Very Important Information
Please Read!

9 Month Visit

Date: _____

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

Check-up and Immunization Schedule

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

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

Vaccines

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

Age	Check-up*	Immunizations/Tests Due
5 yr.	yearly	Hearing & Titmus Vision Screens Anemia Screen w/CBC (if indicated)
6 yr.	yearly	Hearing & Titmus Vision Screens Anemia Screen w/CBC (if indicated)
7 yr.	yearly	----------
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:

_____

_____

_____

YOUR BABY'S NEXT CHECK-UP IS DUE AT <u>12 MONTHS OF AGE</u>.
PLEASE SCHEDULE THIS APPOINTMENT TODAY.

UPDATE: 2-7-2023

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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."

Children's Healthcare of Atlanta
STRONG4LIFE

What you need to know about

Feeding your 9-month-old

QUESTIONS TO ASK AT YOUR BABY'S 9-MONTH VISIT:

- How do I know if my baby is hungry or full?
- Why should my baby be trying a variety of new foods and new textures?
- Should my baby be drinking anything other than breastmilk, formula or water?

FIND ALL OF THIS and more at Strong4Life.com/baby

1 PAY ATTENTION TO YOUR BABY'S HUNGER AND FULLNESS CUES.

Your baby still knows exactly how much he needs to eat—even with solid foods. Continue to trust your baby's hunger and fullness cues.

HUNGER CUES:	FULLNESS CUES:
Grabbing for breast, bottle or food on the table	Pushing away the breast, bottle or plate of food
Pointing to food or feeding spoon	Turning attention away from eating or playing with food and not eating it
Moving hands to mouth, crying or fussing	Throwing food on the floor or handing food back to you

2 SERVE YOUR BABY A VARIETY OF SOLID FOODS AND TEXTURES.

Your baby may start to show signs that he's ready to feed himself. Self-feeding allows him to respond to his hunger and fullness cues, building the foundation for future healthy eating.

What you need to know about different flavors and textures:

- It is important to serve your baby a variety of soft veggies and fruits at meals and snacks. Veggies and fruits are packed with vitamins, minerals and fiber he needs to grow and better digest food.
- Switching your baby from pureed foods to new textures—such as soft, diced and chopped—will help him learn how to chew and swallow better.
- Your baby may refuse a new food the first time he tries it, and that's OK. Some babies need to be introduced to a new food 15 to 20 times before they will accept it.

- Your baby may make faces when he's trying new tastes and textures, but this doesn't mean he dislikes a particular food.
- Like adults, babies may enjoy a food one day and not want it the next. Offering a variety of foods every day will help ensure your baby gets the nutrition he needs.

How to safely feed your baby solids:

- Keep a close eye on your baby when he is eating.
- To avoid choking, serve soft-texture foods diced into small, pea-sized pieces.
- Foods that are small and round (such as grapes or hot dog slices), sticky (such as peanut butter or candy) or tough (such as nuts or popcorn) can cause choking.

3 HELP YOUR BABY LEARN TO FEED HIMSELF.

Helping your baby feed himself will teach him to eat the right amount of food for his small tummy, helping him grow into a healthy eater.

How to help your baby feed himself:

- Provide finger foods at meal and snack times that are soft and easy to chew.
- Help your baby drink water from a cup.
- Be patient and provide a positive, calm setting.
- Provide meals at the table, with your baby facing other family members, to role model healthy eating habits.
- Remember: A messy baby is a learning baby.

No juice needed

- One hundred percent fruit juice and sugar-sweetened drinks (such as fruit punch and soda) can cause tooth decay.
- Breastmilk, iron-fortified formula and small amounts of water are all your baby needs to drink.
- Your baby's cup or bottle should be a no fruit juice or sugar-sweetened drink zone.

Is cow's milk OK?

- Your baby's tummy and digestive tract are still not ready to handle cow's milk.
- Cow's milk does not provide the same nutrients as breastmilk or formula that are important for the growth of your baby's brain and body.

What to expect next:

- Over the next three months, your baby will continue to develop his eating and self-feeding skills.
- Help your baby continue to develop into a healthy eater by starting to reduce the amount of pureed foods you feed him and increasing the amount of soft-cooked, diced and chopped foods.
- **By 12 months, your baby should be eating table foods with the family.**

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 *breastfed*	~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 *formula fed*	~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.

Right From the Start:

ABCs of Good Nutrition for Young Children

As a parent, you are interested in your child's health. Your role is to provide healthy food in appropriate portions, and your child's role is to decide how much to eat. That is why it is important to understand how to provide healthy choices for your child.

Read on for information from the American Academy of Pediatrics about making healthful choices. If you have specific questions about your child's nutrition, talk with your child's doctor or a registered dietitian.

For Starters

Child-sized portions help children accept new foods. Two tips for parents include

1. Serve one-fourth to one-third of the adult portion size, or 1 measuring tablespoon of each food for each year of your child's age.
2. Give less than you think your child will eat. Let your child ask for more if she is still hungry.

How do I know when my child is eating enough?

Children eat when they are hungry and usually stop when they are full. Some parents worry because young children appear to eat very small amounts of food, especially when compared with adult portions. To check your child's eating pattern, pay attention to his food choices.

- Offer all food groups at every meal. Make sure no one food group is completely left out. If this happens for a few days, don't worry. However, missing out on a food group for a long time could keep your child from getting enough nutrients.
- Encourage your child to eat a variety of foods within the food groups by modeling good eating yourself. Even within a food group, different foods provide different nutrients.
- A child who is growing well is getting enough to eat.

Food Groups

There is a variety of foods from each food group (see *Sample List of Food Choices*). The next time you shop for groceries, try something new.

Keep dangerous foods from children until 4 years of age or older depending on each child's development and maturity. However, round, firm food, such as hot dogs or grapes, can be served if completely chopped into tiny pieces. Peanut butter and other nut butters should be spread thinly. Choking hazards include hot dogs; hard, gooey, or sticky candy; chewing gum; nuts and seeds; whole grapes; raw vegetables, such as carrot sticks; raw fruit chunks, such as apples; popcorn; chunks of peanut butter or other nut butters; marshmallows; meat sticks/sausages; chunks of meat; and chunks of cheese or string cheese.

If your child has food allergies or is diagnosed as having peanut or tree nut allergies, avoid nuts and any food that contains or is made with nut products.

Building a Healthy Plate

Over the years, various tools have been created to provide guidance on the type and amount of food Americans should eat. MyPlate recommends

- **Balancing calories.** Enjoy your food, but eat less. Avoid oversized portions.
- **Foods to increase.** Make half your plate fruits and vegetables. Switch to nonfat (skim) or low-fat (1%) milk (see *Milk Choices*).
- **Foods to reduce.** Limit foods that contain saturated fats and sodium. Check the Nutrition Facts label. Drink water instead of sugary drinks.

Snacks Count Too

Snacks make up an important part of childhood nutrition and are an opportunity to encourage healthy eating. Children must eat frequently. With their small stomachs, they cannot eat enough at meals alone for their high-energy needs. Three meals and 2 or 3 healthy snacks a day help children to meet their daily nutrition needs.

To make the most of snacks, parents and caregivers should offer healthy snack choices and be consistent with the time snacks are served. Schedule snacks around normal daily events, and space them at least 2 hours before meals. Children should not feel full all the time. A feeling of hunger between meals and snacks encourages children to eat well when healthy foods are offered.

Milk Choices

Here are guidelines about what type of milk to give your child.

- **Children younger than 12 months** — Human (breast) milk is best. Give iron-fortified formula if breast milk is not available.
- **Children 12 to 24 months** — Whole milk. Your child's doctor may recommend reduced-fat (2%) or low-fat (1%) milk if your child is obese or overweight, or if there is a family history of high cholesterol or heart disease. Check with your child's doctor or a registered dietitian before switching from whole to reduced-fat milk. (Breastfeeding can continue after 12 months of age as long as is desired by mom and baby.)
- **Children older than 24 months —** Low-fat or nonfat (skim) milk.

Don't forget active play!

Physical activity, along with proper nutrition, promotes lifelong health. Active play is the best exercise for kids! Parents can join their children and have fun while being active too. Some fun activities for parents and kids to do together include playing on swings, riding tricycles or bicycles, jumping rope, flying a kite, making a snowman, swimming, or dancing. The daily recommendation for exercise for children (adults also) is at least 1 hour per day. This takes commitment from parents, but the rewards are time together and better health.

Sample List of Food Choices

Food Group	Types of Foods
Fruit: Whole fruits provide many essential vitamins and minerals, together with a variety of disease-fighting substances, like those in vegetables, and fiber. Fruits are the most important source of vitamin C. Vitamin C is needed to produce collagen, the connective substance that holds cells together and helps maintain blood vessels, bones and cartilage, and teeth.	Apples, apricots, bananas, berries (blueberries, raspberries, or strawberries), grapefruit, grapes, kiwifruit, mangoes, melons (cantaloupe, honeydew, or watermelon), nectarines, oranges, papayas, peaches, pears, pineapple, plums, prunes, raisins, tangerines, or 100% unsweetened fruit juice. Fruits may be fresh, canned, frozen, or dried. Fruits may also be whole, cut up, or pureed. (The American Academy of Pediatrics recommends that juice be limited to 4 ounces per day for children 1 to 3 years of age, 4 to 6 ounces per day for children 4 to 6 years of age, and 8 ounces per day for children 7 to 18 years of age.)
Vegetables: Vegetables are the most important source of beta-carotene and many other vitamins and phytochemicals. Vegetables also provide plenty of fiber. Our bodies convert beta-carotene to vitamin A for healthy skin, glands, immune system, and eye function. Phytochemicals are naturally occurring plant compounds believed to fight cancer and other diseases. Vegetables may be fresh, canned, or frozen.	**Dark-green vegetables:** bok choy, broccoli, collard greens, kale, or spinach **Red and orange vegetables:** acorn, squash, butternut squash, carrots, pumpkin, red peppers, sweet potatoes, tomatoes, or tomato juice **Starchy vegetables:** corn, green peas, lima beans, or potatoes **Other vegetables:** artichokes, asparagus, avocado, bean sprouts, beets, brussels sprouts, cabbage, cauliflower, celery, cucumbers, eggplant, green beans, green peppers, jicama, mushrooms, okra, onions, snow peas, tomatoes, or zucchini
Grains: Foods from grains are packed with starches (complex carbohydrates). Carbohydrates are the best source of energy for active, growing bodies. However, consuming too many carbohydrates, especially sugars and processed starches, can be unhealthy.	**Whole grains:** brown rice; buckwheat; bulgur (cracked wheat); oatmeal; popcorn; whole-grain barley or cornmeal; whole rye; whole-wheat bread, cereal flakes, crackers, pasta, or tortillas; or wild rice **Other products, mostly made from refined grains:** cornbread, corn tortillas, couscous, crackers, flour tortillas, pasta, pitas, pretzels, or ready-to-eat cereals (However, some of these may be made from whole grains; check the ingredients for *whole grain or whole wheat.*)
Protein foods: Protein is needed for growth as well as to maintain muscle, bone and cartilage, teeth, and every system in the body.	**Meats:** lean cuts of beef, ham, lamb, pork, or veal **Poultry:** skinless or ground chicken or turkey **Seafood:** fish such as catfish, cod, herring, salmon, trout, or tuna, or shellfish such as clams, crab, lobster, mussels, oysters, scallops, squid (calamari), or shrimp **Beans and peas:** black beans, black-eyed peas, chickpeas (garbanzo beans), kidney beans, lentils, or pinto beans **Processed soy products:** tofu (bean curd made from soybeans), veggie "burgers," tempeh, or texturized vegetable protein (TVP for short) **Nuts and seeds:** almonds, cashews, peanuts, almond or peanut butter, sunflower seeds, or walnuts **Eggs:** chicken or duck eggs
Dairy: Milk is children's best source of calcium and an important source of protein, riboflavin (vitamin B_2), and many other nutrients.	Nonfat (skim) or low-fat (1%) milk; yogurt; cheese such as cheddar, mozzarella, Swiss, parmesan, or cottage cheese; pudding; frozen yogurt; or ice milk. Calcium-fortified soy milk (soy beverage) is also part of the dairy group.

Adapted from US Department of Agriculture. http://ChooseMyPlate.gov. Accessed April 26, 2016.

For More Information

American Academy of Pediatrics
www.aap.org and www.HealthyChildren.org

Academy of Nutrition and Dietetics
www.eatright.org and www.kidseatright.org

US Department of Agriculture Food and Nutrition Service
www.fns.usda.gov (includes information on SNAP [Supplemental Nutrition Assistance Program] and WIC [Special Supplemental Nutrition Program for Women, Infants, and Children] benefits)

From Your Doctor

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

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from the American Academy of Pediatrics

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

Healthy Finger Foods for Your Baby

Sometime between 6 and 9 months, your baby will be ready to transition from pureed foods to thicker mashed foods, and finally to finger foods. But here's a tip: The healthiest finger foods for babies are often not on the baby food aisle.

Healthiest finger foods for your baby

Your baby is eating "big kid" food now, so it's time to start looking beyond the baby food aisle for healthy choices:

- Small pieces of fresh, ripe produce, like banana, mango, pear or avocado
- Well-steamed or baked, mashed veggies, like carrots, sweet potatoes or squash
- Cooked peas
- Small legumes, like black beans or lentils
- Hard-boiled or scrambled eggs
- Pieces of whole-wheat toast (dry) or soft tortillas
- Whole-wheat noodles or brown rice
- Plain toasted oat cereal
- Shredded cheese
- Small pieces of ground or shredded meat or tofu

Other foods to try

These aren't really finger foods, but they'll teach your baby to explore texture and variety. Your baby can practice with a spoon, but their fingers are fine!

- Plain, whole-milk yogurt
- Plain oatmeal
- Cottage cheese
- Natural applesauce without added sugar or artificial sweeteners (no need for the more expensive "baby food apples")

While plain yogurt and oatmeal may seem bland, babies like the simple flavor. Flavored varieties of yogurt and oatmeal have a lot of added sugar, which your baby doesn't need.

Foods to avoid

Hard, sticky or round foods can make your baby choke. To prevent choking, the American Academy of Pediatrics recommends foods that are soft, easy to swallow and cut into small pieces.

