is expelled.
  - After 5 cycles of compressions and breaths (about 2 minutes) and if no one has called 911 or your local emergency number, call it yourself.

**If at any time an object is coughed up or the infant/child starts to breathe, stop rescue breaths and call 911 or your local emergency number.**

**Ask your pediatrician for information on choking/CPR instructions for children older than 8 years and for information on an approved first aid or CPR course in your community.**

Additional Information from HealthyChildren.org:

- [10 Things for Parents to Know Before Heading to the ER](#)
- [Cuts, Scrapes & Scar Management: Parent FAQs](#)
- [When to Call Emergency Medical Services \(EMS\)](#)
- [Dental Emergencies: What Parents Need to Know](#)

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Source: First Aid (Copyright © 2016 American Academy of Pediatrics)

# Tips for Choosing the Right Pet for Your Family

Are you thinking about bringing a pet into your family?

The American Academy of Pediatrics (AAP) offers some helpful advice and things to keep in mind before choosing on an animal.



## **Before selecting a pet, keep your child's developmental stage in mind.**

- If you are getting a pet as a companion for your child, it is a good idea to wait until she is mature enough to handle and care for the animal—usually around age 5 or 6. Younger children have difficulty distinguishing an animal from a toy, so they may inadvertently provoke a [bite](#) through teasing or mistreatment.
- If your child is developmentally ready, discuss the needs of the animal and everything that is involved in caring for it first. Books on pet care from the library can help your child understand the responsibility. Visit a friend or extended family member who has a pet and allow your child to see firsthand what the care of a pet involves.

## **Some pets have easygoing temperaments conducive to being around children.**

- Dogs such as retrievers and beagles tend to be gentle with kids. Other breeds, such as boxers, German shepherds, pit bulls and Doberman pinschers, and miniature French poodles, may be more unpredictable. Keep the animal's characteristics in mind when selecting a pet.

## **What about allergies?**

- The dander (shed skin cells, hairs, and feathers) of some animals can evoke [allergic symptoms](#) in certain children. If your child has allergies (eczema, hay fever, [asthma](#)) or your family has a strong history of allergic disorders, bringing a pet into the house may not be a good idea. Ask your pediatrician or a local veterinarian for advice.

## **What about disease?**

- Almost every type of pet is a potential source of disease that can infect your child. All reptiles, for example, can carry and transmit salmonella bacteria that can cause serious diarrhea. However, as long as your child practices reasonable hygiene, especially hand washing after playing with a pet and before eating, they should be safe.

## **Know how much time your family has to care for a pet.**

- Some pets, like [dogs](#) or [cats](#), require daily attention. They must be fed, groomed, cleaned up after, and exercised. Others pets like fish, turtles, [birds](#), guinea pigs, and [hamsters](#), demand minimal care—and may be a good choice for a younger child who needs to learn about what is involved in having a pet or busy families with less time. A goldfish requires feeding only every two to three days with its water changed only periodically. A dog cannot be neglected for even a one day.

### **Is it better to get a younger or older pet first?**

- Look for a pet with a gentle disposition. An older animal is often a good choice for a child, because a puppy or kitten may bite out of sheer friskiness. Avoid older pets raised in a home without children, however.
- Buy pets only from reputable breeders and shelters. Otherwise you increase the risk of purchasing an ill or diseased animal and endangering your child and yourself.

### **Precautions to prevent animal bites:**

Although most animals are friendly, some can be dangerous. More than any other age group, children between the ages of 5 and 9 are the victims of animal bites—about 5% of all children this age are bitten by an animal every year. Children ages 9 to 14 are next in line as the most frequent victims of animal bites.

As a parent, you have ultimate responsibility for your child's safety around any animal—including your own pets, neighborhood pets, and wild animals. Here are some suggestions to talk over with your child.

- Do not tease or abuse an animal. Treat your pet humanely so it will enjoy human company. Don't, for example, tie a dog on a short rope or chain, since extreme confinement may make it anxious and aggressive. Don't allow your child to tease your pet by pulling its tail or taking away a toy or a bone. Make sure she doesn't disturb the animal when it's sleeping or eating.
  - Purposeful maltreatment of an animal is a cause for concern and should be discussed with your child's pediatrician. If your child continues to tease animals after you have talked about it with her and make it clear to her that this is unkind as well as dangerous, your child may benefit from the counseling of your pediatrician or a mental health professional.
- Never leave a young child alone with an animal. Many bites occur during periods of playful roughhousing, because the child doesn't realize when the animal gets overexcited. Incidents are rare in which a dog, for example, aggressively attacks when unprovoked. Teach your child not to put her face close to an animal.
- Find out which neighbors have pets. Have your child meet pets with which she's likely to have contact. Teach your child how to greet a dog: The child should stand still while the dog sniffs her; then she can slowly extend her hand to pet the animal.
- Never pet an unfamiliar dog or cat. Warn your child to stay away from yards in which dogs seem high-strung or unfriendly. Teach older children the signs of an unsafe dog: rigid body, stiff tail at "half mast," hysterical barking, crouched position, staring expression. Also, be cautious about touching puppies or kittens within view of their mother.
- Stand still if you are approached or chased by a strange animal. Tell your child not to run, ride her bicycle, kick, or make threatening gestures. Refrain from making direct eye contact, slowly back away, and avoid sudden movements while keeping the dog within view. If your child is riding his bike and is being chased by a dog, he should not try to pedal quickly away from it. Rather, he should stop the bike and dismount from it so that the bike is between him and the dog. Before long, the animal may lose interest in a non-moving "target."
- Teach your child to avoid all undomesticated animals. Wild animals can carry very serious diseases that may be transmitted to humans. Fortunately, most wild animals come out only at night and tend to shy away from humans. Avoid contact with rodents and other wild animals.

(raccoons, skunks, foxes) that can carry diseases ranging from [hantavirus](#) to plague, from [toxoplasmosis](#) to rabies. A wild animal that is found in your yard or neighborhood during the daylight hours might have an infectious disease like rabies, and you should contact the local health authorities.

- To avoid bites by wild creatures: Notify the health department whenever you see an animal that seems sick or injured, or one that is acting strangely. Don't try to catch the animal or pick it up.
- If your child is bitten by a pet or other animal: Do not ignore the wound. Infections can occur—more often from cat bites than dog bites. Be sure any dogs or cats you own are fully immunized against [rabies](#) to protect both your pet and your family. Bites by wild animals should be examined promptly by your pediatrician, and public health recommendations about treatment to prevent rabies should be followed. Often the psychological harm associated with an animal bite is at least as serious as the physical wound itself. Once bitten—or even snapped at or growled at by a dog—a child may develop a lifetime fear of all dogs and other animals.

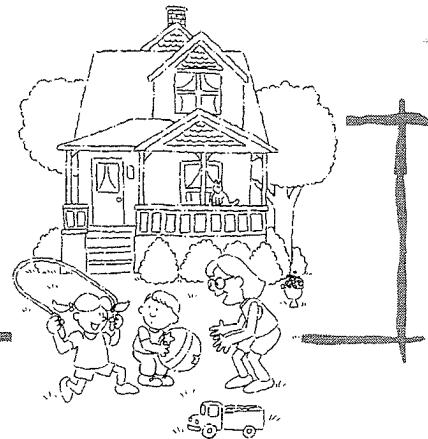
#### **Additional Information:**

- [Dog Bite Prevention Tips](#)
- [AAP Allergy Tips](#)

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# Your Child and the Environment



Environmental dangers are everywhere. Most of these dangers are more harmful to children than adults. However, there are things you can do to reduce your child's contact with them. Read more to learn about how to protect your family from environmental dangers.

## Where children live

Air pollution is not just a problem outside. There can be things in the air inside your home that can harm your child. There can also be hazards found in the dust and dirt in or around your home and yard. The following are examples of hazards found where children live:

### Asbestos

Asbestos is a natural fiber that was often used for fireproofing, insulating, and soundproofing between the 1940s and 1970s. Asbestos is only dangerous when it becomes crumbly. If that happens, asbestos fibers get into the air and are breathed into the lungs. Breathing in these fibers can cause chronic health problems, including a rare form of lung cancer. Asbestos can still be found in some older homes, often as insulation around pipes. Schools are required by law to remove asbestos or make sure that children are not exposed to it.

#### What you can do

- ✓ Don't allow children to play near exposed or crumbling materials that may contain asbestos.
- ✓ If you think there is asbestos in your home, have an expert look at it.
- ✓ If your home has asbestos, use a certified contractor to help solve the problem. You could have more problems if the asbestos isn't contained or removed safely.

### Carbon monoxide

Carbon monoxide (CO) is a toxic gas that has no taste, no color, and no odor. It comes from appliances or heaters that burn gas, oil, wood, propane, or kerosene. Carbon monoxide poisoning is very dangerous. If left unchecked, exposure to CO can lead to memory loss, personality changes, brain damage, and death.

#### What you can do

- ✓ Call the Poison Help number at 1-800-222-1222 if you suspect CO poisoning.
- ✓ See your doctor right away if everyone in your house has flu-like symptoms (headache, fatigue, nausea) at the same time, especially if the symptoms go away when you leave the house.
- ✓ Put CO detectors on each floor in your home.
- ✓ Never leave a car running in an attached garage, even if the garage door is open.
- ✓ Never use a charcoal grill inside the home or in a closed space.
- ✓ Have furnaces; woodstoves; fireplaces; and gas-fired water heaters, ovens, ranges, and clothes dryers checked and serviced each year.
- ✓ Never use a gas oven to heat your home.

### Household products

Many cleaning products give off dangerous fumes or leave residues. These products can be harmful if they are not thrown out properly (for example, if they are left in the garage).

#### What you can do

- ✓ Only use these products when needed.
- ✓ Always have enough ventilation when using these products.
- ✓ Store them in a safe place.
- ✓ Bring empty containers to your local hazardous waste disposal center.

### Lead

Lead is one of the most serious environmental problems to children. Your child can get lead in her body if she swallows lead dust, breathes lead vapors, or eats soil or paint chips that have lead in them. Lead poisoning can cause learning disabilities, behavioral problems, anemia, or damage to the brain and kidneys.

Lead is most often found in

- Paint that is on the inside and outside of homes built before 1978
- Dust and paint chips from old paint
- Soil that has lead in it (particularly around older homes or by businesses that used lead)
- Hobby materials such as paints, solders, fishing weights, and buckshot
- Food stored in certain ceramic dishes (especially if dishes were made in another country)
- Older painted toys and furniture such as cribs
- Tap water, especially in homes that have lead solder on pipes
- Mini-blinds manufactured outside the United States before July 1997

A child who has high lead levels may not look or act sick. The only way to know if your child has lead in her body is with a blood test.

#### What you can do

If your home was built before 1978, test the paint for lead. If lead paint is found, get expert advice on how to repair it safely. Unsafe repairs can increase your child's risk for exposure to lead.

- ✓ Don't scrape or sand paint that may have lead in it.
- ✓ Clean painted areas with soap and water and cover peeling, flaking, or chipping paint with new paint, duct tape, or contact paper.
- ✓ Make sure painted areas are repaired before putting cribs, playpens, beds, or high chairs next to them.
- ✓ Check with your health department to see if the water in your area contains lead.
- ✓ Always use cold water for mixing formula, cooking, and drinking. Run the water for 1 to 2 minutes before each use.
- ✓ Ask your pediatrician if your child needs a lead test. A blood test is the only accurate way to test for lead poisoning.
- ✓ Encourage your child to wash his hands often, especially before eating.
- ✓ Give your child a healthy diet with the right amounts of iron and calcium.
- ✓ Before moving into a home or apartment, check for possible lead problems.
- ✓ Never live in an old house while it's being renovated.

## Molds

Molds grow almost anywhere and can be found in any part of a home. Common places where molds grow include the following:

- Damp basements
- Closets
- Showers and tubs
- Refrigerators
- Air conditioners and humidifiers
- Garbage pails
- Mattresses
- Carpets (especially if wet)

Children who live in moldy places are more likely to develop allergies, asthma, and other health problems.

### What you can do

- ✓ Keep the surfaces in your home dry.
- ✓ Throw away wet carpets that can't be dried.
- ✓ Keep air conditioners and humidifiers clean and in good working order.
- ✓ Use exhaust fans in the kitchen and the bathroom to help keep the air dry.
- ✓ Avoid using items that are likely to get moldy, like foam rubber pillows and mattresses.