Avoid giving your baby these foods:

- Round foods, such as whole grapes or cherry tomatoes. If you do offer your baby (or toddler) grapes or cherry tomatoes, cut them in quarters so they are no longer round
- Popcorn, nuts and chips
- Chunks of meat (ground, pulled and finely chopped meat is a safer choice)

- Chunks of cheese (shredded or finely chopped cheese is a safer choice)
- Big globs of peanut butter
- Chunks of raw veggies, like carrots
- Hot dogs
- Candy and marshmallows

New research suggests that even some toddler snacks are choking hazards:

- Yogurt drops: After being left out for as little as an hour, yogurt drops can absorb enough moisture to make them sticky and hard to swallow. Plus, they are full of added sugar.
- Teething biscuits: After a baby has been gumming a biscuit for some time, it eventually gets worn down enough to break apart and can cause baby to choke.
- Wheel-shaped grain snacks: These are simply too big for a baby's mouth.

Keep choosing healthy solid food for your baby simple: Go with soft, simple, unprocessed foods, and your baby will be chewing like a champ in no time!

Are Baby Food Pouches Healthy or Harmful?

One of the latest trends in baby food is the squeeze pouch. They're easy to store or pop in your diaper bag, and many claim to include trendy health foods, like kale and quinoa.

When you're introducing solids to your baby, spoon feeding pouch purees can be a good option. But between 6 and 9 months, your baby will be ready to move beyond pureed food, so it's time to leave the pouches behind.
Even the American Academy of Pediatrics has raised concerns. Find out why.

Pouches don't teach healthy eating habits
Kids need to learn how real food looks, feels and tastes so they can grow up enjoying those healthy options in their regular state. Pureed veggies or other healthy foods hidden in a colorful pouch—with fruit added to disguise the taste—can mistakenly teach your child that wholesome food comes from a container.

Once your child is past the puree stage, help them develop healthy eating habits by swapping the pouch for fresh foods in their natural state. For the cost of just one pouch, you can buy a pound of carrots and a few bananas—enough real fruits and veggies for the whole family to enjoy!

Baby food pouches can lead to picky eaters
Be careful: Many pouches include fruit or juice that isn't noted on the front of the package. And when your toddler's veggies, meats and grains are sweetened with fruit, they're less likely to like the taste of these foods later.

Plus, sucking food through a pouch teaches your child to prefer smooth, liquidy food, so they might not accept the variety of textures found in fresh veggies, meat and grains.
In short, pouches can help create picky eaters.

Overusing pouches can affect your baby's health
Here's why:

- Some pouches have more sugar than whole fruit and are more likely to sit on your child's teeth and gums, which can lead to tooth decay. Always read labels.
- Drinking food isn't as satisfying as eating it. Your toddler won't feel as full after they slurp from a pouch, which can lead to overeating.
- Drinking straight from the pouch means you never get a chance to see or smell the food your kids are eating. While reports of mold or other contaminants aren't the norm, they have happened. Have peace of mind by seeing your child's food before they eat it.

A Parent's Guide to Toy Safety

Children can have a lot of fun playing with their toys. However, it's important to keep in mind that safety should always come first. Each year thousands of children are injured by toys.

Read on to learn what to look for when buying toys and how a few simple ideas for safe use can often prevent injuries.

How to prevent injuries

Most injuries from toys are minor cuts, scrapes, and bruises. However, toys can cause serious injury or even death. This happens when toys are dangerous or used in the wrong way. The following are ways to help prevent injuries:

Supervise your child's play

- **Do not allow reckless or improper play.** Injuries can happen when toys are thrown, jumped on, or taken apart.
- **Watch out for small, loose, or broken toys.** A small toy or part can easily get stuck in a child's ear, nose, or throat. Children can be seriously injured or killed from inhaling, swallowing, or choking on objects such as magnets, marbles, small balls, toy parts, or balloons. Keep all toys with small parts away from your child until she learns not to do this, usually by about 5 years of age.
- **Watch your child carefully around balloons.** Uninflated and broken balloons are a serious choking hazard. Your child can easily inhale the balloon when she tries to inflate it. Or if she tries to bite the balloon and it bursts, she can swallow the broken pieces.
- **Always check the batteries.** If a toy has small batteries, be sure the battery compartment is sealed tightly so your child cannot get them out. Small batteries are a choking hazard.
- **Watch out for loose strings, ropes, ribbons, or cords.** These can get tangled around a child's neck. They are often found in crib toys; on pull toys; on clothing, such as hood cords; or tied to pacifiers.
- **Have a safe play area for riding toys.** Injuries can happen when children fall off riding toys or play with them in or near the street or near swimming pools, ponds, and lakes. Other riding toys such as skateboards, scooters, and in-line skates go fast, and falls could be deadly. Be sure your child wears a helmet and safety gear when using these toys.

Keep toys in good condition

- **Repair or replace any broken parts.** Look for damaged or broken parts, splinters on wooden toys, loose eyes or small parts on dolls, and exposed wires on electric toys. A broken toy can expose sharp or pointed edges.
- **Don't let toys get rusty.** Never leave metal toys outside overnight, as they may get rusty.
- **Check for fire hazards.** Burns and shocks can result from frayed cords, misuse, or overuse of electric plug-in toys.

Store toys properly

- **Store toys on a shelf or in a toy chest.** Toys should be out of the way and off the floor to avoid being stepped on or tripped over. Also, choose a toy chest carefully. Toy chests can pinch, bruise, or break tiny fingers and hands if they close suddenly. Children can also suffocate if they get trapped inside a toy chest. The best toy chest is a box or basket without a lid. However, if it has a lid, make sure it has safe hinges that hold the lid open and do not pinch. The chest should also have air holes just in case your child gets trapped inside.
- **Keep toys made for an older child far out of reach of a younger child.** These toys may have small parts or be harmful in other ways.
- **Never store a toy in its original package.** Staples and stiff plastic containers can cause cuts, and plastic wrap can lead to choking or suffocation.

How to buy a safe toy

Here are 10 tips to help you choose safe and appropriate toys for your child.

1. **Read the label.** Warning labels give important information about how to use a toy and what ages the toy is safe for. Be sure to show your child how to use the toy the right way.
2. **Think LARGE.** Make sure all toys and parts are larger than your child's mouth to prevent choking.
3. **Avoid toys that shoot objects into the air.** They can cause serious eye injuries or choking.
4. **Avoid toys that are loud** to prevent damage to your child's hearing.
5. **Look for stuffed toys that are well made.** Make sure all the parts are on tight and seams and edges are secure. It should also be machine washable. Take off any loose ribbons or strings to avoid strangulation. Avoid toys that have small bean-like pellets or stuffing that can cause choking or suffocation if swallowed.
6. **Buy plastic toys that are sturdy.** Toys made from thin plastic may break easily.
7. **Avoid toys with toxic materials that could cause poisoning.** Make sure the label says "nontoxic."
8. **Avoid hobby kits and chemistry sets for any child younger than 12 years.** They can cause fires or explosions and may contain dangerous chemicals. Make sure your older child knows how to safely handle these kinds of toys.
9. **Electric toys should be "UL Approved."** Check the label to be sure.
10. **Be careful when buying crib toys.** Strings or wires that hang in a crib should be kept short to avoid strangulation. Crib toys should be removed as soon as your child can push up on his hands and knees.

Gift ideas by age

Age recommendations on toys can be helpful because they offer guidelines on the following:

- The safety of the toy (for example, if there any possible choking hazards)
- The ability of a child to play with the toy
- The ability of a child to understand how to use a toy
- The needs and interests at various levels of a child's development

These recommendations are based on general developmental levels of each age group. However, every child is different. What is right for one child may not suit the skills and needs of another. Match the toy to your child's abilities. A toy that is too advanced or too simple for your child may be misused, which could lead to an injury.

The following is a list of toys that the American Academy of Pediatrics recommends for specific age groups. Keep in mind, these are only guidelines. Parents should continue to watch out for mislabeled toys and always supervise young children.

Young infants (birth–6 months old)

Toys for this age are for looking, sucking, listening, and touching.

- Mobiles or hanging toys that are out of baby's reach
- Rattles they can easily hold or shake
- Soft squeeze balls
- Large unbreakable mirrors mounted on a crib or wall

Older infants (7–12 months old)

Toys for this age group should appeal to your baby's sight, hearing, and touch.

- Cloth, plastic, or board books with large pictures
- Large blocks (wood or plastic)
- Soft, washable animals, dolls, or balls
- Activity boards and cubes
- Floating bath toys
- Squeeze and squeak toys
- Disks or keys on rings
- Stacking toys

Toddlers (1 to 2 years old)

Toys for this age group should be able to withstand a toddler's curious nature.

- Cloth, plastic, or board books with large pictures
- Sturdy dolls
- Stuffed toys (no small or removable parts)
- Ride-on toys (no pedals)
- Rhythm instruments like bells, drums, cymbals, and xylophones
- Nesting and stacking blocks
- Push and pull toys (no long strings)
- Toy phones (no cords)
- Hidden object or pop-up toys
- Matching and sorting games

Preschoolers (3 to 5 years old)

Toys for this age group can be creative or imitate the activity of parents and older children.

- Books (short or action stories)
- Simple board games
- Building blocks
- Crayons, nontoxic paints, clay, chalk
- Toy tools
- Housekeeping toys
- Ride-on toys (tricycles, cars, wagons)
- Number and letter puzzles with large pieces
- Dress-up clothes
- Tea party sets

6- to 9-year-olds

Toys for this age group should help your child develop new skills and creativity.

- Crafts or sewing sets
- Card games
- Doctor and nurse kits
- Hand puppets
- Table games
- Electric trains
- Paper dolls
- Bicycles with helmets
- Roller skates or in-line skates with protective gear
- Other sports equipment like balls or jump ropes

10- to 14-year-olds

Hobbies and scientific activities are ideal for this age group.

- Computer games (Check the ratings on computer games to be sure they are OK for your child.)
- Sewing, knitting, needlework
- Microscopes/telescopes
- Table and board games
- Sports equipment
- Hobby collections

How safe are toy guns?

It has been shown that toy guns can cause serious or deadly injuries to children. This is especially true for pellet and BB guns. Although these are often thought of as toys, they can be high-powered, deadly devices. Parents should also be aware that studies in recent years have raised questions about the effect playing with toy guns has on a child's developing personality. Playing with toy weapons and guns may cause more aggressive, violent behavior in some children. Playing with toy guns may also make it easier for a child to mistake a real gun for a toy.

For more information

If you're not sure about a toy's safety or proper use, call the manufacturer. To check whether a toy is unsafe or to report a toy-related injury, call the Consumer Product Safety Commission at 800/638-2772 or visit its Web site at www.cpsc.gov.

Important information about recalled toys

One of the goals of the Consumer Product Safety Commission (CPSC) is to protect consumers and families from dangerous toys. It sets up rules and guidelines to ensure products are safe and issues recalls of products if a problem is found. Toys are recalled for various reasons including unsafe lead levels, choking or fire hazards, or other problems that make them dangerous. Toys that are recalled should be removed right away. If you think your child has been exposed to a toy containing lead, ask your child's doctor about testing for elevated blood lead levels.

If you are not sure about the safety of a toy or want to know if a toy has been recalled, see the CPSC Web site (www.cpsc.gov) for photos and descriptions of all recalled toys.

From your doctor

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

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

Protect Your Child From Poison

Children can get very sick if they come in contact with medicines, household products, pesticides, chemicals, or cosmetics. This can happen at any age and can cause serious reactions. However, most children who come in contact with these things are not permanently hurt if they are treated right away.

Here is information from the American Academy of Pediatrics on how to prevent and treat poisonings in and around your home.

Prevention

Most poisonings occur when parents are not paying close attention. While you are busy doing other things, your child may be exploring closets or under bathroom sinks, where dangerous household items are often stored. Children are at risk for poisoning because they like to put things into their mouths and taste them. Remember to always keep a close eye on your child. Watch your child even more closely when you are away from home—especially at a grandparent's home, where medicines are often left out and within a child's reach.

The best way to keep your child safe from poisoning is to lock up dangerous household items out of your child's reach, including

- Medicines (especially those that contain iron)
- Cleaning products, like dishwasher and laundry detergents, bleach, ammonia, and furniture polish
- Antifreeze, paint thinners, and windshield washer fluid
- Gasoline, kerosene, and lamp oil
- Pesticides
- Alcohol

Always store medicines and household products in their original containers. Children can get confused if you put them in containers that were once used for food, especially empty drink bottles, cans, or cups. Also, many dangerous items look like food or drinks. For example, your child may mistake powdered dish soap for sugar or lemon liquid cleaner for lemonade.

Poison Help

- Call 1-800-222-1222 if you have a poisoning emergency. 1-800-222-1222 is a nationwide toll-free number that will connect you right away to your nearest poison center. A poison expert in your area is available 24 hours a day, 7 days a week. Also call if you have a question about a poison or poison prevention. You can find prevention information at http://poisonhelp.hrsa.gov.
- Be prepared. Post the Poison Help number by every phone in your home and program the number in your cell phone. Be sure that caregivers and babysitters know this number.

How to Make Your Home Poison Safe

Kitchen

- Store medicines, cleaners, lye, furniture polish, dishwasher soap, and other dangerous products in locked cabinets, out of sight and reach of children.
- If you must store items under the sink, use safety latches that lock every time you close the cabinet.

Bathroom

- Keep all medicines in containers with safety caps. But remember, these caps are child resistant, not childproof, so store them in a locked cabinet.
- Get rid of leftover or expired medicines.
  - Take medicines to your police department if it has a drug collection program.
  - Check if your community has a household hazardous waste disposal program that takes medicines.
  - Mix medicines with coffee grounds or kitty litter, seal tightly in a plastic bag or container, and discard where children cannot get them. Remember to remove labels with personal information from prescription medicines.
  - Only flush medicines down the toilet or pour down the drain if the patient information materials say it's OK to do so.
- Store everyday items, like toothpaste, soap, and shampoo, in a different cabinet from dangerous products.
- Take medicine where children cannot watch you; they may try to copy you.
- Call medicine by its correct name. You don't want to confuse your child by calling it candy.
- Check the label every time you give medicine. This will help you to be sure you are giving the right medicine in the right amount to the right person. Mistakes are more common in the middle of the night, so always turn on a light when using any medicine.

Garage and Basement

- Keep paints, varnishes, thinners, pesticides, and fertilizers in a locked cabinet.
- Read labels on all household products before you buy them. Try to find the safest ones for the job. Buy only what you need to use right away.
- Open the garage door before starting your car to prevent carbon monoxide poisoning.
- Be sure that coal, wood, or kerosene stoves and appliances are in good working order. If you smell gas, turn off the stove or gas burner, leave the house, and call the gas company.

Entire House

- Install smoke alarms and carbon monoxide detectors. Contact your local fire department for information on how many you need and where to install them.
- Keep houseplants on a high shelf or other location that is out of young children's reach.

Important Information About Syrup of Ipecac

Syrup of ipecac is a drug that was used in the past to make children vomit (or throw up) after they had swallowed a poison. Although this may seem to make sense, this is not a good poison treatment. You should not make a child vomit in any way, including giving him syrup of ipecac, making him gag, or giving him salt water. If you have syrup of ipecac in your home, throw it out (see the *Bathroom* section for instructions on how to properly get rid of medicine).

Treatment

Swallowed Poison

If you find your child with an open or empty container of a dangerous nonfood item, your child may have been poisoned. Stay calm and act quickly.

First, get the item away from your child. If there is still some in your child's mouth, make him spit it out or remove it with your fingers. Keep this material along with anything else that might help determine what your child swallowed.

Do not make your child vomit because it may cause more damage.

If your child is unconscious, not breathing, or having convulsions or seizures, call 911 or your local emergency number right away.

If your child does not have these symptoms, call the Poison Help number, 1-800-222-1222. You may be asked for the following information:

- Your name and phone number
- Your child's name, age, and weight
- Any medical conditions your child has
- Any medicine your child is taking
- The name of the item your child swallowed (Read it off the container and spell it.)
- The time your child swallowed the item (or when you found your child) and the amount you think was swallowed

If the poison is very dangerous, or if your child is very young, you may be told to take him to the nearest hospital. If your child is not in danger, the Poison Help staff will tell you what to do to help your child at home.

Poison on the Skin

If your child spills a dangerous chemical on her body, remove her clothes and rinse the skin with room-temperature water for at least 15 minutes, even if your child resists. Then call the Poison Help number, 1-800-222-1222. Do not use ointments or grease.

Poison in the Eye

Flush your child's eye by holding the eyelid open and pouring a steady stream of room-temperature water into the inner corner. It is easier if another adult holds your child while you rinse the eye. If another adult is not around, wrap your child tightly in a towel and clamp him under one arm. Then you will have one hand free to hold the eyelid open and the other to pour in the water. Continue flushing the eye for 15 minutes. Then call the Poison Help number, 1-800-222-1222. Do not use an eyecup, eye drops, or ointment unless Poison Help staff tells you to.

Poisonous Fumes

In the home, poisonous fumes can come from

- A car running in a closed garage
- Leaky gas vents
- Wood, coal, or kerosene stoves that are not working right
- Space heaters, ovens, stoves, or water heaters that use gas

If your child is exposed to fumes or gases, have her breathe fresh air right away. If she is breathing, call the Poison Help number, 1-800-222-1222, and ask about what to do next. If she is unresponsive and has stopped breathing or is gasping, start CPR (cardiopulmonary rescuscitation) and do not stop until she breathes on her own or someone else can take over. If you can, have someone call 911 or your local emergency number right away. If you are alone, wait until your child is breathing or, after 2 minutes of CPR, call 911 or your local emergency number.

Remember

You can help make your home poison safe. Here are 3 tips.

- Keep all medicines and household products locked up and out of your child's reach.
- Use safety latches on drawers and cabinets where you keep objects that may be dangerous to your child.
- Be prepared for a poisoning emergency. Post the Poison Help number, 1-800-222-1222, by every phone in your home and program the number in your cell phone. It will connect you right away to your nearest poison center. (Be sure that your babysitter knows this number too.)

From Your Doctor

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6 to 12 Months

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A program of the American Academy of Pediatrics

6 TO 12 MONTHS

Safety for Your Child

Did you know that hundreds of infants die every year in the United States because of injuries—most of which can be prevented?

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

Falls

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

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

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

Burns

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

If your child does get burned, put cold water on the burned area immediately. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth. Call your doctor for all burns. To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater.

Make sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.

(over)

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Drowning

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

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

Poisoning and Choking

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

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

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

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

Strangulation and Suffocation

Place your baby's crib away from windows. **Cords from window blinds and draperies can strangle your child.** Use cordless window coverings or, if this is not possible, tie cords high and out of reach. Do not knot cords together.

Plastic wrappers and bags form a tight seal if placed over the mouth and nose and may suffocate your child. Keep them away from your child.

And Remember Car Safety

Car crashes are a **great danger** to your child's life and health. Most injuries and deaths caused by car crashes **can be prevented** by the use of car safety seats EVERY TIME your child is in the car. All infants and toddlers should ride in a rear-facing car safety seat until they are at least 2 years of age or until they reach the highest weight or height allowed by their car safety seat's manufacturer. A rear-facing car safety seat should NEVER be placed in front of a passenger airbag.

From Your Doctor

Your child, besides being much safer in a car safety seat, will behave better so you can pay attention to your driving. **The safest place for all infants and children to ride is in the back seat.**

Do not leave your child alone in a car. Keep vehicles and their trunks locked. Children who are left in a car can die of heatstroke because temperatures can reach deadly levels in minutes.

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

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Childproofing Your Home

Children are naturally curious and love to explore. Young children especially like to explore by putting things in their mouths. Before or as soon as children begin crawling or walking, parents and caregivers need to take extra steps to make sure harmful items are out of reach, out of sight, and locked up if possible.

Take a moment to check each room in your home using the Safety Checklist in this publication.

Place a check in the first column next to the item if it is STORED OUT OF REACH OF CHILDREN.

Place a check in the second column next to the item if it is STORED IN A LOCKED CABINET WITH A SAFETY LATCH.

Also keep in mind that children may get into trash containers. Trash containers that contain spoiled food, sharp objects (like discarded razor blades), or batteries should have a child-resistant cover or be kept out of a child's reach. Purses and other bags that hold potential hazards, including medicines, should be kept out of a child's reach too.

Important Reminders

Most poisonings occur when parents or caregivers are home but not paying attention.

- Keep products in original packaging.
- Store in locked cabinets or containers, out of sight and reach of children.
- Install a safety latch that locks when you close the door on child-accessible cabinets.

Detergent in single-use laundry packets is very concentrated and can be toxic. Even a small amount of the detergent can cause serious breathing or stomach problems or eye irritation.

- Never let your children handle or play with the packets. The packets dissolve quickly when in contact with water, wet hands, or saliva. Biting a packet can cause it to burst, shooting detergent into the child's mouth and throat or eyes.
- Remember to seal the container and store it in a locked cabinet after each use. Make sure the container is out of sight and reach of children.
- Adults should follow the instructions on the product label.

Small objects can be choking hazards or harmful if swallowed.

- Check your floors regularly for small objects. This is particularly important if someone in the household has a hobby that involves small items or if there are older children who have small items.
- Make sure battery covers are secure on remote controls, key fobs, musical books, and greeting cards. Store devices that contain small button batteries out of sight and reach of children. Button batteries can cause severe injury or death if ingested.

Safety Checklist

Check your home for...	Stored out of reach of children	Stored in a locked cabinet with a safety latch
Cleaning products including		
• All-purpose cleaners	☐	☐
• Bleach	☐	☐
• Dishwashing detergent (liquid, powdered, or single-use packets or tablets)	☐	☐
• Drain openers and toilet bowl cleaners	☐	☐
• Furniture polish	☐	☐
• Laundry detergent (liquid, powdered, or single-use packets or tablets)	☐	☐
Personal and hygiene products including		
• Nail polish removers	☐	☐
• Cosmetics	☐	☐
• Mouthwash	☐	☐
• Perfume and aftershave	☐	☐
Items that may be stored in your basement or garage including		
• Antifreeze and windshield wiper fluid	☐	☐
• Gasoline, kerosene, and lamp oil	☐	☐
• Insecticides and weed killer	☐	☐
Medicines		
• Prescription medicines	☐	☐
• Over-the-counter medicines	☐	☐
• Vitamins and supplements	☐	☐
Houseplants Certain houseplants may be harmful. Call Poison Help at 1-800-222-1222 for a list or description of plants to avoid. You may want to do without houseplants for a while or, at the very least, keep all houseplants out of reach.	☐	☐
Small objects including		
• Beads, buttons, coins	☐	☐
• Button batteries	☐	☐
• Pins	☐	☐
• Refrigerator magnets or products and toys with small or loose magnets	☐	☐
• Screws	☐	☐
Alcohol Alcohol can be very poisonous to a young child. Remember to empty any unfinished drinks right away.	☐	☐
Nicotine including e-cigarette refills and cigarettes Liquid nicotine e-cigarette refills can be extremely dangerous, even fatal, for a child. Keep all nicotine products, including traditional cigarettes, out of sight and reach of children.	☐	☐

Medicines can be harmful if not taken as directed.

- Purchase and keep medicines in original containers with safety caps.
- Check the label each time you give a child medicine to ensure proper dosage.

What to Do in Case of Poisoning

If you find your child with an open or empty container of a dangerous nonfood item, your child may have been poisoned.

1. Stay calm and act quickly.
2. Get the item away from your child. If there is still some in your child's mouth, make your child spit it out or remove it with your fingers. Keep this material along with anything else that might help determine what your child swallowed.
3. Do not make your child vomit because it may cause more damage.

If your child is unconscious, not breathing, or having convulsions or seizures, call 911 or your local emergency number right away.

If your child does not have these symptoms, call Poison Help at 1-800-222-1222. You may be asked for the following information:

- Your name and phone number
- Your child's name, age, and weight
- Any medical conditions your child has
- Any medicine your child is taking
- The name of the item your child swallowed
- The time your child swallowed the item (or when you found your child), and the amount you think was swallowed

If the poison is very dangerous, or if your child is very young, you may be told to take your child to the nearest hospital. If your child is not in danger, the Poison Help staff will tell you what to do to help your child at home.

From Your Doctor

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Preventing Furniture and TV Tip-Overs

TVs that are unstably mounted often fall on industrious toddlers trying to reach them. According to the study, "Television-Related Injuries to Children in the United States, 1990–2011," published in the August 2013 issue of *Pediatrics*, the rate of pediatric injuries caused by falling TVs is increasing– about 12,300 injuries among U.S. children under age 18 in 2011, up 126% from 5,455 injuries in 1990.

Why Are Falling TV Injuries and Deaths On the Rise?

I figured it was the prevalence of larger TVs over the past several years. But surprisingly, according to the new findings, **small TVs aren't necessarily less likely to cause injuries**. In 69% of the cases where TV size was documented, the screen was less than 26 inches. The study's author hypothesized that when families buy larger TVs, they often move the old TV to a bedroom or basement. The old TV is often unstably mounted on a dresser, entertainment center, or nightstand. Toddlers are tempted to climb on the furniture to reach the TV, causing the TV and/or furniture to topple on them. Dressers seem to be especially dangerous, as kids can pull out a drawer to use as an unstable step to get to the TV.

- Most of the overturned TVs fell off a dresser or armoire (46%), an entertainment center or TV stand (31%) or a table or nightstand (8.8%).
- Kids under age 5 represented 64% of all injured patients; boys accounted for 61%.
- The most common injuries were lacerations (37%) and soft tissue injuries (35%). The injuries most often affected the he ad and neck region (63%).

How to Prevent Death and Injury From Falling TVs and Furniture in Your Home:

We can't stop our toddlers from climbing. We can stabilize the things they climb on.

- **All TVs should be firmly mounted to a wall or a piece of furniture**. You can buy wall-mounting kits for most TVs, including older CRT models as well as newer flat-screen TVs. Also, consider simply using screws to secure the base of your TV to a piece of furniture.
- **Dressers, bookcases, mirrors, and other pieces of furniture should be secured to the wall, preferably with dry-wall screws into a stud**. I hesitated to put screws through the back of an antique oak bookcase my grandfather had refinished for me… until my 2 year-old started to climb on it, and I caught it mid-fall.
- **Avoid storing tempting electronics such as iPads, DVDs, and TVs/remotes on or above furniture you don't want your kids to climb on**. Don't store these things over kitchen stoves, either.

A quick internet search will provide multiple YouTube videos and other how-to articles on how to secure your TV or furniture to a wall.

Additional Information:

- Childproofing Your Home
- Childproofing Tips for Grandparents
- Tip-Over Information Center (CPSC.gov)
- Anchor It! – A national public education campaign to prevent furniture and TV tip-overs.

Last Updated: 2/21/2018

Fun in the Sun:

Keep Your Family Safe

Warm, sunny days are wonderful. It's great to exercise outside, and the sun feels good on your skin. But what feels good can harm you and your family. Read on for information from the American Academy of Pediatrics about how to keep your family safe from the sun's harmful rays.

The Sun and Skin Cancer

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

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

Research shows that 1 or more blistering sunburns as a child or teen can increase the risk of melanoma skin cancer later in life. Sunburns can also be very painful. Too much sun exposure can cause other problems, too, such as

- Dehydration (loss of fluids) and fever
- Damage to skin, such as changes in color and wrinkles
- Cataracts (clouding of eye lens) of the eye
- Damage to the body's immune system

Sun Safety Tips

It's good for children and adults to spend time playing and exercising outdoors, and it's important to do so safely. Follow these simple rules to protect your family from sunburns now and from skin cancer later in life.

- Keep babies younger than 6 months out of direct sunlight. Find shade under a tree, 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 spends 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.

1. Give your child water or 100% fruit juice to replace lost fluids.
2. Use cool water to help your child's skin feel better.
3. 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.)
4. Only use medicated lotions if your child's doctor says it is OK.
5. Keep your child out of the sun until the sunburn is fully healed.

About Indoor Tanning and Sunless Tanning Products

Many teens, especially girls and young women, go to tanning salons because a tan makes them feel more attractive and healthy. But tanning at a salon is dangerous! Like the natural sun, tanning beds give off UV rays that can cause sunburns and skin cancer. Tanning indoors is not safe for anyone—teens or adults!