## From-the-job hazards

From-the-job hazards brought into the home can be dangerous to children. This can happen when parents who work with harmful chemicals bring them into the home on their skin, hair, clothes, or shoes. People who work in the following places are most at risk:

- Painting and construction sites
- Car body or repair shops
- Car battery and radiator factories
- Shipyards

### What you can do

- ✓ Find out if you or any adult in your home is exposed to lead, asbestos, mercury, or chemicals at work.
- ✓ If so, shower and change before coming home.
- ✓ Wash work clothes separately from other laundry.

## Radon

Radon is a gas that can be found in water, building materials, and natural gas. It has no taste, no color, and no odor. Radon can seep into a home through cracks in the foundation, floors, and walls. High levels of radon have been found in homes in many parts of the United States. Breathing in radon doesn't cause health problems at first. However, over time it can increase your risk of lung cancer. Radon is believed to be the second most common cause of lung cancer (after smoking) in the United States.

### WHAT YOU CAN DO

- ✓ Check with your health department to see if radon levels are high in your area.
- ✓ Test your home for radon. Home radon tests don't cost much and are easy to use. The results can be analyzed by a certified laboratory. You can't test yourself or your child for radon exposure.

## Secondhand smoke

Secondhand smoke is also called environmental tobacco smoke (ETS). This is the smoke breathed out by a smoker or from the tip of a burning cigarette, pipe, or cigar. Children are exposed to secondhand smoke any time they are around

someone smoking a cigarette, pipe, or cigar. The chemicals in secondhand smoke can cause cancer. In fact, secondhand smoke has been linked to 3,000 lung cancer deaths each year in people who don't even smoke!

### What you can do

- ✓ If you are a smoker, get help so you can quit! (Children whose parents smoke are more likely to try smoking than those whose parents give clear messages that smoking is not healthy.)
- ✓ Remove your children from places where smoking is allowed, even if no one is smoking while you are there.
- ✓ Make your home and car smoke-free.

## What children eat and drink

### Drinking water

Children drink 5 to 10 times more water for their size than adults. Most of this water is tap water. Tap water in most areas is protected by law. However, small water supplies, such as from private wells, are not.

Many people use bottled water because they think it's better than tap water. Some brands are better. However, other brands may only be tap water that's bottled and sold separately. Bottled water costs a lot more than tap water, but may be needed in some areas. Children need fluoride for good dental health. Only some brands of bottled water have fluoride, so read the labels.

Some of the things in drinking water that can make children sick include the following:

- Germs
- Nitrates
- Heavy metals
- Chlorine
- Radioactive particles
- By-products from cleaning products

The quality of water in the United States is among the best in the world, but problems do happen. County health departments and state environmental agencies are the best sources of information about the water where you live.

### What you can do

- ✓ Find out where your water comes from. If you are on a municipal water supply, the water company must tell you what is in the water. If your water is not regulated or you have a well, have it tested each year.
- ✓ Always drink and cook with cold water. Contaminants can build up in water heaters.
- ✓ If you are not sure of your plumbing, run the water for 1 to 2 minutes each morning before you drink or cook with water. This flushes the pipes and reduces the chances of a contaminant getting into your water. In some areas more time is needed to flush water through the pipes. Ask your pediatrician or health department about recommendations specific to your area.
- ✓ If you have well water and a baby younger than 1 year, have your water tested for nitrates *before* giving it to your baby. Breastfeeding, using ready-to-feed formula, or using bottled water with powdered formula is wise until you know if your water is safe. If you have questions, call your local health department.
- ✓ If you think your water may have germs, you can kill most of them by boiling the water and cooling it before use. Do not boil water for longer than 1 minute. This can cause a buildup of toxins and metals in the water. Water filters installed on faucets or pitchers that have built-in filters may also help remove harmful contaminants from tap water.

## Mercury

Mercury that gets into oceans, lakes, rivers, and ponds can get into the fish we eat. Mercury can also be found in many other places. Because mercury can be toxic, especially in large doses, every effort should be made to reduce exposure to children and pregnant women.

### What you can do

- ✓ Don't eat shark, swordfish, king mackerel, or tilefish because they contain high levels of mercury. Also, limit your child's intake of canned light tuna, shrimp, pollock, salmon, cod, catfish, clams, flatfish, crabs, and scallops to 2 meals per week. Albacore (white) tuna should be limited to 1 meal per week. Pregnant or nursing women should also limit the amount of these fish they eat.
- ✓ Check with local advisories about the safety of fish caught in your area. If no advice is available, only give your child up to 1 meal per week of fish from your local waters.
- ✓ Remove mercury thermometers from your home. See if your community has a thermometer exchange program for the proper disposal of these thermometers.
- ✓ The material traditionally used to fill dental cavities contains small amounts of mercury. There is no scientific proof that this is dangerous to children. However, if this worries you, talk to your dentist about other treatment options.
- ✓ Talk with your pediatrician if your family uses mercury in folk remedies or in cultural traditions (such as Santeria [religion originating in Cuba]).

To do their part, drug companies have stopped using mercury as a preservative in vaccines (even though it was used only in very small amounts). All vaccines for children, except some influenza (flu) vaccine and Td (tetanus-diphtheria-containing) vaccines, are now free of mercury.

## Pesticides

Pesticides are chemicals used to kill insects, weeds, and fungi. Many are toxic to the environment and to people. Too much exposure to pesticides can cause a wide range of health problems.

### What you can do

- ✓ Wash all fruits and vegetables with water.
- ✓ Buy fruits and vegetables that are in season because they are less likely to be heavily sprayed.
- ✓ If possible, eat foods that are grown without the use of chemical pesticides.
- ✓ Use nonchemical pest control methods in your home and garden.
- ✓ Keep all pesticides out of children's reach to avoid accidental poisoning.
- ✓ Tell neighbors before you spray outdoors.

## Are electric and magnetic fields safe?

All electric appliances like microwaves, computers, and TVs produce electric and magnetic fields (EMFs) when they are used. There is some concern that exposure to these fields may cause health problems, including cancer. However, more research is needed and a definite link between cancer and EMFs has not been made.

Until more is known about EMFs, reduce your child's exposure by

- Keeping your child away from microwaves while they are in use
- Having your child sit at least 3 feet from the TV screen
- Moving electric clocks, radios, and baby monitors away from your child's bed
- Not using electric bedding (blankets, mattress pads, heating pads, and waterbed heaters)

## Where children play

### Art supplies

Art supplies can cause health problems in children who use them. While older children can usually use these products safely, most younger children and some children with disabilities cannot. Harmful art supplies can include the following:

- Rubber cement
- Permanent felt-tip markers
- Pottery glazes
- Enamels
- Spray fixatives
- Prepackaged papier-mâché

### What you can do

- ✓ Use only nontoxic art supplies.
- ✓ Read and follow all instructions carefully.
- ✓ Always use products in a well-ventilated room.
- ✓ Look for the ACMI (Art & Creative Materials Institute Inc.) nontoxic seal or other information on the label that says the product is safe for children.
- ✓ Talk with your school to make sure only safe art supplies are being used.

### Insect repellent

Most insect repellents include a chemical called DEET (diethyltoluamide). This chemical is absorbed into the skin and can harm children.

### What you can do

- ✓ Choose an insect repellent that is made for children. Make sure the brand you choose has no more than 30% DEET for infants older than 2 months and older children. Do not use DEET products on infants younger than 2 months.
- ✓ Apply insect repellent to clothing when possible, rather than directly on the skin.

### Lawn and garden fertilizers

Lawn and garden fertilizers can be harmful if children come in contact with them while playing in the yard. Many of these products are made with chemicals (pesticides) that are known to cause health problems, especially in children.

### What you can do

- ✓ Use these chemicals only when needed.
- ✓ Read and follow the instructions carefully.
- ✓ Keep your child off a treated lawn until it has been watered twice and the odor of the chemicals is gone.

### Ozone

Ozone is colorless gas found in the air and is harmful the closer it gets to the ground. Ozone levels are highest in summer, in the late afternoon. Ozone pollution can cause breathing problems in children with asthma.

### What you can do

- ✓ Keep your child indoors as much as you can when there's a health advisory or smog alert.
- ✓ Take public transportation, carpool, walk, or ride a bike instead of driving when you can, or buy a fuel-economic car. This will help reduce the amount of air pollution caused by cars.

### Sun

The sun is the main cause of skin cancer in the United States. Children's skin can burn easily. Sunburns can be very painful and can cause a child to become sick. The sun's rays can also damage the eyes.

## What you can do

- ✓ Keep babies younger than 6 months out of direct sunlight.
- ✓ Choose a sunscreen made for children with a sun protection factor (SPF) of at least 15.
- ✓ Use hats and sunglasses to protect your child's head and eyes from the sun.
- ✓ Try to keep your child in the shade between 10:00 am and 4:00 pm. This is when the sun's rays are strongest.
- ✓ Dress your child in lightweight clothing that covers as much of the body as possible.

## To learn more

### Agency for Toxic Substances and Disease Registry

800/232-4636

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

### American Lung Association

800/LUNGUSA (800/586-4872)

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

### Environmental Protection Agency

202/272-0167

[www.epa.gov](http://www.epa.gov)

### Food and Drug Administration

888/INFO-FDA (888/463-6332)

[www.fda.gov](http://www.fda.gov)

### Health Resources and Services Administration Posion Control Program

[www.poisonhelp.hrsa.gov](http://www.poisonhelp.hrsa.gov)

### National Coalition Against the Misuse of Pesticides

202/543-5450

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

### National Pesticide Information Center

800/858-7378

[www.npic.orst.edu](http://www.npic.orst.edu)

## Remember

Whether it is inside or outside, children love to explore their environment. This natural curiosity is an important way for children to learn. Be aware of the possible dangers that your child may face. Keep in mind that not all environmental dangers can be avoided completely, and do what you can to reduce your child's exposure.

## Hotlines

### EMF InfoLine

800/363-2383

### National Lead Information Center

800/424-LEAD (800/424-5323)

### National Radon Hotline

800/SOS-RADON (800/767-7236)

### Poison Help

1-800-222-1222

### Safe Drinking Water Hotline

800/426-4791

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.

From your doctor

American Academy  
of Pediatrics



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American Academy of Pediatrics

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

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# Water Safety for Your School-aged Child



## Water Safety for Your School-aged Child

Swimming and playing in water can give your child much pleasure and good exercise. But you must take steps to prevent your child from drowning.

- Never let your child swim in any body of water without an adult watching.
- Be sure the adult watching your child knows how to swim, get emergency help, and perform CPR.
- Keep a life preserver and shepherd's hook in the pool area to help pull a child to the edge of the pool when necessary.
- Teach your child safety rules and make sure they are obeyed.
  - Never swim alone.
  - Never dive into water except when permitted by an adult who knows the depth of the water and who has checked for underwater objects.
  - Always use a life jacket when on a boat, fishing, or playing in a river or stream.
- Caution your child about the risks of drowning during the winter by falling through thin ice.
- Don't let young children and children who cannot swim use inflatable toys or mattresses in water that is above the waist.
- Watch children closely when they are playing near standing water, wells, open post holes, or irrigation or drainage ditches.
- Teach your child to swim once he or she is ready (usually around 5 years old).

From Your Doctor

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

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# **Sun Safety: Information for Parents About Sunburn & Sunscreen**

It's good for children and adults to spend time playing and exercising outdoors, and it's important to do so safely.

## **Simple Rules to Protect your Family from Sunburns**

- Keep babies younger than 6 months out of direct sunlight. Find shade under a tree, an umbrella, or the stroller canopy.
- When possible, dress yourself and your children in cool, comfortable clothing that covers the body, such as lightweight cotton pants, long-sleeved shirts, and hats.
- Select clothes made with a tight weave; they protect better than clothes with a looser weave. If you're not sure how tight a fabric's weave is, hold it up to see how much light shines through. The less light, the better. Or you can look for protective clothing labeled with an Ultraviolet Protection Factor (UPF).
- Wear a hat with an all-around 3-inch brim to shield the face, ears, and back of the neck.
- Limit your sun exposure between 10:00 am and 4:00 pm when UV rays are strongest.
- Wear sunglasses with at least 99% UV protection. Look for child-sized sunglasses with UV protection for your child.
- Use sunscreen.
- Make sure everyone in your family knows how to protect his or her skin and eyes. Remember to set a good example by practicing sun safety yourself.