Sunless tanning lotions, sprays, and airbrush tanning booths are popular too. These products contain a chemical that darkens the skin. The tan usually lasts for several days. However, all sunless tanning products can cause side effects such as skin rashes and irritation. They should also be kept away from the eyes, nose, and mouth. Most of these products do not include sunscreen, so skin is not protected from the real sun. Anyone using a sunless tanner must also use a sunscreen.

Sun Myths

Myth: Only people with light skin can get sunburn.

Fact: People with pale skin or light hair need to be more careful in the sun because they sunburn more easily compared to people with darker skin. However, most people can sunburn no matter what their skin color is. All people need to take steps to protect themselves from the sun's harmful rays.

Myth: A suntan is good for you.

Fact: A "base tan" does not protect you from getting sunburn. In fact, it may increase the chance you'll get sunburn because you may think that you can stay out in the sun longer. A tan is actually a sign of skin damage.

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

Fact: While most of the people who get skin cancer are older, children, teens, and young adults can get it too. Also, too many sunburns and too much sun exposure over the years can cause not only skin cancer but also skin wrinkles and cataracts of the eye. Skin cancer is the most common form of cancer in the United States. According to the American Cancer Society, there are more than 3.5 million new cases of skin cancer each year.

From Your Doctor

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

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

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

Protect Your Home Against Fire... Planning Saves Lives

tipp®
THE INJURY PREVENTION PROGRAM
A program of the American Academy of Pediatrics

Protect Your Home Against Fire... Planning Saves Lives

- Never leave small children alone in the home, even for a minute.
- Install smoke alarms in furnace and sleeping areas. Check batteries once a month. It is best to use alarms with long-life batteries, but if these are not available, change the batteries at least yearly.
- Plan several escape routes from each room in the house. Plan a place to meet right after leaving the house.
- Conduct home fire drills so everyone knows how to get out in an emergency.
- Do not smoke in bed.
- Dispose of cigarette butts, matches, and ashes with care.
- Keep matches and lighters away from children.
- Be sure your gas water heater is off the ground. Spilled flammable liquids will be ignited by the pilot light.
- When using candles, place them on a sturdy surface out of reach of children. Never leave a candle burning unattended.
- Place a barrier around open flames.
- Do not wear loose-fitting clothing near a stove, fireplace, or open space heater.
- Have your heating system checked and cleaned yearly.
- Check electric appliances and cords regularly for wear or loose connections.
- Use only 15-ampere fuses for lighting circuits. Never use a substitute for a fuse.
- Place fire extinguishers around the home where the risk of fire is greatest—in the kitchen and furnace room and near the fireplace.

IN CASE OF FIRE

- Get everyone outside right away. Go to your planned meeting place.
- Do not stop to dress or put out the fire. (Most deaths occur from suffocation due to hot fumes and smoke, not from direct burning.)
- Call the fire department from a neighbor's house or mobile phone.

From Your Doctor

American Academy of Pediatrics
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3-10/rev0919 TIPP®—The Injury Prevention Program HE0039

Car Safety Seats Guide

One of the most important jobs you have as a parent is keeping your child safe when your child is riding in a vehicle.

Each year, thousands of young children are killed or injured in car crashes. Proper use of car safety seats helps keep children safe. But, because so many different seats are on the market, many parents find this overwhelming. If you are expectant parents, consider working with a certified passenger safety technician (CPST or CPS technician) , before your baby is born, to ensure a safe ride home from the hospital. (See *If You Need Installation Help*.)

The type of seat your child needs depends on several things, including your child's age, size, and developmental needs. Here is more information from the American Academy of Pediatrics (AAP) about choosing the most appropriate car safety seat for your child. (See *Car Safety Seats Product Information* for a list of seats and manufacturer websites.)

> **NOTE:** The "Types of Car Safety Seats at a Glance" chart is a quick guide on where to start your search. It's important to continue your research to learn about each seat you use.

Installation Information—Seat Belts and LATCH

Car safety seats may be installed with either the vehicle's seat belt or its LATCH (lower anchors and tethers for children) system. LATCH is an attachment system for car safety seats. Lower anchors can be used instead of the seat belt to install the seat, and many parents find them easier to use in some cars. The top tether should always be used with a forward-facing seat, whether you use the seat belt or lower anchors to secure it. The seat belt and LATCH systems are equally safe, so caregivers should use one or the other, whichever works best for them, their car safety seat, and their vehicle. In general, caregivers should use only 1 of the 2 options, unless the car safety seat and vehicle manufacturers say it is OK to use both systems at the same time.

Vehicles with the LATCH system have lower anchors located in the back seat, where the seat cushions meet. Tether anchors are located behind the seat, either on the panel behind the seat (in sedans) or on the back of the seat, ceiling, or floor (in most minivans, SUVs, hatchbacks, and pickup trucks). All forward-facing car safety seats have tethers or tether connectors that fasten to these anchors. Nearly all passenger vehicles and all car safety seats made on or after September 1, 2002, are equipped to use LATCH. See vehicle owner's manual for highest weight of child allowed to use top tether.

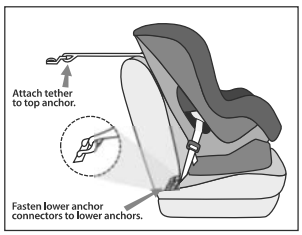

Figure 1. Car safety seat with LATCH (lower anchors and tethers for children).

All lower anchors are rated for a maximum weight of 65 pounds (total weight includes car safety seat and child). Parents should check the car safety seat manufacturer's recommendations for maximum weight a child can be to use lower anchors. New car safety seats have the maximum weight printed on their label.

> **NOTE: Seat belts**—If you install a car safety seat by using your vehicle's seat belt, you must make sure the seat belt locks to hold the seat tightly. In most newer cars, you can lock the seat belt by pulling it all the way out and then allowing it to retract to keep the seat belt tight around the car safety seat. In addition, many car safety seats have built-in lock-offs so you can lock the belt without having to lock the seat belt separately as well. Refer to the vehicle owner's manual for details about how your seat belt locks.
>
> **Middle of the back seat**—The safest place to ride for all children younger than 13 years is the back seat. If possible, it may be best for the child to ride in the middle of the back seat. However, it is sometimes difficult to install a car safety seat tightly in the middle if the vehicle seat is narrow or uneven. Also, many vehicles do not have lower anchors for the middle seating position. It is safest to put the car safety seat in a position where you can install it tightly with either the lower anchor system or the seat belt; in some cases, this position may be on either side of the back seat rather than in the middle. A child passenger safety technician (CPST or CPS technician) can help you decide which place is best to install your child's car safety seat in your vehicle.

Infants and Toddlers—Rear-Facing Seats

The AAP recommends that all infants ride rear facing starting with their first ride home from the hospital. All infants and toddlers should ride in a rear-facing seat as long as possible until they reach the highest weight or height allowed by their car safety seat manufacturer. Most convertible seats have limits that will allow children to ride rear facing for 2 years or more. When infants outgrow their rear-facing–only seat, a convertible seat installed rear facing is needed. All parents can benefit from getting installation help from a CPST to ensure that their child's seat is properly installed. (See *If You Need Installation Help*.)

Types of Rear-Facing Seats

Three types of rear-facing seats are available: rear-facing–only, convertible, and all-in-one. When children reach the highest weight or length allowed by the manufacturer of their rear-facing–only seat, they should continue to ride rear facing in a convertible or all-in-one seat.

1. Rear-facing–only seats

- Are used for infants up to 22 to 35 pounds, depending on the model.
- Are small and have carrying handles.
- Usually come with a base that can be left in the car. The seat clicks into and out of the base so you don't have to install the seat each time you use it. Parents can buy more than one base for additional vehicles.
- Should be used only for a child's travel (not sleeping, feeding, or any other use outside the vehicle).

Figure 2. Rear-facing–only car safety seat.

2. Convertible seats (used rear facing)

- Can be used rear facing and, later, "converted" to forward facing for older children when they outgrow either the weight limit or the length limit for rear facing. This means the seat can be used longer by your child. Convertible seats are bulkier than infant seats, however, and they do not come with carrying handles or separate bases and are designed to stay in the car.

Figure 3. Convertible car safety seat used rear facing.

Types of Car Safety Seats at a Glance		
Age-group	**Type of Seat**	**General Guidelines**
Infants and toddlers	Rear-facing–only Rear-facing convertible	All infants and toddlers should ride in a rear-facing seat until they reach the highest weight or height allowed by their car safety seat manufacturer. Most convertible seats have limits that will allow children to ride rear facing for 2 years or more.
Toddlers and preschoolers	Forward-facing convertible Forward-facing with harness	Children who have outgrown the rear-facing weight or height limit for their convertible seat should use a forward-facing seat with a harness for as long as possible, up to the highest weight or height allowed by their car safety seat manufacturer. Many seats can accommodate children up to 65 pounds or more.
School-aged children	Booster	All children whose weight or height exceeds the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are 8 to 12 years of age. All children younger than 13 years should ride in the back seat.
Older children	Seat belts	When children are old enough and large enough for the vehicle seat belt to fit them correctly, they should always use lap and shoulder seat belts for the best protection. All children younger than 13 years should ride in the back seat.

- Many have higher limits in rear-facing weight (up to 40–50 pounds) and height than those of rear-facing–only seats, a feature that makes convertible seats ideal for bigger babies and toddlers.
- Have a 5-point harness that attaches at the shoulders, at the hips, and between the legs.
- Should be used only for a child's travel (not sleeping, feeding, or any other use outside the vehicle).

3. All-in-one seats (used rear facing)

- Can be used rear facing, forward facing, or as a belt-positioning booster. This means the seat may be used longer by your child as your child grows.
- Are often bigger in size, so it is important to check that they fit in the vehicle while they are rear facing.
- Do not have the convenience of a carrying handle or separate base; however, they may have higher limits in rear-facing weight (up to 40–50 pounds) and height than those of rear-facing–only seats, a feature that makes all-in-one seats ideal for bigger babies and toddlers.

Installation Tips for Rear-Facing Seats

Always read the vehicle owner's manual and the car safety seat manual before installing the seat.

When using a rear-facing seat, keep the following tips in mind:

- Place the harnesses in your rear-facing seat in slots that are at or below your child's shoulders.
- Ensure that the harness is snug (you cannot pinch any slack between your fingers when testing the harness straps over the child's shoulders) and that the chest clip is placed at the center of the chest, even with your child's armpits.
- Make sure the car safety seat is installed tightly in the vehicle with either lower anchors or a locked seat belt. Many car safety seats have an integrated lock-off to keep the seat belt locked. If your seat has one, follow the manufacturer's recommendations on how to use it. If you can move the seat at the belt path more than an inch side to side or front to back, it's not tight enough.
- Never place a rear-facing seat in the front seat of a vehicle that has an active front passenger airbag. If the airbag inflates, it will hit the back of the car safety seat, right against your child's head, and could cause serious injury or death.
- If you are using a convertible or all-in-one seat in the rear-facing position, make sure the seat belt or lower anchor webbing is routed through the correct belt path. Check the instructions that came with the car safety seat to be sure.
- Make sure the seat is at the correct angle so your child's head does not flop forward. Check the instructions to find out the correct angle for your seat and how to adjust the angle if needed. All rear-facing seats have built-in recline indicators.
- Check the car safety seat instructions and vehicle owner's manual about whether the car safety seat may contact the back of the vehicle seat in front of it.
- Still having trouble? Check with a certified CPST in your area who can help. See *If You Need Installation Help* for information on how to locate a CPST.

Common Questions

Q: What if my child's feet touch the back of the vehicle seat?

A: This is a very common concern of parents, but it should cause them no worry. Children are very flexible and can always easily find a comfortable position in a rear-facing seat. Injuries to the legs are very rare for children facing the rear.

Q: What do I do if my child slouches down or to the side in the car safety seat?

A: You can try placing a tightly rolled receiving blanket on both sides of your child. Many manufacturers allow the use of a tightly rolled small diaper or cloth between the crotch strap and your child, if necessary, to prevent slouching. Do not place padding under or behind your child or use any sort of car safety seat insert unless it came with the seat or was made by the manufacturer for use with that specific seat.

Figure 4. Car safety seat with a small cloth between the crotch strap and infant; chest clip positioned at the center of the chest, even with the infant's armpits; and tightly rolled receiving blankets on both sides of the infant.

Q: Why should I dress my child in thinner layers of clothing before strapping him into a car safety seat?

A: Bulky clothing, including winter coats and snowsuits, can compress in a crash and leave the straps too loose to restrain your child, leading to increased risk of injury. Ideally, dress your baby in thinner layers and wrap a coat or blanket around your baby over the buckled harness straps if needed.

Q: Do preemies need a special car safety seat?

A: A car safety seat should be approved for a baby's weight. Very small babies who can sit safely in a semi-reclined position usually fit better in rear-facing–only seats. Babies born preterm should be screened while still in the hospital to make sure they can sit safely in a semi-reclined position. Babies who need to lie flat during travel may be able to ride in a car bed that meets Federal Motor Vehicle Safety Standard 213. They should be screened again while in the hospital to make sure they can lie safely in the car bed.

Toddlers and Preschoolers—Forward-Facing Seats

Always read the vehicle owner's manual and the car safety seat manual before installing the seat.

Any child who has outgrown the rear-facing weight or height limit for her convertible seat should use a forward-facing seat with a harness for as long as possible, up to the highest weight or height allowed by her car safety seat manufacturer. It is best for children to ride in a seat with a harness as long as possible, at least to 4 years of age. If your child outgrows a seat before reaching 4 years of age, consider using a seat with a harness approved for higher weights and heights.

Types of Forward-Facing Car Safety Seat Restraints

Four types of car safety seat restraints can be used forward facing.

1. **Convertible seats**—Seats can "convert" from rear facing to forward facing. These include all-in-one seats.
2. **Combination seats with harness**—Seats can be used forward facing with a harness for children who weigh up to 40 to 65 pounds (depending on the model) or without the harness as a booster (up to 100–120 pounds, depending on the model).
3. **Integrated seats**—Some vehicles come with built-in forward-facing seats. Weight and height limits vary. Do not use a built-in seat until your child has reached the highest weight or height allowed for your rear-facing convertible car safety seat. Read your vehicle owner's manual for details about how to use these seats.