## **Sunscreen**

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

## **How to Pick Sunscreen**

- Use a sunscreen that says "broad-spectrum" on the label; that means it will screen out both UVB and UVA rays.
- Use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15 (up to SPF 50). An SPF of 15 or 30 should be fine for most people. More research studies are needed to test if sunscreen with more than SPF 50 offers any extra protection.
- If possible, avoid the sunscreen ingredient oxybenzone because of concerns about mild hormonal properties. Remember, though, that it's important to take steps to prevent sunburn, so using any sunscreen is better than not using sunscreen at all.
- For sensitive areas of the body, such as the nose, cheeks, tops of the ears, and shoulders, choose a sunscreen with zinc oxide or titanium dioxide. These products may stay visible on the skin even after you rub them in, and some come in fun colors that children enjoy.

## How to Apply Sunscreen

- Use enough sunscreen to cover all exposed areas, especially the face, nose, ears, feet, hands, and even backs of the knees. Rub it in well.
- Put sunscreen on 15 to 30 minutes before going outdoors. It needs time to absorb into the skin.
- Use sunscreen any time you or your child spend time outdoors. Remember that you can get sunburn even on cloudy days because up to 80% of the sun's UV rays can get through the clouds. Also, UV rays can bounce back from water, sand, snow, and concrete, so make sure you're protected.
- Reapply sunscreen every 2 hours and after swimming, sweating, or drying off with a towel. Because most people use too little sunscreen, make sure to apply a generous amount.

## Sunscreen for Babies

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

## Sunburns

### When to Call the Doctor

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

## How to Soothe Sunburn

### Here are 5 ways to relieve discomfort from mild sunburn:

- Give your child water or 100% fruit juice to replace lost fluids.
- Use cool water to help your child's skin feel better.
- Give your child pain medicine to relieve painful sunburns. (For a baby 6 months or younger, give acetaminophen. For a child older than 6 months, give either acetaminophen or ibuprofen.)
- Only use medicated lotions if your child's doctor says it is OK.
- Keep your child out of the sun until the sunburn is fully healed.

## Additional Information

- Baby Sunburn Prevention
- Teens and Sun: Keeping Them Safe Without Ruining Their Fun
- Sunburn: Treatment and Prevention
- Teens & Tanning: Safety Information for Parents
- Preventing Skin Cancer (Audio)
- Ultraviolet Radiation: a Hazard to Children and Adolescents (AAP Policy Statement)

Last Updated: 4/1/2014

Source: Fun in the Sun: Keep Your Family Safe (Copyright © 2008 American Academy of Pediatrics, Updated 4/2014)

## Booster Seats for School-Aged Children

Booster seats are for older children who have outgrown their forward-facing seats. All children whose weight or height exceeds the forward-facing limit for their car seat should use a belt-positioning booster seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are 8 through 12 years of age. **Most children will not fit in most vehicle seatbelts without a booster until 10 to 11 years of age. All children younger than 13 should ride in the back seat.**



Instructions that come with your car seat will tell you the height and weight limits for the seat. **As a general guideline, a child has outgrown a forward-facing seat when any of the following situations is true:**

- He reaches the top weight or height allowed for his seat with a harness. (These limits are listed on the seat and also included in the instruction booklet).
- His shoulders are above the top harness slots.
- The tops of his ears have reached the top of the seat.

### Types of Booster Seats:

**High-back and backless** are **2 standard types of booster seats**. They do not come with harness straps but are used with lap and shoulder seat belts in your vehicle, the same way an adult rides. They are designed to raise a child up so that lap and shoulder seat belts fit properly over the strongest parts of the child's body.

Most booster seats are not secured to the vehicle seat with the seat belt or lower anchor and tether but simply rest on the vehicle seat and are held in place once the seat belt is fastened over a child. However, some models of booster seats can be secured to the vehicle seat and kept in place using the lower anchors or top tether. (Currently, only a few vehicle manufacturers offer built-in booster seats.)

### Installation Tips for Booster Seats:

When using a booster seat, always read the vehicle owner's manual and the car seat manual before installing the seat. Booster seats often have a plastic clip or guide to correctly position vehicle lap and shoulder belts. See the booster seat instruction booklet for directions on how to use the clip or guide.

### Booster seats must be used with a lap and shoulder belt. When using a booster seat, make sure:

- The lap belt lies low and snug across your child's upper thighs.
- The shoulder belt crosses the middle of your child's chest and shoulder and is off the neck.

If your booster seat has lower anchors or top-tether attachments, check its booklet for installation instructions.

### How to Use a Booster Seat - Video: [www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Booster-Seats-for-School-Aged-Children.aspx](http://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Booster-Seats-for-School-Aged-Children.aspx)

In this video, Benjamin Hoffman, MD, FAAP, a pediatrician and certified car seat technician, guides parents on how to properly use and install booster seats in your vehicle. Booster seats should be used

until your child can correctly fit in the adult lap and shoulder seat belts, typically when they are around 4 feet 9 inches in height and 8 to 12 years old.

### **Common Questions about Booster Seats:**

#### **What if my car has only lap belts in the back seat?**

- Lap belts work fine with rear-facing-only, convertible, and forward-facing seats but can never be used with a booster seat. If your car has only lap belts, use a forward-facing seat that has a harness and higher weight limits. You could also:
  - Check to see if shoulder belts can be installed in your vehicle.
  - Use a travel vest (some can be used with lap belts).
  - Consider buying another car with lap and shoulder belts in the back seat.

#### **What is the difference between high-back and backless boosters?**

- Both types of boosters are designed to raise your child so seat belts fit properly, and both will reduce your child's risk of injury in a crash. High-back boosters should be used in vehicles without head rests or with low seat backs. Many seats that look like high-back boosters are actually combination seats. They come with harnesses that can be used for smaller children and, later, removed for older children. Backless boosters are usually less expensive and are easier to move from one vehicle to another. Backless boosters can be used safely in vehicles with headrests and high seat backs.

#### **Additional Information from [HealthyChildren.org](http://HealthyChildren.org):**

- [Forward-Facing Car Seats for Toddlers & Preschoolers](#)
- [Car Seats: Product Listing](#)
- [Seat Belts for Older Children & Adults](#)

Last Updated: 7/18/2017

Source: Car Safety Seats: A Guide for Families 2017 (Copyright © 2017 American Academy of Pediatrics)

## **Safety on The Way To School**

School safety begins before children arrive at school, and it doesn't end until they arrive safely back home.

"Congress said back in 1974 that school transportation should be held to the highest level of safety," says Phyllis F. Agran, M.D., MPH, FAAP, lead author of the American Academy of Pediatrics' newly updated policy on school transportation safety. "It is very important that parents, pediatricians, and school districts work together to ensure that all children can get to school safely."



One fact adds some urgency to that need: 815 students die annually and 152,250 are injured during regular travel between school and home, figures that do not include special activity trips and other school-related journeys.

But what steps can parents take to make sure the journey is a safe one for a student? A good place to start is to consider how your child gets to school — from the moment she walks out the front door of your home to the moment she sets foot inside the front door of her school and vice versa on the way home. Even children who live within walking or biking distance of school need to learn how to avoid hazards along the way, whether on foot or in the bicycle seat.

Many children take the school bus to school. What may come as more of a surprise is that this has been shown to be the safest way to get to school. That's not to say that there aren't important steps to take to make sure your kids stay safe while boarding, leaving, or riding the bus.

Of course, students who take a car to school — as passengers or, even more so, as drivers — face the common dangers of the American road. Teen drivers, in particular, cause a disproportionately large number of crashes across the country each year. Regardless of how the students in your home get to school, there are steps you should take to help them make their safety their priority, whether coming or going.

### **The Bus**

Of all the vehicles that travel on our nation's highways, none are safer than the school bus, according to the National Highway Traffic Safety Administration (NHTSA). But that doesn't mean school buses don't have risks all their own.

The most dangerous part of the school bus ride for a student is not actually the time spent on the bus, but getting on and off the bus, reports NHTSA. This "danger zone" accounts for about three times as many school bus-related deaths as the ride itself does, even though there are more non-fatal injuries during the ride than there are during the loading and unloading of students.

These serious injuries and fatalities during loading and unloading can occur when children:

- Are in a hurry getting on and off the bus
- Don't pay attention to surrounding traffic
- Move out of the bus driver's sight

To avoid these potential dangers, you should teach your child to make safe habits a priority by teaching them to take the following simple yet potentially life-saving precautions:

- Walk to and from the bus stop with a friend or family member.
- Get to the bus stop five minutes early, so you don't have to hurry.
- Never move toward the bus until it has come to a complete stop, the door has opened, and its safety lights are flashing.
- Never cross a street without checking both ways for traffic, looking left, then right, then left again.
- Always stay within the bus driver's view.
- Walk in front of the bus only.
- If you drop something near the bus, tell the driver. Don't try to pick it up until the driver knows you've dropped something.
- Never move around on the bus. Take a seat and stay there. If the bus has seat belts, always wear one.
- Obey the driver, and speak quietly so the driver can concentrate.
- Never stick anything out of a bus window.

### **On Foot**

For children who live close enough to walk to school, going on foot offers some real benefits. At a time when childhood obesity (and the serious diseases linked with obesity) is at an epidemic level, walking to school helps to ensure that children regularly get some form of exercise on a daily basis. Indeed, walking to school can become a healthy activity parents can share with their children, time permitting.

"Communities need to look at their local areas and see what issues are keeping kids from walking to school, where that's feasible," Agran says. "We're looking at the first generation of children in the U.S. who aren't expected to outlive their parents because of obesity-related illnesses. Walking is a great way to combat this epidemic, but it must be done safely."

Make sure your child has a safe route before allowing him to walk to school. Also:

- Consider whether your child has the skills necessary to walk safely to school. Can he stay alert to the dangers of traffic? Can she stay focused on getting to school without getting distracted and delayed?
- Walk the route yourself before taking your child along. Be sure that the route she will take offers good visibility, is relatively free of hazards, has plenty of pedestrian room at a safe distance from traffic, and involves no dangerous crossings.
- Make sure there are well-trained crossing guards at every intersection your child must cross.
- Consider available daylight when your child will be walking. Regardless of visibility, be sure your child is wearing brightly colored clothing.
- If extremely hot or cold weather or bad weather conditions are a concern, have a backup transportation plan. For hot days, pack a water bottle for your child to take with him. For cold days, make sure she's wearing warm clothing.
- See if there are other neighborhood children your child can walk with. There is safety in numbers.

## **By Bicycle**

As with walking, riding a bicycle to school offers wonderful health benefits for your child. Cycling to school is another way that you can share the trip to school and good exercise with your child, as well.

In addition to being exposed to traffic, bicycles present some specific safety concerns. But taking basic safety steps can help lessen the risks that bicycles present to students who ride them to school.

- A bicycle helmet is a must. Make sure your child always wears one to ride a bicycle, no matter how short the ride may be. The helmet should be approved by the Consumer Product Safety Commission.
- Brightly colored clothing helps drivers see cyclists more clearly. Be sure your child's clothing makes her more visible.
- Children should only be allowed to ride when there is plenty of daylight. Riding at dusk or at night should never be allowed.
- Young children (up to age 9) should only ride with adult supervision, and never on the street.
- Use your judgment about allowing older children to ride in traffic, depending on how heavy road traffic is where they'll be riding; how mature the children are; and how able they are to follow the rules of the road.
- All bicycle riders should follow the basic rules of the road: Ride with traffic.
  - Stop and look both ways before entering the street.
  - Stop at all intersections, whether marked or unmarked.
  - Before turning, use hand signals and look in every direction.
- Teach your children to check their bike's condition on a routine basis. Tires, brakes, and seat and handlebar height should be checked annually.

## **In a Vehicle**

Many teens drive to school or ride along with a sibling or peer who does. This is by far the riskiest way to get to school. Teens driving other teens account for 55 percent of school travel-related deaths and 51 percent of injuries, according to figures from the National Research Council. Agran is blunt about teens driving teens: "This is the least safe option, and it is important for parents to put strong restrictions in place," she says. At least, parents should take care to decide how appropriate this is for each adolescent, mindful of the risks involved with teen drivers.