Figure 5. Forward-facing car safety seat with a harness.

4. **Travel vests**—Vests can be worn by children 22 to 168 pounds and can be an option to traditional forward-facing seats. They are useful for when a vehicle has lap-only seat belts in the rear, for children with certain special needs, or for children whose weight has exceeded that allowed by car safety seats. These vests usually require use of a top tether.

Installation Tips for Forward-Facing Seats

Always read the vehicle owner's manual and the car safety seat manual before installing the seat.

It is important that the car safety seat is installed tightly in the vehicle and that the harness fits your child snugly. To switch a convertible or all-in-one seat from rear facing to forward facing,

- Move the harness shoulder straps to the slots or position that is at or just above your child's shoulders. Check the instructions that came with the seat to be sure you are positioning the shoulder straps correctly.
- You may have to adjust the recline angle of the seat so that it sits more upright in your vehicle. Check the instructions to be sure.
- If using a seat belt, make sure it runs through the forward-facing belt path (be sure to follow car safety seat instructions) and that the seat belt is locked and tightened. Many car safety seats have an integrated lock-off to keep the seat belt locked. If your seat has one, follow the manufacturer's recommendations on how to use it.
- If using the lower anchors, make sure that the weight of your child plus the weight of the seat does not exceed 65 pounds. Most seats now state in the manual and on the stickers on the side the maximum child weight to use the anchors. If the child weighs too much, caregivers must use the seat belt to install.
- Always use the tether when you can. A tether is a strap that is attached to the top part of a car safety seat and holds the seat tightly by connecting to an anchor point in your vehicle (often on the seat back or rear shelf; see your vehicle owner's manual to find where tether anchors are in your vehicle). Tethers give important extra protection by keeping the car safety seat and your child's head from moving too far forward in a crash or sudden stop. All new cars, minivans, and light trucks are required to have tether anchors as of September 2000. Forward-facing seats come with tether straps. A tether should always be used as long as your child has not reached the top weight limit for the tether anchor. Check the car safety seat instructions and vehicle owner's manual for information about the top weight limit and locations of tether anchors.

Common Question

Q: What if I drive more children than those who can be buckled safely in the back seat?

A: It's best to avoid this, especially if your vehicle has airbags in the front seat. All children younger than 13 years should ride in the back seat. If absolutely necessary, a child in a forward-facing seat with a harness may be the best choice to ride in front. Just be sure the vehicle seat is moved as far back away from the dashboard (and airbag) as possible.

School-aged Children—Booster Seats

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 safety seat should use a belt-positioning booster seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are 8 to 12 years of age. Most children will not fit in most vehicle seat belts without a booster until 10 to 12 years of age. All children younger than 13 years should ride in the back seat. Instructions that come with your car safety 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:

Figure 6. Belt-positioning booster seat.

- He reaches the top weight or height allowed for his seat with a harness. (These limits are listed on the seat and in the instruction manual.)
- 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 a harness 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 anchors 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 by using the lower anchors and tether along with lap and shoulder belts. (Currently, only a few vehicle manufacturers offer integrated booster seats.)

Installation Tips for Booster Seats

When using a booster seat, always read the vehicle owner's manual and the car safety 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 manual for directions on how to use the clip or guide.

Booster seats must be used with lap and shoulder belts. 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 tether attachments, check its manual for installation instructions.

Common Questions

Q: What if my car has only lap belts in the back seat?

A: Lap belts work fine with rear-facing–only, convertible, and forward-facing seats that have a harness 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 (check the manufacturer's instructions about the use of lap belts only and about the use of lap and shoulder belts).
- Consider buying another car with lap and shoulder belts in the back seat.

Figure 7. Lap and shoulder seat belts.

Q: What is the difference between high-back boosters and backless boosters?

A: 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 headrests 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.

Older Children—Seat Belts

Seat belts are made for adults. Children should stay in a booster seat until adult seat belts fit correctly, typically when children reach about 4 feet 9 inches in height and are 8 to 12 years of age. Most children will not fit in a seat belt alone until 10 to 12 years of age. When children are old enough and large enough to use the vehicle seat belt alone, they should always use lap and shoulder seat belts for the best protection. All children younger than 13 years should ride in the back seat.

Using a Seat Belt

1. An adult seat belt fits correctly when

- The shoulder belt lies across the middle of the chest and shoulder, not the neck or throat.
- The lap belt is low and snug across the upper thighs, not the belly.
- Your child is tall enough to sit against the vehicle seat back with her knees bent over the edge of the seat without slouching and can comfortably stay in this position throughout the trip.

2. Other points to keep in mind when using seat belts include

- Make sure your child does not tuck the shoulder belt under her arm or behind her back. This leaves the upper body unprotected and adds extra slack to the seat belt system, putting your child at risk of severe injury in a crash or with sudden braking.
- Never allow anyone to "share" seat belts. All passengers must have their own car safety seats or seat belts.

Common Question

Q: I've seen products that say they can help make the seat belt fit better. Should we get one of these?

A: No, these products are unapproved and should not be used. They may actually interfere with proper seat belt fit by causing the lap belt to ride too high on the stomach or making the shoulder belt too loose. They can even damage the seat belt. This rule applies to car safety seats too; do not use extra products unless they came with the seat or are specifically approved by the seat manufacturer. These products are not covered by any federal safety standards, and the AAP does not recommend they be used. As long as children are riding in the correct restraint for their size, they should not need to use additional devices.

Shopping for Car Safety Seats

When shopping for a car safety seat, keep the following tips in mind:

- No one seat is the "best" or "safest." The best seat is the one that fits your child's size, is correctly installed, fits well in your vehicle, and is used properly every time you drive.
- Don't decide by price alone. A higher price does not mean the seat is safer or easier to use.
- Avoid used seats if you don't know the seat's history. Never use a car safety seat that
  - Is too old. Look on the label for the date the seat was made. Check with the manufacturer to find out how long it recommends using the seat.
  - Has any visible cracks on it.
  - Does not have a label with the date of manufacture and model number. Without these, you cannot check to see if the seat has been recalled.

- Does not come with instructions. You need them to know how to use the seat. Instructions can be found on manufacturer websites or by contacting the manufacturer.
- Is missing parts. Used car safety seats often come without important parts. Check with the manufacturer to make sure you can get the right parts.
- Was recalled. You can find out by calling the manufacturer or contacting the National Highway Traffic Safety Administration (NHTSA) Vehicle Safety Hotline at 888/327-4236. You can also visit the NHTSA website at www.safercar.gov.

- Do not use seats that have been in a moderate or severe crash. Seats that were in a minor crash may still be safe to use, but some car safety seat manufacturers recommend replacing the seat after any crash, even a minor one. The NHTSA considers a crash minor if all the following situations are true:
  - The vehicle could be driven away from the crash.
  - The vehicle door closest to the car safety seat was not damaged.
  - No one in the vehicle was injured.
  - The airbags did not go off.
  - You can't see any damage to the car safety seat.

If you have specific questions about the car safety seat, contact the manufacturer. See *Manufacturer Websites*.

About Airbags

- **Front airbags are installed in all new cars.** When used with seat belts, airbags work well to protect teenagers and adults; however, airbags can be very dangerous to children, particularly to those riding in rear-facing seats and to preschoolers and young school-aged children who are not properly restrained. If your vehicle has a front passenger airbag, infants in rear-facing seats must ride in the back seat. Even in a relatively low-speed crash, the airbag can inflate, strike the car safety seat, and cause serious brain injury and death.

  Vehicles with no back seat or a back seat that is not made for passengers are not the best choice for traveling with small children; however, the airbag can be turned off in some of these vehicles if the front seat is needed for a child passenger. See your vehicle owner's manual for more information.

- **Side airbags are available in most new cars.** Side airbags improve safety for adults in side-impact crashes. Read your vehicle owner's manual for more information about the airbags in your vehicle. Read your car safety seat instructions and the vehicle owner's manual for guidance on placing the seat next to a side airbag.

About Carpooling

If your child is being driven by someone else, make sure

- The car safety seat your child will be using fits properly in the vehicle used for transport.
- The car safety seat being used is appropriate for the age and size of your child.
- The person in charge of transporting your child knows how to install and use the car safety seat correctly.

Child care programs and schools should have written guidelines for transporting children, including

- All drivers must have a valid driver's license. In some states, school bus drivers need to have a special type of license.
- Staff to child ratios for transport should meet or exceed those required for the classroom.
- Every child should be supervised during transport, either by school staff or a parent volunteer, so the driver can focus on driving.
- School staff, teachers, and drivers should know what to do in an emergency, know how to properly use car safety seats and seat belts, and be aware of other safety requirements.

About Car Safety Seats on Airplanes

The Federal Aviation Administration (FAA) and the AAP recommend that children less than 40 pounds be securely fastened in certified child restraints when flying. This will help keep them safe during takeoff and landing or in case of turbulence. Most rear-facing, convertible, and forward-facing seats can be used on airplanes, but booster seats and travel vests cannot.

Read your seat's instruction manual and look for a label on the car safety seat that says, "This restraint is certified for use in motor vehicles and aircraft." You can also consider using a restraint made only for use on airplanes and approved by the FAA. Larger children may use the airplane seat belt or continue to use their car safety seat on the airplane as long as it is labeled for use on aircraft and the child has not exceeded the seat's weight or height limit. Remember that your child will need an appropriate car safety seat to use at your destination. For more information, visit the FAA website at www.faa.gov/travelers/fly_children or the CARES (Airplane Safety Harness for Children) website at www.kidsflysafe.com.

If You Need Installation Help

If you have questions or need help with installing your car safety seat, find a certified child passenger safety technician (CPST or CPS technician). Lists of certified CPSTs and child seat–fitting stations are available on the following websites:

National Child Passenger Safety Certification
https://cert.safekids.org (Click on "Find a Tech" or call 877/366-8154.)

Includes list of CPSTs fluent in Spanish and other languages or with extra training in transportation of children with special needs.

NHTSA Parents and Caregivers
www.safercar.gov/parents/index.htm

Important Reminders

1. **Be a good role model.** Make sure you always wear your seat belt. This will help your child form a lifelong habit of buckling up.
2. **Make sure that everyone who transports your child uses the correct car safety seat or seat belt on every trip, every time.** Being consistent with car safety seat use is good parenting, reduces fussing and complaints, and is safest for your child.
3. **Never leave your child alone in or around cars, and lock your vehicle when it is not in use.** Any of the following situations can happen when a child is left alone in or around a vehicle. A child can
   - Die of heatstroke because temperatures can reach deadly levels in minutes.
   - Be strangled by power windows, retracting seat belts, sunroofs, or accessories.
   - Knock the vehicle into gear, setting it into motion.
   - Be backed over when the vehicle backs up.
   - Become trapped in the trunk of the vehicle.

4. **Always read and follow the manufacturer's instructions for your car safety seat.** If you do not have those, write or call the company's customer service department. Staff will ask you for the model number, name of seat, and date of manufacture. The manufacturer's address and phone number are on a label on the seat. Also, be sure to follow the instructions in your vehicle owner's manual about using car safety seats. Some manufacturers' instructions may be available on their websites.
5. **Remember to fill out and mail in the registration card that comes with the car safety seat.** You can also register your seat on the manufacturer's website. It will be important in case the seat is recalled.
6. **Follow manufacturer directions for cleaning car seats.** Cleaning but not disinfecting is usually permitted because disinfectant products may decrease the protection provided by the seat and harnesses.

Figure 1 adapted from US Department of Transportation, National Highway Traffic Safety Administration (NHTSA). *LATCH Makes Child Safety Seat Installation as Easy as 1-2-3*. Washington, DC: NHTSA; 2011. DOT HS publication 809 489.

Figures 2, 3, 5, 6, and 7 by Anthony Alex LeTourneau.

Figure 4 from Bull MJ, Engle WA; American Academy of Pediatrics Committee on Injury, Violence, and Poison Prevention and Committee on Fetus and Newborn. Safe transportation of preterm and low birth weight infants at hospital discharge.Pediatrics. 2009;123(5):1424–1429.

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Teething: What you Need to Know

First tooth

- The average age a baby's first tooth appears is 6-12 months. Typically, the lower front teeth appear first (lower central incisors). Most children will have all of their teeth by age 3.
- Recent studies have shown that a true fever > 100.4 degrees Fahrenheit is *not* associated with teething. A fever is a sign of illness or infection and you may need to speak with your pediatrician if your baby has a fever and is uncomfortable.

Fluoride in water

- Fluoride helps prevent tooth decay by hardening the enamel of teeth.
- Most counties have added fluoride to drinking water.
- It is important to offer your baby water in a sippy cup once your baby begins solids foods around 6 months of age. A good rule of thumb for recommended daily water intake is half your child's weight in ounces (ie. 20 lbs then 10 oz per day).
- Fluoride is not typically found in all bottled waters so please check the label.

Toothpaste and the Dentist

- It is recommended by the AAP to begin brushing your baby's first teeth w/ toothpaste.
- Brush you baby's teeth twice daily with a *smear or size-of-a-rice-grain* amount of fluoride-containing toothpaste.
- Fluorosis (discoloration of the permanent teeth) may be a concern if you use too much fluoride-containing toothpaste with each brushing. Therefore, ensure that you are using only this small amount each time.
- Once your child can spit out the toothpaste, which is usually around age 3, you can transition to a pea-sized amount of fluoride-containing toothpaste with each brushing.
- It is also recommended that your child begin dental visits at age 1.

How to soothe teething pain in a safe way

- Some children may have very minimal discomfort with teething or no problems at all!
- If your child does seem to be bothered by teething pain you can help ease the pain w/ massaging your baby's gums with clean fingers, solid (not liquid-filled) teething rings, teething-nets filled with small pieces of frozen fruits, or a frozen wet washcloth.
- If you offer a frozen food (ie. bagel) or teething biscuit, make sure to watch your child as he may break off chunks which could result in choking. Some of these foods are high in sugar and offer no nutritional value, so please check the labels.
- **AVOID TEETHING TABLETS, GELS, OILS, AND AMBER NECKLACES**
    - Gels, oils, and tablets typically contain benzocaine and belladona which both have significant side effects including death. They may contain other herbal ingredients that could be dangerous and never received rigorous FDA testing to determine potential side effects and benefits.
    - Necklaces place your child at risk of strangulation and can be a potential choking hazard. In addition to these risks, there is not any data to suggest these necklaces are beneficial.
- If your child seems uncomfortable despite above measures, speak with your pediatrician about Tylenol or ibuprofen. Ibuprofen should NOT be used in infants less than 6 months.