That said, many parents opt to drive their children to school. Taking the time to be a safe driver is all the more important when children are in the vehicle, especially during the morning and evening rush hours, when traffic is often at its heaviest. Here are more helpful tips:

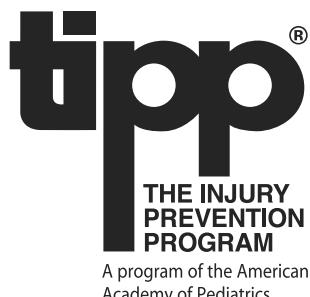
- If your state has a graduated driver's license (GDL) law, find out what it is and be sure your teen is obeying the law.
- Discourage your teen from driving other teens to school, or riding with a teen driver, especially in the first six months after licensure even if your state licensing laws allow this. After six months your teen may be ready to start driving with one passenger.
- Insist on seatbelt use at all times. No exceptions.
- Be clear with your child about your policies for safe driving, and make sure you model those policies yourself. Keeping distractions (loud music, cell phones, conversation, food and drink) to a minimum is a must.

- Consider creating a written agreement with your teen about the rules of safe driving, and be clear and firm about enforcing it. (See sample contract as part of the AAP [Teen Driver statement](#)).
- If you're driving children to school, be sure to follow safe practices for your young passengers:
  - All passengers should wear seat belts, or the age- and size-appropriate car safety seat or booster seat.
  - All children under 13 years of age should ride in the rear seats.

Last Updated: 11/21/2015

Source: Healthy Children Magazine, Back to School 2007

# Bicycle Safety: Myths and Facts



## Bicycle Safety: Myths and Facts

Learning to ride a bike is a developmental milestone in the life of a child. The bicycle, a child's first vehicle, is a source of pride and a symbol of independence and freedom. Yet all too often children are seriously injured, or even killed, when they fail to follow basic bicycle safety rules. The following is a list of common bicycle safety myths, coupled with the correct information you need to teach your children about safe bike riding. These facts will help you and your children make every bike ride safe.

**Myth:** My child doesn't need to wear a helmet on short rides around the neighborhood.

**Fact:** Your child needs to wear a helmet on every bike ride, no matter how short or how close to home. Many accidents happen in driveways, on sidewalks, and on bike paths, not just on streets. In fact, most bike crashes happen near home. A helmet protects your child from serious injury, and should always be worn. And remember, wearing a helmet at all times helps children develop the helmet habit.

**Myth:** A football helmet will work just as well as a bicycle helmet.

**Fact:** Only a bicycle helmet is made specifically to protect the head from any fall that may occur while biking. Other helmets or hard hats are made to protect the head from other types of injury. Never allow your child to wear another type of helmet when riding a bike, unless it is a multisport helmet certified for bicycle use by the Consumer Product Safety Commission (CPSC).

**Myth:** I need to buy a bicycle for my child to grow into.

**Fact:** Oversized bikes are especially dangerous. Your child does not have the skills and coordination needed to handle a bigger bike and may lose control. Your child should be able to sit on the seat, with hands on the handlebars, and place the balls of both feet on the ground. Your child's first bike should also be equipped with footbrakes because your child's hand muscles and coordination are not mature enough to control hand brakes.

**Myth:** It's safer for my child to ride facing traffic.

**Fact:** Your child should always ride on the right, with traffic. Riding against traffic confuses or surprises drivers. Almost one fourth of bicycle-car collisions result from bicyclists riding against traffic.

**Myth:** Children shouldn't use hand signals, because signaling may cause them to lose control of their bikes.

**Fact:** Hand signals are an important part of the "Rules of the Road" and should be taught to all children before they begin to ride in the street. They are an important communication link between cyclists and motorists. Any child who does not have the skills necessary to use hand signals without falling or swerving shouldn't be riding in the street. Many crashes involving older children occur when they fail to signal motorists as to their intended actions.

(over)

American Academy of Pediatrics

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**Myth:** Bike reflectors and a reflective vest will make it safe for my child to ride at night.

**Fact:** It's never safe for your child to ride a bike at night. Night riding requires special skills and special equipment. Few youngsters are equipped with either. Never allow your child to ride at dusk or after dark.

**Myth:** I don't need to teach my child all of this bicycle safety stuff. I was never injured as a child. Biking is just meant to be fun.

**Fact:** Riding a bike is fun — if it's done safely. Unfortunately, most people don't realize hundreds of thousands of children are seriously injured each year in bicycle falls. Worse still, hundreds of children die from them each year. Although you may have been lucky enough to survive childhood without a serious bicycle-related injury, you shouldn't count on luck to protect your child.

Teach your child these basic safety rules

1. Wear a helmet.
2. Ride on the right side, with traffic.
3. Use appropriate hand signals.
4. Respect traffic signals.

**Basic safety measures like these can keep bicycle riding enjoyable and safe for your child.**

From Your Doctor

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

# 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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# Teaching Good Touch Bad Touch

## *(Kids Safety Council)*

- There are three things you can teach your children before you begin to teach them specific touching safety rules.

**1. Teach children the correct names of all their different body parts, including their private body parts. Children often find it hard to tell about sexual abuse because they don't know the words to use. Learning correct (anatomical) words for private body parts gives children the words to use and helps them know that it is okay to talk about those body parts.**

**When teaching your young child the different body parts, consider using the correct words for private body parts along with words such as "tummy" and "ears." You can give older children more information because they are able to understand more. You can also explain that the parts of their bodies covered by a swimsuit are their private body parts.**

**2. Teach children that "they are the boss of their body."**  
Let your children know that they are in control of who touches their bodies and how. Model this for children: "I don't want you to jump up and down on me. Please stop." Likewise, immediately respect their wishes not to be touched in certain ways. "Looks like you don't want me to pick you up right now. Okay." As you supervise your children's interactions, make it clear that they need to stop tickling or roughhousing if a sibling says "Stop!"

**In addition, do not insist that your children give or receive hugs or kisses from relatives and friends if they do not wish to. This teaches children that it's okay to say no to touches from people in their family and others they know. Some relatives might expect a hug from your children every time they see them. Tell relatives that you are teaching your children to be bosses of their bodies as part of teaching them safety about touching, so they are not offended by your children's behavior.**

### **3. Explain to your child that there are three kinds of touches.**

**The three kinds of touches are:**

- **Safe touches.** These are touches that keep children safe and are good for them, and that make children feel cared for and important. Safe touches can include hugging, pats on the back, and an arm around the shoulder. Safe touches can also include touches that might hurt, such as removing a splinter. Explain to children that when you remove a splinter, you are doing so to keep them healthy, which makes it a safe touch.
- **Unsafe touches.** These are touches that hurt children's bodies or feelings (for example, hitting, pushing, pinching, and kicking). Teach children that these kinds of touches are not okay.
- **Unwanted touches.** These are touches that might be safe but that a child doesn't want from that person or at that moment. It is okay for a child to say "no" to an unwanted touch, even if it is from a familiar person. Help your children practice saying "no" in a strong, yet polite voice. This will help children learn to set personal boundaries.

#### **Touching Safety Rules**

- Once children can name their private body parts and know about different kinds of touches, you can teach them that there is another kind of unsafe touch that is also not okay. This kind of touch is when someone older or bigger touches their private body parts. How you explain this will depend on the age of your child.

**For a young child you might say, "Another kind of unsafe touch is when a bigger person touches you on your private body parts and it is not to keep you clean or healthy. So we have a family safety rule that it is never okay for a bigger person to touch your private body parts except to keep you clean and healthy."**

**Parents should understand that the "clean" part of this rule applies to young children at an age when an adult might help them with diaper changing, going to the toilet, or bathing. The "healthy" part of this rule refers to doctor visits; for example, when the doctor gives a child a shot. An adult family member should always be present at doctor appointments. At some point during the teenage years it will become appropriate for your children to handle their own doctor appointments.**

**For an older child you might say, "Another kind of unsafe touch is when someone touches you in a “wrong way” on your private body parts and it is not to keep you healthy. So a good family safety rule about touching is that no one should touch your private body parts except to keep you healthy."**

**Teach your children the following safety rules:**

- It is not okay to touch someone else's private body parts.**
- It is not okay for someone to touch his or her own private body parts in front of you.**
- It is not okay for someone to ask you to touch his or her private body parts.**
- It is not okay for someone to ask you to take your clothes off except if they are a doctor helping to see if you are hurt or sick**
- It is not okay for someone to take photos or videos of you with your clothes off.**
- It is not okay for someone to show you photos or videos of people without their clothes on.**
- You can decide who can touch you, who can kiss you, or who can give you a hug. You have the right to say, "no."**

## **What do you do when someone touches you in the wrong way?**

- Say no! Tell the person that you don't like it and you don't want to be touched.**
- Get away fast! Run away from the person whose touch you don't like. Never stay alone with that person ever again.**
- Call for help. You can scream.**
- Believe in yourself. You did nothing wrong.**
- If someone touches you in the wrong way, tell someone you trust what has happened. Don't let threats scare you into running away or keeping quiet. When a person touches you and asks you to keep it a secret between the two of you, ask yourself, “Does the secret bother me?”**
- Don't keep secrets that make you feel uncomfortable. Go to a person you trust-a parent, a relative, a teacher, or your doctor. If the person you go to doesn't believe you, go to someone else you trust until someone believes you and helps you.**

- **Do everything you can to stay away from the person who is touching you in the wrong way or making you feel uncomfortable. Don't stay alone with a person who touches you in a way that makes you uncomfortable or makes you feel unsafe.**

## Good Touch

**It feels good to be hugged and kissed by the people you love. For example:**

- **When Mommy gives you a hug and kiss after you wake up.**
- **When Daddy gives you a good-night hug and kiss.**
- **When Grandma and Grandpa come to visit and everyone gets hugs and kisses.**

## Bad Touch

**Touches that make you feel uncomfortable are usually bad touches. You don't have to keep a secret when someone gives you bad touch. Don't feel that you are bad. Whoever gives you a bad touch is the one who is bad, not you. Your body belongs to you. Nobody should touch you if you don't want to be touched. Do you know what a bad touch is?**

- **It is a bad touch if it hurts you.**
- **It is a bad touch if someone touches you on your body where you don't want to be touched.**
- **It is a bad touch if the person touches you under your clothing or tickles you under the clothing.**
- **It is a bad touch if a person touches you in a way that makes you feel uncomfortable.**
- **It is a bad touch if that touch makes you feel scared and nervous.**
- **It is a bad touch if a person forces you to touch him or her.**
- **It is a bad touch if a person asks you not to tell anyone.**
- **It is a bad touch if a person threatens to hurt you if you tell.**

***Message to parents and concerned adults such as relatives, neighbors and friends of the family: Unfortunately, some adults may abuse the trust you give them. The person who touches your child in a way you don't like is the person who is doing something wrong, not your child. Sexual abuse is always the fault of the bigger, older, or stronger person***





## Rule # 1-Telephone

Children should learn how to use the telephone in an emergency. Here are some tips:

- \*Tell your children they don't need money to dial 911 or 0 for the operator. They should dial 0 if they are lost or don't know who to call when they need assistance.
- \* Have them memorize their telephone number, including area code, as young as possible. Let them practice calling local and long distance numbers for you.
- \* Practice making a collect call with them. Teach them they don't need money to make a collect call, even if it is a local number.
- \* Children should learn how and when to use 911. Discuss different situations with them.

## Rule # 2 - Family password

How can your child know if it's okay to go with another person without asking for your permission first? A FAMILY PASSWORD!

Almost every child is taught by their parents not to go anywhere with a stranger. This is a weak message to leave with a child. How can a child tell who a stranger is? An abductor could be someone the child knows. They may trick the child by saying "Mom or Dad asked me to pick you up". Your child can keep some distance from this person by asking for the FAMILY PASSWORD. Teach your child not to go with anyone who doesn't know the password. Promise them you won't send anyone without it.

## Rule # 3 - I'm lost! Now what?

You come out of a store and turn around to find your child is not there, now what? It's time to put "Action Plan A" to the test. Teach your child, in advance, what they should do. A potential abductor may be able to take advantage of this situation if there is no plan. First, your child should stay put and let you find them. They should stay in a visible area and not wander around looking for you. If they stay still, it will be easier than if both of you are moving, maybe in opposite directions. Alert security and provide them with your photo I.D. card. Teach your child if someone wants to help them, have them ask the person to look for you or call security or the police. Teach them to never go with anyone, ever.