Fluoride Varnish: What Parents Need to Know

Healthy gums and teeth are important to your child's overall health. This is why your child's doctor will talk with you about good dental habits even before your child's first tooth appears.

Once your child has a tooth, your doctor may recommend that your child receive fluoride varnish treatments in the pediatrician's office to help prevent tooth decay. This can be done 2 to 4 times per year. The number of treatments depends on how likely it is that your child may get a cavity.

Pediatricians are trained to apply fluoride varnish because many young children do not see or have access to a dentist until they are older. If your child is seeing a dentist at a young age, as recommended by the American Academy of Pediatrics, fluoride varnish may be applied in a dental office instead.

Read on for more information from the American Academy of Pediatrics about fluoride varnish.

What is Fluoride Varnish?

Fluoride varnish is a dental treatment that can help prevent tooth decay, slow it down, or stop it from getting worse. Fluoride varnish is made with fluoride, a mineral that can strengthen tooth enamel (outer coating on teeth).

Keep in mind that fluoride varnish treatments cannot completely prevent cavities. Fluoride varnish treatments can best help prevent decay when a child is also brushing using the right amount of toothpaste with fluoride, flossing regularly, getting regular dental care, and eating a healthy diet.

Is Fluoride Varnish Safe?

Fluoride varnish is safe and used by dentists and doctors all over the world to help prevent tooth decay in children. Only a small amount is used, and hardly any fluoride is swallowed. It is quickly applied and hardens. Then it is brushed off after 4 to 12 hours.

Some brands of fluoride varnish make teeth look yellow. Other brands make teeth look dull. However, the color of your child's teeth will return to normal after the fluoride varnish is brushed off. Most children like the taste.

How is Fluoride Varnish Put on the Teeth?

Fluoride varnish is painted on the top and sides of each tooth with a small brush. It is sticky but hardens once it comes in contact with saliva. Your child may feel the hardened varnish with his tongue but will not be able to lick the varnish off.

It does not hurt when the varnish is applied. However, young children may still cry before or during the procedure. Fortunately, brushing on the varnish takes only a few minutes. Also, applying the varnish may be easier when a child is crying because his mouth will be slightly open.

You may be asked to hold your child in your lap while you are placed knee-to-knee with the person applying the varnish.

How Do I Care for My Child's Teeth After Fluoride Varnish is Applied?

Here are general guidelines on how to care for your child's teeth after fluoride varnish is applied. Check with your child's doctor for any other special instructions.

- Your child can eat and drink right after the fluoride varnish is applied. But only give your child soft foods and cold or warm (not hot) foods or liquids.
- Do not brush or floss teeth for at least 4 to 6 hours. Your child's doctor may tell you to wait until the next morning to brush or floss. Remind your child to spit when rinsing, if he knows how to spit.

Remember:
Steps to good dental health include:

- Regular care by a dentist trained to treat young children
- Getting enough fluoride
- Regular brushing and flossing
- Eating right

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

Additional Information:

- Water Fluoridation
- Fluorosis Facts: Information for Parents & Caregivers
- FAQs Fluoride and Children

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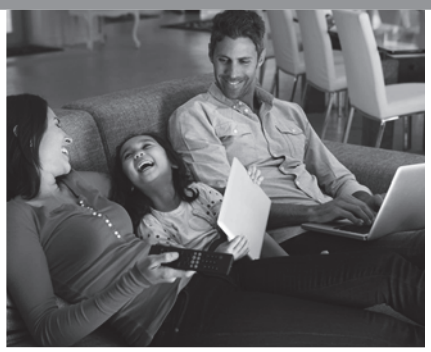

Beyond Screen Time:
A Parent's Guide to Media Use

Media in all forms, including TV, computers, and smartphones, can affect how children and teens feel, learn, think, and behave. However, parents (you) are still the most important influence.

The American Academy of Pediatrics (AAP) encourages you to help your children develop healthy media use habits early on. Read on to learn more.

Media Use and Your Children

You can decide what media use is best for your family. Remember, all children and teens need adequate sleep (8–12 hours, depending on age), physical activity (1 hour), and time away from media. (See the "Media Use Guidelines" chart for general guidelines for media use based on age.)

Because children today are growing up in a time of highly personalized media use experiences, 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. Create a Family Media Use Plan online at HealthyChildren.org/MediaUsePlan. By creating a Family Media Use Plan, parents can help children and teens balance their media use with other healthy activities.

Why use digital media?

- Digital media use can
  - Expose users to new ideas and information.
  - Raise awareness of current events and issues.
  - Promote community participation.
  - Help students work with others on assignments and projects.
- Digital media use also has social benefits that
  - Allow families and friends to stay in touch, no matter where they live.
  - Enhance access to valuable support networks, especially for people with illnesses or disabilities.
  - Help promote wellness and healthy behaviors, such as how to quit smoking or how to eat healthy.

Why limit media use?

Overuse of digital media may place your children at risk of

- **Not enough sleep.** Children with more media exposure or who have a TV, computer, or mobile device in their bedroom sleep less and fall asleep later at night. Even babies can be overstimulated by screens and miss the sleep they need to grow. Exposure to light (particularly blue light) and stimulating content from screens can delay or disrupt sleep and have a negative effect on school.
- **Delays in learning and social skills.** Children who watch too much TV in infancy and preschool years can show delays in attention, thinking, language, and social skills. One of the reasons for the delays could be because they interact less with parents and family. Parents who keep the TV on or focus on their own digital media miss precious opportunities to interact with their children and help them learn. Children and teens often use entertainment media at the same time they're doing other things, such as homework. Such multitasking can have a negative effect on school.
- **Obesity.** Watching TV for more than 1.5 hours daily is a risk factor for obesity for children 4 through 9 years of age. Teens who watch more than 5 hours of TV per day are 5 times more likely to have overweight than teens who watch 0 to 2 hours. Food advertising and snacking while watching TV can promote obesity. Also, children who overuse media are less apt to be active with healthy, physical play.
- **Behavior problems.** Violent content on TV and screens can contribute to behavior problems in children, either because they are scared and confused by what they see or they try to mimic on-screen characters.
- **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 off-line or real-life relationships. There may be increased risks for depression at both the high and low ends of Internet use.
- **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, loss of 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 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 target. Fortunately, programs to help prevent bullying may reduce cyberbullying.

More Media Use Tips for Parents, Families, and Caregivers

- Do not feel pressured to introduce technology early. Media interfaces are intuitive, and children can learn quickly.
- 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.
- Select and co-view media with your child so your child can use media to learn, be creative, and share these experiences with your family.
- Check your children's media use for their health and safety.

Media Use Guidelines

Age	Description	Tips
Younger than 2 years	Children younger than 2 learn and grow when they explore the physical world around them. Their minds learn best when they interact and play with parents, siblings, caregivers, and other children and adults. Children younger than 2 have a hard time understanding what they see on screen media and how it relates to the world around them. However, children 18–24 months of age can learn from high-quality educational media, IF their parents play or view with them and reteach the lessons.	• Media use should be very limited and only when an adult is standing by to co-view, talk, and teach (for example, video chatting with family along with parents). • For children 18–24 months, if you want to introduce digital media, ° Choose high-quality programming. ° Use media together with your child. ° Avoid solo media use.
2–5 years of age	At 2 years of age, many children can understand and learn words from live video chatting. Young children can listen to or join a conversation with their parents. Children 3–5 years of age have more mature minds, so a well-designed educational program such as Sesame Street (in moderation) can help children learn social, language, and reading skills.	• Limit screen use to no more than 1 hour per day. • Find other activities for your children to do that are healthy for their bodies and minds. • Choose media that is interactive, nonviolent, educational, and pro-social. • Co-view or co-play with your children.
5 years and older	Today's grade-schoolers and teens are growing up immersed in digital media. They may even have their own mobile device and other devices to access digital media.	• Make sure media use is not displacing other important activities, such as sleep, family time, and exercise. • Check your children's media use for their health and safety.
Tweens and teens	Tweens and teens are more likely to have some independence in what they choose and watch, and they may be consuming media without parental oversight.	• Parents should engage tweens and teens in conversations about their media use, digital citizenship, what they've seen or read, who they are communicating with, and what they have learned from their media use.

See *More Media Use Tips for Parents, Families, and Caregivers*. Also, create a Family Media Use Plan online at HealthyChildren.org/MediaUsePlan. A Family Media Use Plan is useful to set consistent expectations and limits on media use for parents, children, and teens.

- Stop use of 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 well-being, such as sports, reading, and talking with each other.
- Set a good example. 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 (www.commonsensemedia.org) 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.
- Remember that your opinion counts. TV, video games, and other media producers, airers, and sponsors pay attention to the views of the public. For more information from the Federal Communications Commission (FCC), visit http://reboot.fcc.gov/parents.
- Encourage your school and community to advocate for better media programs and healthier habits. For example, organize a Screen-Free Week in your town with other parents, teachers, and neighbors.

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Thumbs, Fingers, and Pacifiers

All babies are born with the need to suck. This is important because babies need the sucking reflex to eat and drink. Sucking for some babies also can have a soothing and calming effect. However, when does sucking become a problem?

Read on for information from the American Academy of Pediatrics about pacifiers, when pacifier use and thumb and finger sucking could become a problem, and how to help your child stop pacifier use or thumb or finger sucking.

What do I need to know before offering a pacifier?

If your baby wants to suck beyond what nursing or bottle-feeding provides, a pacifier may satisfy that need. Before offering a pacifier, keep the following tips in mind:

- Offer a pacifier at nap time and bedtime. This helps to reduce the risk of sudden infant death syndrome (SIDS). If you are breastfeeding, wait until breastfeeding is going well before offering a pacifier. This usually takes about 3 to 4 weeks.
- Do not use a pacifier to replace or delay meals. Only offer it when you are sure your baby is not hungry.
- Do not force your baby to take the pacifier if he doesn't want it.
- Never tie a pacifier to your child's crib or around your child's neck or hand. This is very dangerous and could cause serious injury or even death.
- Be prepared for night waking. If your child depends on a pacifier to fall asleep at night, he may wake up when the pacifier falls out. If your child is too young to put it back in his mouth or can't find or reach it if it has fallen out of the crib, you may need to wake up and get it for him.

What should I keep in mind when shopping for a pacifier?

- Pacifiers come in different sizes. You will also find a variety of nipple shapes, from squarish "orthodontic" versions to the standard bottle type. Try different kinds until you find the one your baby prefers.
- Look for a 1-piece model that has a soft nipple (some models can break into 2 pieces).
- The shield should be at least 1½ inches across so a baby cannot put the entire pacifier into her mouth. Also, the shield should be made of firm plastic with airholes.
- Make sure the pacifier is dishwasher-safe. Follow the instructions on the pacifier and boil it or run it through the dishwasher before your baby uses it. Be sure to squeeze the water out of the nipple with clean hands; otherwise, the hot water inside might burn your baby's mouth. Clean it this way frequently until your baby is 6 months old so that your infant is not exposed to germs. After that you can just wash it with soap and rinse it in clear water.
- Buy some extras. Pacifiers have a way of getting lost or falling on the floor or street when you need them most.
- Do not use the nipple from a baby bottle as a pacifier. If the baby sucks hard, the nipple may pop out of the ring and choke her.
- Pacifiers fall apart over time. Some manufacturers have expiration dates for pacifiers. Do not keep pacifiers past that time. Inspect them every once in a while to see whether the rubber has changed color or has torn. If so, replace them.

When do pacifier use and thumb and finger sucking become a problem?

If your child sucks strongly on a pacifier or his thumb or fingers beyond 2 to 4 years of age, this behavior may affect the shape of his mouth or how his teeth are lining up. If your child stops sucking on a pacifier or his thumb or fingers before his permanent front teeth come in, there's a good chance his bite will correct itself. However, if the bite does not correct itself and the upper adult teeth are sticking out, orthodontic treatment may be needed to realign the teeth and help prevent broken front teeth.

How can I help my child stop her pacifier use or thumb- or finger-sucking habit?

As a first step in dealing with your child's sucking habits, ignore them! Most often, they will stop on their own. Harsh words, teasing, or punishment may upset your child and is not an effective way to get rid of habits. Instead, try the following:

- Praise and reward your child when she does not suck her thumb or use the pacifier. Star charts, daily rewards, and gentle reminders, especially during the day, are also very helpful.
- If your child uses sucking to relieve boredom, keep her hands busy or distract her with things she finds fun.
- If you see changes in the roof of your child's mouth (palate) or in the way the teeth are lining up, talk with your pediatrician or pediatric dentist. There are devices that can be put in the mouth that make it uncomfortable to suck on a finger or thumb.
- No matter what method you try, be sure to explain it to your child. If it makes your child afraid or tense, stop it at once.

The good news is that most children stop their sucking habits before they get very far in school. This is because of peer pressure. While your child might still use sucking as a way of going to sleep or calming down when upset, this is usually done in private and is not harmful. Putting too much pressure on your child to stop may cause more harm than good. Be assured your child will eventually stop the habit on her own.

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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.

Last Updated: 11/21/2015
Source: Sibling Relationships (Copyright © 2007 American Academy of Pediatrics, updated 3/2007)

Temper Tantrums

It's hard for young children to hold strong feelings inside. When they feel frustrated or angry, they often cry, scream, or stomp up and down. This is a temper tantrum.

Temper tantrums are a normal part of your children's development. They usually begin around 12 to 18 months of age, get worse between 2 and 3 years, and taper off after that, once children are able to use words to communicate their wants and needs.

Here is information from the American Academy of Pediatrics to help parents understand temper tantrums and how best to deal with them.

Why Children Have Temper Tantrums

During the toddler years, there is a change in how children process information. They suddenly become more aware that their world can change. They realize they won't always get what they expect or want. Their young minds are easily overwhelmed, and they don't know how to cope with change or how to deal with not getting their way.