## Tricks used by abductors

- \*" Help me find my lost puppy"
- \* "I need help with directions"
- \* Offer gifts/candy
- \*"There is an emergency..."
- \* "I want to take your picture"
- \*"I have a new video..."

## Rule # 4 - Secrets

The word SECRET is one that is used freely by both adults and children. Some secrets are good, some are bad, and some are ugly. Unfortunately, it is the most common weapon used by abductors to lure a child from safety. Children love secrets and most often see them as a way to feel independent from their parents. Your child should learn that if an adult asks them to keep a secret from you, this is a danger sign. The secret could be minor, a chocolate bar before dinner. What this person is doing is building up trust with the child to find out if they will tell everything. The secrets will build until they have control and power over the child. SECRETS = BLACKMAIL

## Rule # 5 - Good lies?

You expect your child to treat adults with respect and grow up to be polite and honest, however, there are exceptions to these rules. In fact, there are times when they should scream as loudly as possible if someone tries to pull him or her into a car or building. Attention is the last thing an abductor is looking for. Now comes a mixed message. Lie to protect yourself. Children should never tell anyone they are home alone. Tell your children that it's okay to lie to someone who insists on talking to their parents. This is a good lie. Baby-sitters should be given the same instructions.

## Rule # 6 - An emergency plan

Where would your child go in an emergency if you were not home? This is a question you want to address before it happens. Finding a trusted neighbor or friend's house for your child is very important for his or her safety. Identify this as a safe house. Choose someone who will likely be home most of the time, such as a retired person or a stay at home mother. Be sure to discuss this idea with them.

## Rule # 7 - Strangers?

Most abductors are known by the child. This means all the advice to never talk to strangers is useless if an adult known to the child is the abductor. Children should learn the difference between a good stranger and a bad stranger. If someone tries to pull your child into a car or lure him or her away, they may need to rely on help from another adult. Children should learn that it's okay to get help from a stranger if they are in danger. Your children should NEVER go anywhere with a stranger without asking for your permission.

## Rule # 8 - Play safe & have fun

Childhood is supposed to be fun, no pressure, no worries. As parents, this is what we want for our children. As we all know, there is no such thing as a perfect world, and children understand this better than we think. The news is filled with horror stories each night, which gives everyone, including children, a bleak picture of the way the world is. Every city and town has its own set of problems, but in reality, the world is not filled with bad people. The violent crimes in this country are being committed by a small percentage of the population. These people are extremely dangerous to adults and children. Children need to understand that these predators have patterns and habits that can be avoided. Child predators look for opportunities, but once children realize this they can avoid potentially dangerous situations and protect themselves. Children should understand that most people would not harm them and the bad guys don't wear black. Remind your children to play safe, have fun, and enjoy being a kid.

## Other rules to remember

- \* Never allow your children to go alone to video arcades, public restrooms, parks, public pools, movie theaters, door to door selling, or school yards after hours.
- \* Instruct your children to always use the buddy system.
- \* Don't display your child's name on the outside of their clothing. This makes it easier for a stranger to approach and pretend to be your child's friend.
- \* Tell your children to avoid shortcuts and isolated areas.

**Working together to help keep our children safe**

# Dental Health & Hygiene for Young Children

As you might guess, the number-one dental problem among preschoolers is tooth decay.

- One out of 10 two- year-olds already have one or more cavities
- By age three, 28% of children have one or more cavities
- By age five, nearly 50% of children have one or more cavities



**Many parents assume that cavities in baby teeth don't matter, because they'll be lost anyway. But that's not true. Dental decay in baby teeth can negatively affect permanent teeth and lead to future dental problems.**

## Teaching Good Dental Habits

The best way to protect your child's teeth is to teach him good dental habits. With the proper coaching he'll quickly adopt good oral hygiene as a part of his daily routine. However, while he may be an enthusiastic participant, he won't yet have the control or concentration to brush his teeth all by himself. You'll need to supervise and help him so that the brush removes all the plaque—the soft, sticky, bacteria- containing deposits that accumulate on the teeth, causing tooth decay. Also, keep an eye out for areas of brown or white spots which might be signs of early decay.

## Toothbrushing

As soon as your child has a tooth you should be helping your child brush her teeth two times a day with a smear (size of a grain of rice) of fluoride toothpaste on a child-sized toothbrush that has soft bristles. There are brushes designed to address the different needs of children at all ages, ensuring that you can select a toothbrush that is appropriate for your child.

## Amount of Toothpaste

At age 3, you can start using a pea-size amount of fluoride toothpaste, which helps prevent cavities. If your child doesn't like the taste of the toothpaste, try another flavor. Also try to teach your child not to swallow it, although at this age they are often still too young to learn to rinse and spit. Swallowing too much fluoride toothpaste can make white or brown spots on your child's adult teeth.

## Brushing Motion

You'll hear all kinds of advice on whether the best brushing motion is up and down, back and forth, or around in circles. The truth is that the direction really doesn't matter. What's important is to clean each tooth thoroughly, top and bottom, inside and out. This is where you'll encounter resistance from your child, who probably will concentrate on only the front teeth that he can see. It may help to turn it into a game of "find the hidden teeth." Incidentally, a child cannot brush his teeth without help until he's older—about six to eight years old. So be sure to supervise or do the actual brushing if necessary.

## Too Much Sugar

Besides regular toothbrushing with the right amount of fluoride toothpaste, your child's diet will play a key role in his dental health. And, of course, sugar is the big villain. The longer and more frequently his teeth are exposed to sugar, the greater the risk of cavities. **"Sticky sugar" foods such as sticky caramel, toffee, gum, and dried fruit—particularly when it stays in his mouth and bathes his teeth in sugar for hours—could do serious damage.** Make sure to always brush your child's teeth after a sugary food item. In addition, do not allow your child to have any sugar-containing liquid in a sippy cup for a prolonged period.

## Dental Checkups

During regular well-child visits, the pediatrician will check your child's teeth and gums to ensure their health. If she notices problems, she may refer your child to a pediatric dentist (pedodontist) or a general dentist with an interest in treating the dental needs of children. **Both the American Academy of Pediatrics and the American Academy of Pediatric Dentistry recommend that all children see a pediatric dentist and establish a "dental home" by age one.**

As part of her dental checkup the dentist will make sure all teeth are developing normally and that there are no dental problems and give you further advice on proper hygiene. She also may apply a topical fluoride solution to provide extra protection against cavities. If you live in an area where the water is not fluoridated, she may prescribe fluoride drops or chewable tablets for your toddler. For more guidance on fluoride supplements, talk to your pediatrician.

## Additional Information:

- [Toothbrushing Tips for Young Children](#)
- [FAQ: Fluoride and Children](#)
- [Why Regular Dental Visits Are Important](#)
- [How to Prevent Tooth Decay in Your Baby](#)

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Source: Caring for Your Baby and Young Child: Birth to Age 5, 6th Edition (Copyright © 2015 American Academy of Pediatrics)

# How to Effectively Discipline Kids and Teenagers

Kids aren't born with emotional maturity or impulse control. It takes experience—and time—to get there. In fact, [research](#) has shown that the part of the brain that helps a person make good decisions isn't fully developed until age 25 or so. Teens even think with a different part of their brain than adults, using emotion rather than reason.

Add rapid hormonal changes to the mix, and one thing is certain: "Kids are going to mess up," says licensed therapist Erin Harlow-Parker, APRN. "They're going to test the boundaries. They're going to make poor decisions."

Here are some time-tested, evidence-based discipline tips for kids, whether they are 7 or 17.

## Common disciplinary mistakes

It's not easy to keep your cool when dealing with a cranky child or a hormonal teenager. No parent is perfect (and your own parents might have used a different approach), but in general you should avoid these discipline mistakes:

- **Yelling.** Losing your temper isn't good for anyone. It sets a poor example for how your child should handle conflicts—and have you ever noticed how tired you are after?
- **Spanking or hitting.** Spanking can have lasting negative effects. Research indicates that kids who are [spanked](#) are more likely to be aggressive later in life.
- **Over-punishing.** To make sure the punishment fits the crime, it helps to look for logical reasons behind a consequence. For example, if they rode their bike in the street after you told them not to, take away their bike for the rest of the afternoon.
- **Piling it on.** There may be times when you set a consequence and your child repeats the behavior before the first consequence has even played out. When that happens, it's better to stick with the initial consequence and resist the urge to add on additional consequences; otherwise, your child will think, 'I'm going to be grounded until I leave for college, so what's the point?' advises Children's Healthcare of Atlanta Strong4Life therapist Jody Baumstein, LCSW.



If you make one of these mistakes (and you probably will at some point), own it. For example: "I totally lost my cool just now, and I should not have yelled at you. I am sorry for that."

## Effective ways to discipline

Here are some effective discipline tips for teens and kids:

- **Let consequences do the talking.** Kids learn from both “natural” consequences (basic cause and effect—if I don’t study, I won’t do well on the test) and “logical” consequences enforced by the parent (if I don’t do my chores, I can’t go out with my friends). Neither form of consequence is emotional; it’s directly tied to an action.
- **Deliver consequences calmly, compassionately and promptly.** You can be firm and still show empathy (the ability to understand or feel what another person is experiencing). Help kids connect the cause-and-effect dots by responding right away.
- **Don’t be afraid to set limits.** Is your child not doing their homework? Then their phone—which is a privilege, not a right—gets taken away. Once they begin to show they can be responsible again, they earn their phone back.
- **Choose your battles.** Don’t bend on safety issues but consider letting other things (your teen’s new bold fashion sense, for example) slide. “There are parents who feel like part of discipline is to be on kids about every little thing, and that puts the child on the defensive,” says Harlow-Parker.
- **Praise good behavior.** Noticing when kids do the right thing (“I saw you made your bed without being asked. I really appreciated that.”) will inspire them to do it again.



## The importance of being a role model

Your kids are always watching, and the best way to encourage good behavior is to show them how it’s done. In fact, the really big lessons—things like kindness and telling the truth—are almost impossible to teach with words and punishments.



So throw out the old saying “do as I say, not as I do,” because it’s not going to happen. Actions speak louder than words. And when you make a mistake (because we’re all human), admit it and use it as a teaching moment. Seeing that parents make mistakes—and then seeing how they fix them—can be really powerful for a child to witness.

## Parenting School-Aged Children

During the middle years of your youngster's childhood, many changes will occur within the family. Your child is more independent than before, better able to care for herself, and more capable of contributing to chores and other household responsibilities. Most families discover that routines can be established, and in many ways life seems more settled. However, youngsters still need parental supervision and guidance.

During the middle childhood years, parents have two tasks that are especially important. The first is learning to allow and encourage your child to enter the new world of school and friends alone. The second is learning to be parents at a distance. Once children enter school, parents spend less than half as much time with them as they did before. Parents thus need to be more efficient, more vigilant, and still very much involved in their children's lives in order to monitor, guide, and support them effectively.



During the school years your youngster may develop more self-confidence, overcome fears and self-doubts, test the limits of her autonomy, find role models, and learn and internalize moral and spiritual values. You and the rest of the family should pay particular attention to the following areas, which will become increasingly significant during this time of life:

### School

School assumes a central role in your youngster's life when she reaches the age of five or six, drawing much of her attention and energy away from the family unit. Her elementary-school years can become a time of enormous satisfaction and excitement. As she learns to read and master other academic skills, she will develop a love of learning and a pride in her achievements. This can contribute to her self-esteem, not only because of her accomplishments in the classroom but also as she separates successfully from the home environment. In the process her teacher can become a source of support and an important role model in her life.

For some children, however, school may cause frustration and stress. Learning disabilities can interfere with the joy of learning. Poor study habits and/or a lack of motivation can create academic difficulties. Sometimes youngsters may have a poor relationship with their teachers, or they may experience separation anxiety that can interfere with their school attendance.

To make your own child's education as positive and productive as possible, closely monitor her academic progress and social adjustment, and get to know her teacher. Discuss with your child what she is learning in the classroom and how she feels about school. Encourage her to demonstrate her newly learned skills and to practice them with you. Supervise your child's homework (but don't do it for her), and make sure she is preparing herself well for tests. Limit the amount of television she watches and encourage her to read, write, and express herself creatively through hobbies and sports. If she (or her teacher) reports any problem areas, communicate openly with school personnel, and try to figure out how best to help your youngster overcome her difficulties. Consult your pediatrician for suggestions to help solve these problems.

## **Friendships**

As important as your child's family is to her, friends and acquaintances will become increasingly significant during middle childhood. She will spend more time with her peers, both in and out of school. These playmates will provide companionship, and your youngster will probably become preoccupied with being socially accepted by her friends. She will feel a strong need for both conformity (to be just like the others) and recognition (to be seen as unique).

Your family will also have to deal with the stresses associated with your child's peer relationships. From time to time she may have conflicts with friends, which can undermine her self-esteem. Maybe she will be excluded from a circle that she really wants to be a part of, leading to unhappiness and loneliness.

During these years, monitor your child's choice of friends and supervise, but do not interfere with, her play activities. Get to know her friends' parents and share with them your observations about the children's activities. Offer support, understanding, and guidance to your child when problems arise in her peer relationships. When a conflict occurs, try to understand how your child feels about it, and what she sees as the factors contributing to it. Then discuss how the other child might view the problem, and together work out ways to resolve the conflict. At the same time keep in mind that the family cannot solve every peer-related difficulty—for example, you cannot run to the playground and intervene whenever a conflict arises. Even so, you can offer support and guidance, conveying your own values and expectations.

## **Outside Activities**

During middle childhood your youngster will develop a number of outside interests, from sports to Scouting, from music lessons to clubs. Many of these activities will require a commitment on the family's part, in terms of time and, in some cases, money. It may also require parental patience and tolerance as children experiment with different programs before finding the ones they prefer.

In general, the family—most particularly the parents—should be willing to support the child with resources, encouragement, supervision, chauffeuring, and, at times, direct participation.

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

# 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.

## Positive Reinforcement Through Rewards

Some children need more than recognition and praise. Rewards can be effective in middle childhood, especially once you have clearly defined the specific, positive behavior goals you expect.

**Here are some effective strategies:**

- Make or devise a chart that specifies the desired behavior, as well as the time of day or the situation in which it should be demonstrated. The calendar should cover an entire week or, for some behavior, a longer period. It should allow the activity or goal to be rated each day. Decide how many points an incidence of positive behavior will earn. In a summary column, total up the points. (Tokens, such as paper stars pasted on the calendar, tend to work better for early school-age children; points and contract systems work better for older children.) Small rewards may be given for a predetermined amount of points at the end of each day or week, with larger rewards reserved for a longer period of time or a greater number of points. Keep this behavior chart in a conspicuous place so it can serve as a source of positive reinforcement and pride.
- Make a list of the rewards your child will receive for a particular number of points. Rewards should be meaningful to your child, and she should participate actively in their selection. Be very clear about how many points or days or weeks of changed behavior it takes to earn a reward.
- It is important to keep close daily track of your child's progress. Keep her enthusiasm level high by reinforcing behavior as frequently as possible.
- Keep in mind that the chart should be used as a measure of success. Avoid penalties and demerits that are humiliating, or that discourage your child from even trying. Use other forms of mild punishment, such as timeouts.

Gradually, this program can be phased out as children internalize their behavior. At that time, children usually lose interest or forget to ask for their points.

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

# Sibling Rivalry

## My children have trouble getting along. How can I help them?

No matter how hard you try to keep the peace, your children are likely to fight over toys, tattle on one another, and tease and criticize each other. Sibling rivalry is a natural part of growing up. Here are some tips on managing conflict between your children.

### Remember that each child's needs are different.

Some parents feel it's important to treat their children the same way. Yet children often complain that things are "not fair" and that they are not receiving what the other sibling gets. Treating your children differently doesn't mean you are playing favorites. It's a way of showing that you appreciate how special they are.



### While it's natural to notice differences between your children, try not to comment on these in front of them.

It is easy for a child to think that he is not as good or as loved as his sibling when you compare them. Remember, each child is special. Let each one know that.

### As much as possible, stay out of your children's arguments.

While you may have to help younger children find ways to settle their differences, do not take sides. If your children try to involve you, explain that they need to figure out how to get along. Of course, you must get involved if the situation gets violent. Make sure your children know that such behavior is not allowed. If there is any reason to suspect that your children may become violent, watch them closely when they are together. Preventing violence is always better than punishing after the fact, which often makes the rivalry worse. Praise your children when they solve their arguments, and reward good behavior.

### Be fair.

If you must get involved in your children's arguments, listen to all sides of the story. Also, give children privileges that are right for their ages and try to be consistent. If you allowed one child to stay up until 9:00 pm at 10 years of age, the other should have the same bedtime when he is 10.

### Respect your child's privacy.

If it is necessary to punish or scold, do it with the child alone in a quiet, private place. Do not embarrass your child by scolding him in front of the others.

### Family meetings can be a great way to work out sibling issues.

Some parents find that sharing some of their own experiences about growing up can help too. Just listening to your children can also help. Remember, this is their opportunity to learn about the give-and-take of human relationships.

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Source: Sibling Relationships (Copyright © 2007 American Academy of Pediatrics, updated 3/2007)

# The Importance of Family Routines

Every family needs routines. They help to organize life and keep it from becoming too chaotic. **Children do best when routines are regular, predictable, and consistent.**

One of a family's greatest challenges is to establish comfortable, effective routines, which should achieve a happy compromise between the disorder and confusion that can occur without them and the rigidity and boredom that can come with too much structure and regimentation, where children are given no choice and little flexibility.

**As a parent, review the routines in your household to ensure that they accomplish what you want. Here are some tips from the American Academy of Pediatrics (AAP).**

## **Weekday Mornings:**

To make the household function well in the morning, everyone needs to know what has to be done to get ready for the day.



Try the following:

- Put as many things in order as possible the night before.
- Keep wake-up routines cheerful and positive.
- Be sure your child eats breakfast, even if he or she is not hungry in the morning. *See Breakfast for Learning.*
- Finally, round out each morning by saying goodbye to your young child. A simple hug and a wave as he or she heads out the front door or slides out of the car are extremely important. They will give your child a positive feeling with which to begin the day's activities. *See How to Ease Your Child's Separation Anxiety.*

## **After School:**

During middle childhood, children need adult supervision. While some parents have their children return each afternoon to an empty home, these "latchkey" kids are more susceptible to misbehavior, risk-taking, and anxiety. For this age group, the AAP recommends that a child come home to a parent, other adult, or a responsible adolescent.

## **Evenings:**

Dinner should be an important time for your family. As often as possible, all family members should eat together at the dinner table, without the distraction of television or radio. During dinner the family can share the day's activities and participate in enjoyable conversation. Everyone should be encouraged to take part, and negative comments and criticism should be discouraged.

**Bedtime:**

On school nights, children need a regular time to go to sleep. Lights can go out at different times for different children in the family, depending on how much sleep each child needs. Nighttime rituals can help ease a child to sleep. These rituals can include storytelling, reading aloud, conversation, and songs. Try to avoid exciting play and activities before bedtime. *See Brush, Book, Bed: How to Structure Your Child's Nighttime Routine.*

**Weekends:**

Weekends are good times for family togetherness. You might go grocery shopping as a family, visit museums and zoos, do chores that everyone participates in, go on hikes or bike rides, or attend religious services. On weekends children in the middle years can usually be allowed a later bedtime than during the week. Keep in mind that, although family time is essential, it is equally important for parents to set aside some time just for themselves, too.

**Additional Information from HealthyChildren.org:**

- [Turning Family Time into Active Time](#)
- [Bedtime Routines for School-Aged Children](#)
- [The Benefits & Tricks to Having a Family Dinner](#)

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# Is Your Child Ready for Sports?

Sports readiness means that a child has the physical, mental, and social skills to meet the demands of the sport. While general guidelines can help you select a sport based on age, it's important to remember that children develop at different rates. Children are more likely to enjoy and succeed in sports when they have the physical, mental, and social skills required by the sport.

## Ages 2 to 5 years

Before age 6 years, most children do not have the basic motor skills for organized sports. Balance and attention span are limited, and vision and ability to track moving objects are not fully mature. Instead, look for other sports activities that focus on basic skills such as running, swimming, tumbling, throwing, and catching. These skills can be improved through active play but do not require organized sports activities. Children at this age have a short attention span and learn best when they can explore, experiment, and copy others. Instruction should be limited, follow a show-and-tell format, and include playtime. Competition should be avoided. Parents can be good role models and should be encouraged to participate.



## Ages 6 to 9 years

By age 6 years, most children have the basic motor skills for simple organized sports. However, they may still lack the hand-eye coordination needed to perform complex motor skills and may not yet be ready to understand and remember concepts like teamwork and strategies. Sports that can be adapted to be played at a basic level and focus on basic motor skills are the most appropriate. This includes running, swimming, soccer, baseball, tennis, gymnastics, martial arts, and skiing. Sports that require complex visual and motor skills, quick decision-making, or detailed strategies or teamwork (football, basketball, hockey, volleyball) will be difficult unless modified for younger players. Rules should be flexible to promote success, action, and participation. The sport should focus on learning new skills rather than winning. The equipment and rules should also be appropriate for young children. For example, smaller balls, smaller fields, shorter game times and practices, fewer children playing at the same time, frequent changing of positions, and less focus on score keeping.

## Ages 10 to 12 years

By ages 10 to 12 years, most children are ready for more complex sports. They have the motor skills and cognitive ability to play sports that require complex motor skills, teamwork, and strategies. Most experts believe that sports at this level should focus on skill development, fun, and participation, not competition. Most children would rather play more on a losing team than less on a winning team.

Some children in this age group may be starting puberty. During this time, the physical differences between children, particularly boys of the same age, can be dramatic. This can make a difference in what sport is best for your child. Boys who start puberty sooner will be temporarily taller, heavier, and stronger. This may give them a physical advantage, but it doesn't mean they are more talented and will continue to excel in sports. If possible, they should compete with boys with the same physical ability. Similarly, boys who mature later may experience a temporary physical disadvantage in sports. This should not be seen as a lack of talent or ability. These boys should be encouraged to play sports with less emphasis on physical size, such as racquet sports, swimming, martial arts, wrestling, and certain track events.

Also, growth spurts can temporarily affect coordination, balance, and the ability to perform a skill. Keep in mind that it can be frustrating if this is seen as a lack of talent or effort.

### **Other Guidelines**

- Get fit and learn a new skill. Encourage your children to participate in activities that promote physical fitness as well as learning sports skills. The activities should be fun and right for their ages.
- Focus on fun. Choose sports programs that focus on personal involvement, variety, success, and fun rather than competition, strict rules, and winning. It may help them stay interested and want to keep playing.
- Check out the rules. Equipment and rules should be right for their ages. If not, they should be modified.
- Make sure safety is a priority. Appropriate setting, equipment, protective gear, program design, and rules of play are important.
- Keep differences in mind. Prior to puberty, there are very few differences between boys and girls in endurance, strength, height, or body mass, and they can compete together on an equal basis. During puberty, to make sure athletes are well matched in contact sports, consideration should be given to body size and physical maturity as well as chronological age.
- Proceed with caution. Early specialization in a single sport, intensive training, and year-round training should be undertaken with caution because of the risk of overuse injury, mental stress, and burnout. Playing only one sport may also prevent a child from developing a variety of motor skills that they would learn from participating in several different sports.
- Wait until your children are ready. Children should not play competitive win/lose sports until they understand that their self-worth is not based on the outcome of the game.
- Find a good sports program. Get feedback from other children and parents who are in the programs. Try to check out programs before you join them. A sign of a good program is children having fun.

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Source: Care of the Young Athlete Patient Education Handouts (Copyright © 2011 American Academy of Pediatrics)

# Parenting an Athlete

## What Parents Can Do to Create a Positive Youth Sports Experience

- Support for your child must be unconditional.
- Be patient for the process, and enjoy it.
- Understand how the developmental progression works for sports skills.
- Be knowledgeable that many of the developmental milestones for sports skills cannot be accelerated beyond their natural limit.
- Realize that physical, chemical, and mental development all affect ability and all progress along different timetables.
- Support achievements as they occur. This will reduce pressure to achieve skills that are not quite ready.
- Remember, your child has his or her own likes and dislikes and should be able to participate without pressure to choose a certain activity.
- Remember that there are developmental patterns for chemical changes that allow your child to be able to progress in training intensity when it is time.
- Understand the extra changes that occur in the puberty transition from child to teenager.
- Don't overreact to normal developmental processes and changes that occur during puberty and may temporarily affect ability.
- Understand the profound developmental effect of a firm positive foundation of self-esteem on future performance and ability to handle competitive pressure.
- Redefine success and make sure performance disappointments are not seen as failures that the child might take personally.
- Teach your child that winning means a lot more than a gold medal (you first have to believe that yourself).
- Encourage your child any way you can.
- Find more things your child is doing right than things to criticize.
- Support by being visible at their events.
- Keep your comments positive without a lot of addenda or stipulations.
- Help your children take some responsibilities for their sport without making them feel overwhelmed with duties.
- Watch for warning signs of burnout or avoidance.
- Remember your child is a child, not a child-sized adult.
- Help your child set realistic goals (not your goals).
- Allow changes in sports, and encourage exposure to different sports.
- Instill a sense of value in exercise and fitness regardless of structured competition.
- Communicate sincerely and often with your child about his or her desires.
- Help your child build a strong sense of self-worth and identity that is not dependent on the sport itself or level of achievement.
- Provide positive momentum by celebrating reality successes as often as possible.