- A lot of things can trigger a tantrum. For example, children may have a temper tantrum because they
- Do not understand what you are saying or asking
- Are upset when others cannot understand them
- Do not know how to tell you how they feel or what they need
- Do not know how to solve problems on their own
- Have an illness or other problem that keeps them from expressing how they feel
- Are hungry
- Are tired
- Are anxious or uncomfortable
- Are reacting to stress or changes at home
- Are jealous, want what other children have, or want the attention others receive
- Are not be able to do as much as they think they can, such as walking, running, climbing, drawing, or making toys work

How to Prevent Temper Tantrums

Temper tantrums are a normal part of growing up, but you may be able to prevent some from happening.

What You Can Do

- Encourage your children to use words to tell you how they are feeling. Try to suggest words they can use to describe their feelings.
- Set reasonable limits, and don't expect your children to be perfect. Give simple reasons for the rules, and don't change them.
- Keep to a daily routine as much as possible so your children know what to expect.
- Distract your children. Try a new game, book, or toy. Sometimes a change in location can prevent a tantrum. For example, if you are indoors, go outside to look for birds in the sky.
- Avoid situations that frustrate your children, such as playing with toys that are too advanced.
- Avoid long outings during which your children have to sit still or cannot play. If you have to take a trip, bring along a favorite book or toy.
- Have healthy snacks ready for when your children get hungry.
- Make sure your children are well rested.
- Be choosy about saying no. When you say no to everything, it can frustrate your children. Consider saying yes sometimes. Of course, if your children's safety is at stake, don't say yes just to avoid a tantrum. Praise your children when they do something good that otherwise might have led to frustration.
- Give choices. For example, make it clear that while they have to take a bath, they can make some choices on their own. Try saying, "It's time for your bath. Would you like to walk upstairs or have me carry you?" Be sure the choices you offer are also acceptable to you.
- Set a good example. Avoid arguing or yelling in front of your children.

How to Handle Tantrums

What You Can Do

- **Let the tantrum end itself.** Once children begin a tantrum, only they can end it. Allow them the time and space to be left alone (in a safe place) to let the tantrum run its course. All tantrums end, almost always by a child's path to resolution. Trying to end one early usually delays the child's resolution.
- **Try to stay calm.** If you shout or get angry, it can make things worse. If you can't stay calm, leave the room. Wait a minute or two, or until the crying stops, before returning.
- **Offer a cooling-down time.** During a tantrum, it's helpful for parents to let children not only manage their tantrum but also know there is a safe place and safe time for them to do so. It can be called a cooling-down time and place or a time-out.
- **Ignore minor displays of anger, such as crying, screaming, or kicking.** Try touching or holding your children to calm them. Or, try standing nearby without talking until they calm down. If your children have tantrums in a public place, take them home or to the car.

Some behaviors are *not* OK and should not be ignored, such as

- Hitting or kicking people
- Throwing things that might hurt someone or break something
- Screaming or yelling for a long time

If these things happen, take your children away from the problem. Say firmly, "No hitting," or "No throwing," to make sure your children know these behaviors are not OK.

What Not to Do

- **Never punish your children for temper tantrums.** They may start to keep their anger or frustration inside, which can be unhealthy. Keep in mind that as your children grow, they will learn to deal with their strong emotions.

- **Do not give in to your children just to stop a tantrum.** This teaches your children that temper tantrums get them what they want. Also, don't feel guilty about saying no to your children. Set the rules and stick with them. When parents change the rules, it is harder for children to understand which rules are firm and which ones are not. Discuss with those who care for your children which rules are really needed and how to be firm about them.

When Temper Tantrums Are Serious

Your children should have fewer temper tantrums by 3½ years of age. Between tantrums, their behavior should seem normal and healthy. If the outbursts are severe or happen too often, they may be an early sign of emotional problems. Talk with your children's doctor if your children seem to have difficulty expressing themselves with words (compared with other children the same age), cause harm to themselves or others, or hold their breath and faint, or if tantrums get worse after 4 years of age. Your children's doctor will make sure no physical or emotional problems are causing the tantrums. He or she can also give you advice to help you deal with these outbursts.

It is important to realize that temper tantrums are a normal part of growing up. While tantrums are not always easy to deal with, a loving and understanding approach will help you and your children get through them.

Breath-Holding Spells

Some children, when upset and crying very hard, hold their breath after taking a big breath. They can even hold their breath to the point of passing out. It is not done on purpose but may happen when children are upset, such as during a temper tantrum. While these episodes can be scary for parents, rest assured that they are usually harmless and your children will grow out of them. If you are concerned about your children's behavior, talk with your children's doctor.

Keeping Your Children Safe

Many times you will have to tell your children no to protect them from harm or injury. For example, the kitchen and bathroom can be dangerous places for your children. They may not understand why you will not let them play there. This can cause a tantrum. However, it's more important to keep your children safe.

Childproof your home, and make dangerous areas or objects off-limits. Keep an eye on your children at all times. Never leave them alone in a situation that could be hazardous. Take away dangerous objects and replace them with something safe. It is up to you to keep your children safe.

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from the American Academy of Pediatrics

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

Fever – Myths vs Facts

Many parents have false beliefs (myths) about fever. They think fever will hurt their child. They worry and lose sleep when their child has a fever. This is called fever phobia. In fact, fevers are harmless and often helpful. Let these facts help you better understand fever.

MYTH. My child feels warm, so she has a fever.
FACT. Children can feel warm for a many reasons. Examples are playing hard, crying, getting out of a warm bed or hot weather. They are "giving off heat." Their skin temperature should return to normal in about 20 minutes. About 80% of children who act sick and feel warm do have a fever. If you want to be sure, take the temperature. These are the cutoffs for fever using different types of thermometers:

- Rectal (bottom), ear or forehead temperature: 100.4° F (38.0° C) or higher
- Oral (mouth) temperature: 100° F (37.8° C) or higher
- Under the arm (Armpit) temperature: 99° F (37.2° C) or higher

MYTH. All fevers are bad for children.
FACT. Fevers turn on the body's immune system. They help the body fight infection. Normal fevers between 100° and 104° F (37.8° - 40° C) are good for sick children.

MYTH. Fevers above 104° F (40° C) are dangerous. They can cause brain damage.
FACT. Fevers with infections don't cause brain damage. Only temperatures above 108° F (42° C) can cause brain damage. It's very rare for the body temperature to climb this high. It only happens if the air temperature is very high. An example is a child left in a closed car during hot weather.

MYTH. Anyone can have a seizure triggered by fever.
FACT. Only 4% of children can have a seizure with fever.

MYTH. Seizures with fever are harmful.
FACT. These seizures are scary to watch, but they stop within 5 minutes. They don't cause any permanent harm. They don't increase the risk for speech delays, learning problems, or seizures without fever.

MYTH. All fevers need to be treated with fever medicine.
FACT. Fevers only need to be treated if they cause discomfort (makes your child feel bad). Most fevers don't cause discomfort until they go above 102° or 103° F (39° or 39.5° C).

MYTH. Without treatment, fevers will keep going higher.
FACT. Wrong, because the brain knows when the body is too hot. Most fevers from infection don't go above 103° or 104° F (39.5°- 40° C). They rarely go to 105° or 106° F (40.6° or 41.1° C). While these are "high" fevers, they also are harmless ones.

MYTH. With treatment, fevers should come down to normal.
FACT. With treatment, most fevers come down 2° or 3° F (1° or 1.5° C).

MYTH. If you can't "break the fever", the cause is serious.
FACT. Fevers that don't come down to normal can be caused by viruses or bacteria. The response to fever medicines tells us nothing about the cause of the infection.

MYTH. Once the fever comes down with medicines, it should stay down.
FACT. It's normal for fevers with most viral infections to last for 2 or 3 days. When the fever medicine wears off, the fever will come back. It may need to be treated again. The fever will go away and not return once the body overpowers the virus. Most often, this is day 3 or 4.

MYTH. If the fever is high, the cause is serious.
FACT. If the fever is high, the cause may or may not be serious. If your child looks very sick, the cause is more likely to be serious.

MYTH. The exact number of the temperature is very important.
FACT. How your child looks and acts is what's important. The exact temperature number is not.

MYTH. Oral temperatures between 98.7° and 100° F (37.1° to 37.8° C) are low-grade fevers.
FACT. These temperatures are normal. The body's normal temperature changes throughout the day. It peaks in the late afternoon and evening. A true low-grade fever is 100° F to 102° F (37.8° - 39° C).

SUMMARY. Keep in mind that fever is fighting off your child's infection. Fever is one of the good guys.

Your baby at 9 months*

Baby's Name _____ **Baby's Age** _____ **Today's Date** _____

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 9 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

What most babies do by this age:

Social/Emotional Milestones

- ☐ Is shy, clingy, or fearful around strangers
- ☐ Shows several facial expressions, like happy, sad, angry, and surprised
- ☐ Looks when you call her name
- ☐ Reacts when you leave (looks, reaches for you, or cries)
- ☐ Smiles or laughs when you play peek-a-boo

Language/Communication Milestones

- ☐ Makes different sounds like "mamamama" and "babababa"
- ☐ Lifts arms up to be picked up

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Looks for objects when dropped out of sight (like his spoon or toy)
- ☐ Bangs two things together

Movement/Physical Development Milestones

- ☐ Gets to a sitting position by herself
- ☐ Moves things from one hand to her other hand
- ☐ Uses fingers to "rake" food towards himself
- ☐ Sits without support

* **It's time for developmental screening!**
At 9 months, your baby is due for general developmental screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your baby's developmental screening.

Other important things to share with the doctor...

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

You know your baby best. Don't wait. If your baby 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 baby'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 baby more; and
2. Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at **cdc.gov/FindEI**.

For more on how to help your baby, visit **cdc.gov/Concerned**.

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

DEPARTMENT OF HEALTH & HUMAN SERVICES·USA

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

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Help your baby learn and grow

As your baby'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 baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.

- Repeat your baby's sounds and say simple words using those sounds. For example, if your baby says "bababa," repeat "bababa," then say "book."
- Place toys on the ground or on a play mat a little out of reach and encourage your baby to crawl, scoot, or roll to get them. Celebrate when she reaches them.
- Teach your baby to wave "bye-bye" or shake his head "no." For example, wave and say "bye-bye" when you are leaving. You can also teach simple baby sign language to help your baby tell you what he wants before he can use words.
- Play games, such as peek-a-boo. You can cover your head with a cloth and see if your baby pulls it off.
- Play with your baby by dumping blocks from a container and putting them back in together.
- Play games with your baby, such as my turn, your turn. Try this by passing a toy back and forth.
- "Read" to your baby. Reading can be talking about pictures. For example, while looking at books or magazines, name the pictures as you point to them.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- Find out about choking risks and safe foods to feed your baby. Let him practice feeding himself with his fingers and using a cup with a small amount of water. Sit next to your baby and enjoy mealtime together. Expect spills. Learning is messy and fun!
- Ask for behaviors that you want. For example, instead of saying "don't stand," say "time to sit."
- Help your baby get used to foods with different tastes and textures. Foods can be smooth, mashed, or finely chopped. Your baby might not like every food on the first try. Give her a chance to try foods again and again.
- Say a quick and cheerful goodbye instead of sneaking away so your baby knows you are leaving, even if he cries. He will learn to calm himself and what to expect. Let him know when you return by saying "Daddy's back!"

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 | 1-800-CDC-INFO (1-800-232-4636)

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Learn the Signs. Act Early.

Your baby at 12 months

Baby's Name _____ **Baby's Age** _____ **Today's Date** _____

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 12 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

What most babies do by this age:

Social/Emotional Milestones

- ☐ Plays games with you, like pat-a-cake

Language/Communication Milestones

- ☐ Waves "bye-bye"
- ☐ Calls a parent "mama" or "dada" or another special name
- ☐ Understands "no" (pauses briefly or stops when you say it)

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Puts something in a container, like a block in a cup
- ☐ Looks for things he sees you hide, like a toy under a blanket

Movement/Physical Development Milestones

- ☐ Pulls up to stand
- ☐ Walks, holding on to furniture
- ☐ Drinks from a cup without a lid, as you hold it
- ☐ Picks things up between thumb and pointer finger, like small bits of food

Other important things to share with the doctor...

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

You know your baby best. Don't wait. If your baby 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 baby'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 baby more; and
2. Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at **cdc.gov/FindEI**.

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Help your baby learn and grow

As your baby'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 baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.

- Teach your baby "wanted behaviors." Show her what to do and use positive words or give her hugs and kisses when she does it. For example, if she pulls your pet's tail, teach her how to pet gently and give her a hug when she does it.
- Talk or sing to your baby about what you're doing. For example, "Mommy is washing your hands" or sing, "This is the way we wash our hands."
- Build on what your baby tries to say. If he says "ta," say "Yes, a truck," or if he says "truck," say "Yes, that's a big, blue truck."
- Redirect your baby quickly and consistently by giving her a toy or moving her if she is getting into things you don't want her to get into. Save "no" for behaviors that are dangerous. When you say "no," say it firmly. Do not spank, yell, or give her long explanations.
- Give your baby safe places to explore. Baby-proof your home. For example, move sharp or breakable things out of reach. Lock away medicines, chemicals, and cleaning products. Save the Poison Help Line number, 800-222-1222, in all phones.
- Respond with words when your baby points. Babies point to ask for things. For example, say "You want the cup? Here is the cup. It's your cup." If he tries to say "cup," celebrate his attempt.
- Point to interesting things you see, such as a truck, bus, or animals. This will help your baby pay attention to what others are "showing" him through pointing.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- Give your baby water, breast milk, or plain milk. You don't need to give your baby juice, but if you do, give 4 ounces or less a day of 100% fruit juice. Do not give your baby other sugary beverages, such as fruit drinks, soda, sports drinks, or flavored milks.
- Help your baby get used to foods with different tastes and textures. Foods can be smooth, mashed, or finely chopped. Your baby might not like every food on the first try. Give your baby a chance to try foods again and again.
- Give your baby time to get to know a new caregiver. Bring a favorite toy, stuffed animal, or blanket to help comfort your baby.
- Give your baby pots and pans or a small musical instrument like a drum or cymbals. Encourage your baby to make noise.

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.