## Commonly Asked Sports Questions

### Should I allow my child to quit a team?

Sometimes a child's interest in a sport will fade. Or her participation may become a negative experience, perhaps because of a volatile coach, frustration in not playing as much as she would like, or a mismatch between her own physical size and that of the players against whom she competes.

In cases like this, find out the exact reasons [why your child wants to quit](#). Listen to her and discuss her concerns. Working together, decide on the best course of action. Although it may not be wise for your child to make a habit of avoiding difficult situations, dropping out of a program may be the most sensible option in some instances.



### If my child is having trouble keeping her grades up, should she still be permitted to participate in sports?

In most cases, the answer is yes. All children need physical activity as part of their day. Without this physical outlet, many have difficulty concentrating on their academic work. If practices and other sports-related demands are excessive, however, talk to the coach about your child's need to devote adequate time to studies.

There is another important factor to consider: Sometimes, children who have difficulty with schoolwork can use a [boost in self-esteem](#), which sports often can provide. As they feel a sense of accomplishment in athletics, this renewed self-confidence can often carry over to other areas of their life, including academics.

### My child is finding her sports participation too stressful. How can I alleviate her anxiety?

Sports can be stressful, but so can other childhood activities, such as school exams and band solos. However, you should try to minimize the stress in your child's athletic endeavors in the following ways:

- Emphasize that sports participation is fun; do not let a "win at all cost" attitude interfere with your child's enjoyment of the game.
- Let your youngster know that she is not being judged by her success (or lack of it) on the athletic field. When she strikes out or misses a free throw, be supportive and praise her for trying her best.
- Help your child improve her athletic skills, which will reduce her stress levels during competition; if necessary, ask for some outside instruction from a cooperative coach.
- Stay away from coaches who are abusive toward your child.
- Speak with other parents to see if there is a common problem that needs to be addressed.

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# Chores and Responsibility

**My daughter can't seem to get her chores done without us nagging her. How can we avoid this daily battle?**

As children enter and move through their school years, they become increasingly able to manage matters like homework and school projects on their own. Consequently, each year they should take on more responsibilities in the classroom and at home. During the middle years of childhood most youngsters can help clean their rooms, make their beds, pick up their toys, and help out in the kitchen or the yard. Some feed and care for pets. These daily chores and responsibilities are an important part of learning that life requires work, not just play.



Normally, of course, children are still preoccupied with their desire to have fun. While they may pitch in, particularly if helping out gives them time with their parents, children are not likely to ask for household tasks, and parents often need to assign responsibilities as part of belonging to the family. At this age, many children find it difficult to follow through and complete their chores, at least initially. Responsibility and initiative are learned through a gradual process of guidance and reward.

## Procrastinating and Dawdling

As your own child takes on more responsibilities, he will probably have periods of acting irresponsibly, procrastinating and dawdling. Most children do. During these times you need to step in and, with encouragement and gentle guidance, point him in the right direction.

## Start with Realistic Expectations

Sometimes parents may demand too much of their children, or may see a problem in everything their children do. They may burden them with too many responsibilities - an unfair number of chores, excess hours of taking care of younger siblings or a too rigorous schedule of after-school activities. When that happens, children may feel overwhelmed and resist taking on any responsibilities at all. Parents need to guard against this kind of overloading, while still making sure that their youngsters are assuming an appropriate level of responsibility. Children, of course, differ in the personal traits and temperament they bring to tasks. Some are simply not very persistent and drift away in the middle of chores. Others have difficulty getting organized. Still others have trouble shifting from one activity to another. You should have a good sense of your child's style, and shape your expectations accordingly.

Children need to have some obligations and duties within the family, or they will not learn to accept responsibility. In unstructured home environments, or in families that are very permissive and where little is expected of children, youngsters are losing out on some valuable learning experiences, and their development of a sense of responsibility and initiative may not happen until later in life, if ever. As a result, whenever demands are placed upon these children, they appear to procrastinate or dawdle, never having learned to get started meeting their responsibilities and completing them.

## How to Help Your Child

If your own child procrastinates and dawdles, especially around responsibilities and chores, here are some simple management techniques that are often helpful:

1. **Carefully spell out the tasks your child must perform.** Make sure she understands what is expected of her on a daily and a weekly basis. Star charts or chore lists posted in your youngster's room or on the refrigerator should clearly show what your expectations are. With a school-age child, particularly one who has not taken on responsibilities before, you should introduce one new task at a time; if you spring a long list on her, she will probably fail and rebel.
2. **Honest praise from you can be the most effective way of motivating your child and guaranteeing her success.** As your youngster completes a regular task, praise her and the job she did. Initiating tasks on her own without a reminder, completing a special task or doing an unusually good job with a regular one might merit a reward of some sort. You may also want to consider tangible rewards like allowances and stickers tied to completed chores.
3. **Your child may be greatly helped in remembering to do chores if your family life has a structure and routines.** Encourage her to do her chores at the same time each day. Routines of other activities - including meals, homework, play and bedtime - also can teach organization and help her develop responsibility.
4. **Schedule weekly family meetings to review your child's progress.** Ask her to discuss her ideas about chores and other responsibilities. Create new or modified "contracts" of the chores that are expected of her. Most important, supervise and support your child, which is the best way to ensure that she is being responsible.
5. **When your youngster does not complete her chores and other responsibilities, it may be necessary to discipline her.** For example, you might decide to revoke certain privileges or special activities that mean a lot to her. Although some parents may feel that badgering or scolding a child to the point of starting an argument will get her to accept more responsibility, this approach is rarely effective. Rewarding successes and providing encouragement is always much more effective.

## Your Pediatrician Can Help

In some cases a procrastinating youngster may be helped by professional intervention. Review your concerns with your own pediatrician, who may be able to reassure you that your child is behaving normally. On the other hand, the pediatrician may consider a referral to a child psychiatrist or psychologist for an evaluation, not only if your child consistently fails to complete everyday home responsibilities but also if irresponsibility is evident at school.

This evaluation might also help determine if other problems are present that may only appear to be procrastination. For example, a youngster with an attention difficulty may have trouble concentrating on her homework; for this child, procrastination is not the problem. Treatment in this situation should be aimed at managing the attention deficit itself.

Early efforts to help children who consistently avoid responsibility are important for their future success.

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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](#)

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

## 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.

Last Updated: 1/25/2016

Source: Healthy Children Magazine, Back to School 2007

# Your child at 5 years

Child's Name

Child's Age

Today's Date

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 5. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

## What most children do by this age:

### Social/Emotional Milestones

- Follows rules or takes turns when playing games with other children
- Sings, dances, or acts for you
- Does simple chores at home, like matching socks or clearing the table after eating

### Language/Communication Milestones

- Tells a story she heard or made up with at least two events. For example, a cat was stuck in a tree and a firefighter saved it
- Answers simple questions about a book or story after you read or tell it to him
- Keeps a conversation going with more than three back-and-forth exchanges
- Uses or recognizes simple rhymes (bat-cat, ball-tall)

### Cognitive Milestones (learning, thinking, problem-solving)

- Counts to 10
- Names some numbers between 1 and 5 when you point to them
- Uses words about time, like "yesterday," "tomorrow," "morning," or "night"
- Pays attention for 5 to 10 minutes during activities. For example, during story time or making arts and crafts (screen time does not count)
- Writes some letters in her name
- Names some letters when you point to them

### Movement/Physical Development Milestones

- Buttons some buttons
- Hops on one foot

### Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

**You know your child best.** Don't wait. If your child is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your child's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call any local public elementary school for a free evaluation to find out if your child can get services to help.

For more on how to help your child, visit [cdc.gov/Concerned](http://cdc.gov/Concerned).

**Don't wait.  
Acting early can make  
a real difference!**



Download CDC's  
free Milestone  
Tracker app



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

# Help your child learn and grow

As your child's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your child's doctor and teachers if you have questions or for more ideas on how to help your child's development.



- Your child might start to "talk back" in order to feel independent and test what happens. Limit the attention you give to the negative words. Find alternative activities for her to do that allow her to take the lead and be independent. Make a point of noticing good behavior. "You stayed calm when I told you it's bedtime."
- Ask your child what she is playing. Help her expand her answers by asking "Why?" and "How?" For example, say "That's a nice bridge you're building. Why did you put it there?"
- Play with toys that encourage your child to put things together, such as puzzles and building blocks.
- Use words to help your child begin to understand time. For example, sing songs about the days of the week and let him know what day it is. Use words about time, such as today, tomorrow, and yesterday.
- Let your child do things for himself, even if he doesn't do it perfectly. For example, let him make his bed, button his shirt, or pour water into a cup. Celebrate when he does it and try not to "fix" anything you don't have to.
- Talk about and label your child's and your own feelings. Read books and talk about the feelings characters have and why they have them.
- Play rhyming games. For example, say "What rhymes with cat?"
- Teach your child to follow rules in games. For example, play simple board games, card games, or Simon Says.
- Create a spot in your home for your child to go to when he's upset. Stay nearby so your child knows he is safe and can come to you for help calming as needed.
- Set limits for screen time (TV, tablets, phones, etc.) for your child, to no more than 1 hour per day. Make a media use plan for your family.
- Eat meals with your child and enjoy family time talking together. Give the same meal to everyone. Avoid screen time (TV, tablets, phones, etc.) during mealtime. Let your child help prepare the healthy foods and enjoy them together.
- Encourage your child to "read" by looking at the pictures and telling the story.
- Play games that help with memory and attention. For example, play card games, Tic Tac Toe, I Spy, or Hot and Cold.

To see more tips and activities download CDC's Milestone Tracker app.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly) | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

# How to Reinforce Your Child's Learning

In addition to doing homework, your children should spend time reading not only with you, but also on their own. If a child finds pleasure in reading, it will become a lifelong habit.

## Let Your Children See You Reading

If your children see you reading regularly, there is a good chance that they will follow your lead and sit down with a book themselves. Set aside some time to talk with them about what each of you is reading. If you have been regularly reading aloud to your children, by school age they'll probably want to read aloud to you, too!



## Talk About Your Day

Find time to talk with your children about your respective days—including what they did at school. Even on a night when you are particularly busy, you should still be able to find a time and place to talk. This gives your children a chance to re-teach you what they learned that day.

## Encourage Art & Writing

It is great for children to write and/or draw without any educational purpose in mind other than to express themselves. For example, you can encourage your children to write original stories, cards, letters, and invitations to friends and relatives. Keep paper, pencils, crayons, markers, and tape in a convenient location so your children can sit down and use them easily. Research has shown that writing improves a child's reading skills—and vice versa.

## Plan One-on-One Time

Plan some activities that you can do with your child—such as an art project. Keep phone call interruptions and media use to a minimum during this special time. Make it a time you are spending with each other. Some children say they wish they could call their parents on the phone, because a phone call or mobile device always gets first priority. *See Parents of Young Children: Put Down Your Smartphones.*

## Use Caution with "Educational" Apps

Even though tablets, computer games, and apps are advertised as "educational," the truth is most of them have not been tested to show that children actually learn from them. They teach very basic skills, so don't assume an "interactive" game will be a good learning experience. Children learn better through creative playtime—where their brain takes the lead, not the app or computer game.

## More Suggestions for Parents

- Put a map on the wall in your child's bedroom and refer to it frequently. You might ask, *"Where does Aunt Linda live?"* or *"Can you find the city where the President lives?"* You can also use the map to talk about history, especially around a historical holiday.
- Have a family calendar where you can teach your child to plan ahead and stay organized.
- Take your children to your local library and get each of them a library card. Because they use the school library frequently, most children almost instinctively feel at home when they go to the local library.

- Find community activities that are pure fun. Despite their recreational nature, these activities can still be viewed as providing support for what is being taught in school. They will broaden your children's experiences and give them something new to write about.
- Try reinforcing your child's health education at school by making healthy food choices when you shop. No matter what is taught in the classroom and served in the school cafeteria, your children will be influenced more by watching your own food selections. Actively involving your children in the cooking process—reading recipes and measuring ingredients—can reinforce nutrition education.
- Schedule some weekend or after-school activities that are appropriate for the entire family. Swimming, tennis, bicycle riding, and skiing are some of the sports that children can participate in for their entire lives—long after they have left school. Do not overlook walking as a perfect way for the family to enjoy physical activity together. Studies now show that the more children exercise, the better they focus!

**Additional Information from [HealthyChildren.org](#):**

- [How to Make a Family Media Use Plan](#)
- [Constantly Connected: Adverse Effects of Media on Children & Teens](#)
- [Healthy Digital Media Use Habits for Babies, Toddlers & Preschoolers](#)
- [10 No-Cost, Screen-Free Activities to Play with Your Preschooler](#)
- [Help Your Child Enjoy Reading Aloud: Tips for Parents](#)
- [Developing Good Homework Habits](#)

Last Updated: 11/8/2016

Source: Council on Communications and Media (Copyright © 2016 American Academy of Pediatrics)

## **Help Your Child Enjoy Reading Aloud: Tips for Parents**

Your children will learn reading skills in school, but often they come to associate reading with work, not fun. The best thing parents can do to encourage children to love books and reading is to read aloud to them. And don't stop reading aloud to them once they have learned to read for themselves.

- Read to your child every day—even if only for a few minutes. It is your time together.
- Reading should be fun. You don't have to finish a story if your child loses interest.
- Let your child choose the book even if it means reading the same book over and over.
- Invite your child to “read” to you from a familiar book that he has memorized from having heard it so often read to him.
- Stop and ask about the illustrations or what your child thinks will happen next. The answers may amaze you.
- Read from a variety of children's books, including fairy tales, poetry, and nursery rhymes.
- Follow your child's interests in choosing the books. There are many great books on non-fiction subjects such as the ocean or dogs.
- Join your local library!



Last Updated: 11/21/2015

Source: Committee on Early Childhood (Copyright © 1994 American Academy of Pediatrics)



STRONG<sup>4</sup>LIFE

# Building resilient children at 5 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 5-year-old build resilience.**

## What is happening at 5 years old?

- Your child may start testing limits on purpose.
- Your child may want to please his friends.
- Your child may be trying to show more independence.
- Your child should be getting 10 to 11 hours of sleep in a 24-hour period.

## Adjusting to school

Your child may be getting ready to go to school or already in school. Here are some tips to help you and your family adjust to this new journey:

- **Keep following routines.** Start each morning with a calm, happy routine. Mornings may go more smoothly if you get backpacks ready the night before.
- **Make sleep a priority.** Your child will need a regular, early bedtime with a familiar routine to ensure she is getting enough sleep—especially since school can be tiring and there won't be nap time.
- **Talk regularly and openly with your child's teachers** about her strengths, needs and any other important information you would like the teachers to know. You are your child's biggest supporter.
- **Set limits on activities** to keep your child from being overscheduled. Loading your child up with too many structured activities can make her feel overwhelmed and exhausted, causing her to lose interest.

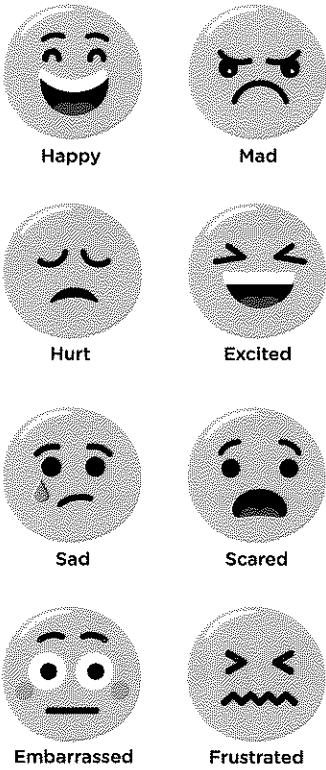
## Encouraging independence

Your child is at an age where he wants to please others and make friends, and he is likely making requests that express his desire for independence (such as wanting to ride the school bus or wanting to walk alone to a neighbor's to play).

- Give your child the chance to safely act independently.
- Set family guidelines on safety, such as always wearing a helmet when riding a bike and not talking to strangers.
- Support and explore your child's interests. This is a great way to connect with and learn about your child.

### Screen time limits

According to the American Academy of Pediatrics, 5-year-olds should be limited to less than one hour of high-quality programming a day, and caregivers should be involved in the screen time by sitting with the child and talking about what they see. Check out parental controls on all devices your child may have access to.



# Helping your child express and manage feelings

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

## Tips for talking about feelings:

- Provide opportunities throughout the day to check in with your child about her feelings. Mealtimes and bedtimes are great opportunities to ask her about her day.
- Allow feelings to happen. Even if you don't agree with how your child is feeling, those feelings are still very real to her. Let her know you understand by repeating back what she tells you about how she feels without judging or interpreting.

Your child's newfound independence may cause some stressful feelings. Practice the following coping skills with your child, so she has a lot of options when she needs help calming down:

- Taking a quiet break
- Going for a walk
- Playing a board game
- Doing a favor for someone
- Playing with play-doh or sand
- Jumping rope or hula-hooping
- Singing a song
- Hugging a stuffed animal

## Dinnertime fun

Make emotional expression and communication part of your routine by playing the "High/Low" game (or "Peaks and Valleys" or "Pows and Wows") each evening. Go around the dinner table and ask everyone to share one "high" from the day and one "low" from the day.

# Building resilient children at 6 to 8 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 6- to 8-year-old build resilience.**

## What is happening at 6 to 8 years old?

- Your child is trying to figure out his role in the world around him.
- Your child may be seeking acceptance and approval.
- Your child may be learning new words and ways to talk about his thoughts and feelings.
- Your child should be getting 10 to 12 hours of sleep in a 24-hour period.

## Building your child's independence

- Offer encouragement for a hard-earned effort as opposed to praise for a job well done. For example, if your child scored her first basket, instead of saying, "Nice shot!" say, "All of your hard work and practice is paying off!" This helps your child find motivation and a sense of pride.
- Encourage your child to join an organized group or sport, at school or in the community, to develop a friend group as well as interests outside of the home.
- Give your child age-appropriate duties to help teach her responsibility and develop problem-solving skills.



## Screen time usage

Even though your child may be gaining independence, it is still very important to closely monitor and set limits on your child's screen time, media and devices.

- ✓ Be aware of tools available for screening your child's device usage, and use them!
- ✓ Be involved in selecting and using media with your child.
- ✓ Sit with your child while using media, and discuss what you are seeing.
- ✓ Set up screen-free areas in the home—especially in the bedrooms.
- ✓ Set consistent, firm limits on what he can and cannot use, as well as when and for how long. Make sure all of your child's caregivers know and follow your rules as well.

# Helping your child express and manage feelings

It's important to talk about feelings to your child at a young age 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, storybooks and other examples to teach your child about different feelings.



Happy



Mad



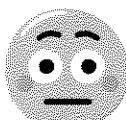
Sad



Hurt



Excited



Embarrassed



Disappointed



Worried



Lonely



Guilty



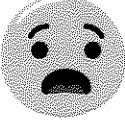
Overwhelmed



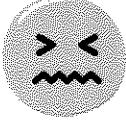
Surprised



Jealous



Scared



Frustrated

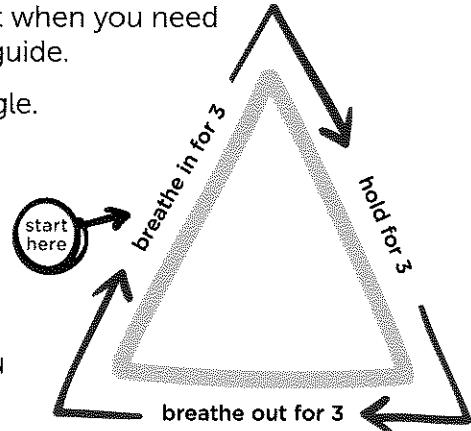
## Tips for talking about feelings

- Help your child identify the thoughts and actions connected to her feelings. Once you start to notice patterns in her behavior, help label and identify these patterns for your child.
- Be careful not to minimize your child's feelings or problems. What might seem like a small problem to you might be overwhelming for her.
- Anger is a secondary emotion. This means that there is something else causing that feeling. What feeling came first? Talk with your child about the situation to see what happened and where the anger came from (jealousy, guilt, shame, sadness, being scared or embarrassment?).

## Using deep breathing as a coping skill

Deep breathing is a simple skill that anyone can use when feeling distressed or upset. Be sure to practice this even when you're feeling calm so that you feel really confident when you need it most. Get started with this simple guide.

- Start at the bottom left of the triangle.
- Breathe in for three counts as you trace the first side of the triangle.
- Hold your breath for three counts as you trace the second side of the triangle.
- Breathe out for three counts as you trace the final side of the triangle.



You have just completed one deep breath.

## Coping skills

At this age, your child might want to try using new coping skills, such as journaling. Journaling is a way for him to express his thoughts and feelings in a safe manner. Other children might be more interested in different options for expression and coping, such as drawing, painting, singing or playing a musical instrument. Encourage your child to use a variety of different strategies.

# 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.



### 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.

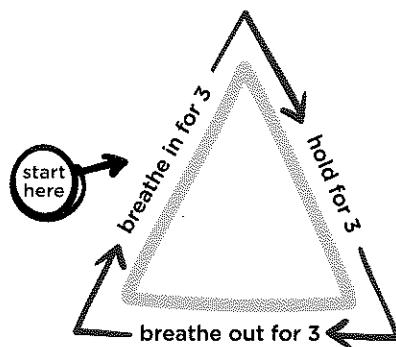


**Helpful hint:** It's difficult to learn things when we are anxious, angry or too distracted, so it is important to try new coping skills during a time when your child is calm instead of during a time of stress. A skill that works one day might not work the next, so encourage your child to try different 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.

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.

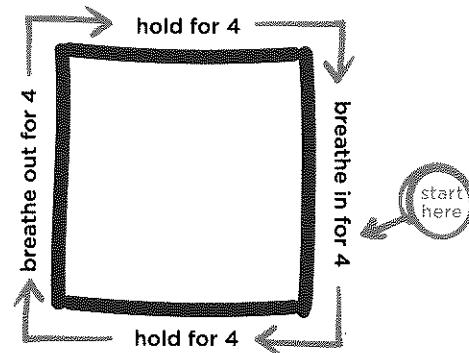
### How to practice deep breathing

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.



### 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!

# 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.

## Vaccine Schedule and Flu Reminder

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

## 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.

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

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](http://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](http://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](http://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](http://www.cdc.gov/flu).



**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](http://cdc.gov/vaccines)), the American Academy of Pediatrics ([aap.org](http://aap.org)), the American Academy of Family Physicians ([aafp.org](http://aafp.org)), the American College of Obstetricians and Gynecologists ([acog.org](http://acog.org)), and the National Foundation of Infectious Diseases ([nfid.org](http://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. Two combination vaccines available in the U.S. also contain polio vaccine virus grown in fetal cells, Pentacel® and Quadracel®.

**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>*

Learn more: [vaccine.chop.edu](http://vaccine.chop.edu)

# 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](http://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](http://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.

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. 19086-12-19

## Q. Do children get too many shots?

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

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

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

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

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

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

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

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

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

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

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

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

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



## Vaccine Safety: The Facts

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

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

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



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

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

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

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

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

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

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

- **Vaccines are studied.** To monitor the safety of vaccines after licensure, the FDA and the CDC created the Vaccine Adverse Event Reporting System (VAERS). All doctors must report certain side effects of vaccines to VAERS. Parents can also file reports with VAERS. For more information about VAERS, visit [www.vaers.hhs.gov](http://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](http://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](http://www.fda.gov) (Food and Drug Administration)
- [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) (Centers for Disease Control and Prevention)

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