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How to Ease Your Child's Separation Anxiety

Separation anxiety varies WIDELY between children. Some babies become hysterical when mom is out of sight for a very short time, while other children seem to demonstrate ongoing anxiety at separations during infancy, toddlerhood, and preschool.

To All You Working Moms & Dads

The trick for surviving separation anxiety demands preparation, brisk transitions, and the evolution of time. I would suggest we parents suffer as much as our children do when we leave. Even though we are often reminded that our children stop crying within minutes of our leave-taking, how many of you have felt like you're "*doing it all wrong*" when your child clings to your legs, sobs for you to stay, and mourns the parting?

As a working mom, separation anxiety creates questions for me. Although it is an entirely normal behavior and a beautiful sign of a meaningful attachment, separation anxiety can be exquisitely unsettling for us all.

Here are facts about separation anxiety and tips to improve the transitions I've learned the hard way (*I've made about every mistake*):

Facts about Separation Anxiety

- **Infants**: Separation anxiety develops after a child gains an understanding of object permanence. Once your infant realizes you're really gone (when you are), it may leave him unsettled. Although some babies display object permanence and separation anxiety as early as 4 to 5 months of age, most develop more robust separation anxiety at around 9 months. The leave- taking can be worse if your infant is hungry, tired, or not feeling well. Keep transitions short and routine if it's a tough day.
- **Toddlers**: Many toddlers skip separation anxiety in infancy and start demonstrating challenges at 15 or 18 months of age. Separations are more difficult when children are hungry, tired, or sick—which is most of toddlerhood! As children develop independence during toddlerhood, they may become even more aware of separations. Their behaviors at separations will be loud, tearful, and difficult to stop.
- **Preschoolers**: By the time children are 3 years of age, most clearly understand the effect their anxiety or pleas at separation have on us. It doesn't mean they aren't stressed, but they certainly are vying for a change. Be consistent; don't return to the room based on a child's plea, and certainly don't cancel plans based on separation anxiety. Your ongoing consistency, explanations, and diligence to return when you say you will are tantamount.

How to Survive Separation Anxiety

- **Create quick good-bye rituals**. Even if you have to do major-league- baseball–style hand movements, give triple kisses at the cubby, or provide a special blanket or toy as you leave, keep the good-bye short and sweet. If you linger, the transition time does too. So will the anxiety.
- **Be consistent**. Try to do the same drop-off with the same ritual at the same time each day you separate to avoid unexpected factors whenever you can. A routine can diminish the heartache and will allow your child to simultaneously build trust in her independence and in you.
- **Attention**: When separating, give your child full attention, be loving, and provide affection. Then say good-bye quickly despite her antics or cries for you to stay.
- **Keep your promise**. You'll build trust and independence as your child becomes confident in her ability to be without you when you stick to your promise of return. The biggest mistake I ever made in this regard was returning to class to "visit" my son about an hour after a terrible transition. I was missing him, and although the return was well intended, I not only extended the separation anxiety, we started all over again in the process. When I left the second time (and subsequent days) it was near nuclear.
- **Be specific, child style**. When you discuss your return, provide specifics that your child understands. If you know you'll be back by 3:00 pm, tell it to your child on his terms; for example, say, "*I'll be back after nap time and before afternoon snack*." Define time he can understand. Talk about your return from a business trip in terms of "*sleeps*." Instead of saying, "I'll be home in 3 days," say, "*I'll be home after 3 sleeps*."
- **Practice being apart**. Ship the children off to grandma's home, schedule playdates, allow friends and family to provide child care for you (even for an hour) on the weekend. Before starting child care or preschool, practice going to school and your good-bye ritual before you even have to part ways. Give your child a chance to prepare, experience, and thrive in your absence!

It's rare that separation anxiety persists on a daily basis after the preschool years. If you're concerned that your child isn't adapting to being without you, chat with the pediatrician. Your pediatrician has certainly helped support families in the same situation and can help calm your unease and determine a plan to support both of you!

Additional Information:

- Top Tips for Surviving Tantrums
- Making Drop Off at Child Care Easier
- Working Mothers
- Preparing Your Child for Child Care

Author: Wendy Sue Swanson, MD, MBE, FAAP

Last Updated: 11/21/2015
Source: Mama Doc Medicine: Finding Calm and Confidence in Parenting, Child Health, and Work-Life Balance

Vaccine Schedule and Flu Reminder

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

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

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

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

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

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

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

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

1. Why get vaccinated?

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

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

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

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

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

2. Influenza vaccines

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

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

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

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

Influenza vaccine **does not cause flu**.

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

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

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

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

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

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

Your health care provider can give you more information.

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

4. Risks of a vaccine reaction

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

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

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

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

5. What if there is a serious problem?

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

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

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

6. The National Vaccine Injury Compensation Program

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

7. How can I learn more?

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

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

Volume 11
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Q. How can parents sort out conflicting information about vaccines?
A. Decisions about vaccine safety must be based on well-controlled scientific studies.

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

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

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

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

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

• *To prevent common infections*

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

• *To prevent infections that could easily re-emerge*

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

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

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

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

Q. Do vaccines contain additives?
A. Many vaccines contain trace quantities of antibiotics or stabilizers.

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

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

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

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

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

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

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

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

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

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

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

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

Q. How can a "one-size-fits-all" approach to vaccines be OK for all children?
A. The recommended immunization schedule is not the same for all children.

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

continued>

Children's Hospital of Philadelphia®
Vaccine Education Center

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

Q. Is the amount of aluminum in vaccines safe?

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

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

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

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

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

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

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

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

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

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

Q. Do vaccines cause autism?

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

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

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

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

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

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

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

Q. Do children get too many shots?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Children's Hospital of Philadelphia®
Vaccine Education Center

Learn more: vaccine.chop.edu

Hepatitis B Vaccine:
What You Need to Know

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

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

1 Why get vaccinated?

Hepatitis B vaccine can prevent **hepatitis B.** Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B infection** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B infection** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a mother has hepatitis B, her baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2 Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age (sometimes it will take longer than 6 months to complete the series).

Children and adolescents younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is also recommended for certain **unvaccinated adults:**

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, infection with hepatitis C, or diabetes
- Anyone who wants to be protected from hepatitis B

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

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

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

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

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

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

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- Soreness where the shot is given or fever can happen after hepatitis B vaccine.

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

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

5 What if there is a serious problem?

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

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

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

6 The National Vaccine Injury Compensation Program

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

7 How can I learn more?

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

Vaccine Safety: The Facts

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

Indeed, some of the most devastating diseases that affect children have been greatly reduced or eradicated completely thanks to vaccination. **Today, we protect children and teens from 16 diseases that can have a terrible effect on their young victims if left unvaccinated.**

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

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

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

  Watch the Journey of Your Child's Vaccine @ https://youtu.be/Fcvgp6gNh6o.
  Learn about the three phases of clinical trials, vaccine licensing and manufacturing, how a vaccine is added to the U.S. Recommended Immunization Schedule, and how FDA and CDC monitor vaccine safety after the public begins using the vaccine.

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

into the United States by Americans who travel abroad or from people visiting areas with current disease outbreaks, it's important that your children are vaccinated.
- **Vaccines are studied.** To monitor the safety of vaccines after licensure, the FDA and the CDC created the Vaccine Adverse Event Reporting System (VAERS). All doctors must report certain side effects of vaccines to VAERS. Parents can also file reports with VAERS. For more information about VAERS, visit www.vaers.hhs.gov or call the toll-free VAERS information line at 800/822-7967. Other systems exist to further study vaccine safety concerns if they are identified in VAERS by FDA and CDC.

Protection for everyone

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

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

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

Additional Information & Resources:

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

Last Updated: 10/10/2018
Source: Adapted from Healthy Children E-Magazine, Back to School 2012

Tips for a Less Stressful Shot Visit

Making the choice to vaccinate your child is vital for their health and well-being. Even so, getting shots can still be stressful for you and your little one. Fortunately, there are simple ways you can support your child before, during, and after shots.

Help children see vaccines as a good thing. Never threaten your child with shots, by saying "If you misbehave I will have the nurse give you a shot." Instead, remind children that vaccines can keep them healthy.

Ways to soothe your baby:

- *Swaddling*
- *Skin-to-skin contact*
- *Offering a sweet beverage, like juice (when the child is older than 6 months)*
- *Breastfeeding*

Your health care professional may cool or numb the injection site to reduce the pain associated with your child's shots.

Before Getting Shots

Come prepared! Take these steps before your child gets a shot to help make the immunization visit less stressful on you both.

- Read any vaccine materials you received from your child's health care professional and write down any questions you may have.
- Find your child's personal immunization record and bring it to your appointment. An up-to-date record tells your doctor exactly what shots your child has already received.
- Pack a favorite toy or book, and a blanket that your child uses regularly to comfort your child.

For older children

- Be honest with your child. Explain that shots can pinch or sting, but that it won't hurt for long.
- Engage other family members, especially older siblings, to support your child.
- Avoid telling scary stories or making threats about shots.

At the Doctor's Office

If you have questions about immunizations, ask your child's doctor or nurse. Before you leave the appointment, ask your child's doctor for advice on using non-aspirin pain reliever and other steps you can take at home to comfort your child.

Try these ideas for making the shots easier on your child.

- Distract and comfort your child by cuddling, singing, or talking softly.
- Smile and make eye contact with your child. Let your child know that everything is ok.
- Comfort your child with a favorite toy or book. A blanket that smells familiar will help your child feel more comfortable.
- Hold your child firmly on your lap, whenever possible.

The Centers for Disease Control and Prevention (CDC), the American Academy of Family Physicians (AAFP), and the American Academy of Pediatrics (AAP) adapted this information from *Be There for Your Child during Shots*, California Department of Public Health Immunization Branch.

CS218609

For older children

- Take deep breaths with your child to help "blow out" the pain.
- Point out interesting things in the room to help create distractions.
- Tell or read stories.
- Support your child if he or she cries. Never scold a child for not "being brave."

Remember to schedule your next visit! Staying current with your child's immunizations provides the best protection against disease.

Once your child has received all of the shots, be especially supportive. Hold, cuddle, and, for infants, breastfeed or offer a bottle. A soothing voice, combined with praise and hugs will help reassure your child that everything is ok.

After the Shots

Sometimes children experience mild reactions from vaccines, such as pain at the injection site, a rash or a fever. These reactions are normal and will soon go away. The following tips will help you identify and minimize mild side effects.

- Review any information your doctor gives you about the shots, especially the Vaccine Information Statements or other sheets that outline which side effects might be expected.
- Use a cool, wet cloth to reduce redness, soreness, and swelling in the place where the shot was given.
- Reduce any fever with a cool sponge bath. If your doctor approves, give non-aspirin pain reliever.
- Give your child lots of liquid. It's normal for some children to eat less during the 24 hours after getting vaccines.
- Pay extra attention to your child for a few days. If you see something that concerns you, call your doctor.

Take a moment to read the Vaccine Information Sheet your health care professional gives you during your visit. This sheet has helpful information and describes possible side effects your child may experience.

VACCINES FOR CHILDREN PROGRAM (VFC)

INFORMATION FOR PARENTS FROM CDC

GET HELP PAYING FOR YOUR CHILD'S VACCINES!

How can I get help paying for my child's vaccines?

Since 1994, parents have been protecting their children through the VFC Program. This program provides free vaccines to children whose parents need help paying for them.

Is my child eligible for the VFC Program?

Your child is eligible if it is before his or her 19th birthday, and if he or she is one of the following:

- Medicaid-eligible
- Uninsured
- American Indian or Alaska Native
- Underinsured (Underinsured children are only eligible for VFC Vaccines through Federally Qualified Health Centers and Rural Health Clinics.)

What do you mean by "underinsured?"

Underinsured means your child has health insurance, but it won't cover the vaccine(s) because:

- It doesn't cover any vaccines.
- It doesn't cover certain vaccines.
- It covers vaccines, but it has a fixed dollar limit or cap for vaccines. Once that fixed dollar amount has been reached, your child is eligible.

Where can I go to get my child vaccinated?

Ask your doctor if he or she is a VFC Program provider. There are over 40,000 doctors enrolled in the VFC Program nationwide.

How much will I have to pay?

All vaccines are free through the VFC Program, saving you $100 or more on some vaccines. Even though you're saving a great deal of money by getting free vaccines, there can be other costs to the VFC visit:

- Doctors can charge a fee to give each shot. However, VFC vaccines cannot be denied to an eligible child if the family cannot afford the fee.
- There can be a fee for the office visit.
- There can be fees for non-vaccines services, like an eye exam or a blood test.

My child's doctor isn't a VFC provider. Where can I take my child for vaccines?

If your child's doctor isn't a VFC provider, you can take your child to one of the following places to get VFC vaccines:

- Public Health Clinic
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)

The best place to take your child depends on where you live and how your child is eligible for the VFC Program. Before you go, contact your state's VFC coordinator and ask where you should take your child for vaccines. You can find your state's VFC coordinator at this website: **www.cdc.gov/vaccines/programs/vfc/contacts-state.html**. Or call **1-800-CDC-INFO (232-4636)**. Ask for the phone number for your state's VFC coordinator.

For more information about the VFC Program, you can go to CDC's VFC webpage at **www.cdc.gov/vaccines/programs/vfc/** or call **1-800-CDC-INFO (232-4636)** and ask for information about the VFC Program.

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Tylenol or Motrin before or after vaccines?

Studies have shown that only about 5-7% of children have fevers after childhood vaccines. Other studies have shown that pre-treating children before vaccines or treating Tylenol (acetaminophen) or Motrin (ibuprofen) after vaccines can make the vaccines not work as well.

Therefore, **Northside Pediatrics** does not recommend pre-treating children with Tylenol or Motrin, or routinely giving them after the vaccines have been given. If your child *is* I n the small percentage of children that has a fever greater than 101 and/or acts irritable after vaccines and regular comfort measures do not help, then it is ok to use Tylenol or Motrin sparingly. Please refer to our dosing charts below.

Kitchen Spoons Are Not Accurate Measures

PLEASE DO NOT USE KITCHEN SPOONS TO ADMINISTER ANY MEDICATION, THESE ARE NOT ACCURATE. USE A SYRINGE OR MEDICINE CUP PROVIDED WITH THE MEDICATION.

Acetaminophen (Tylenol or another brand): How much to give?

Give every 4 to 6 hours, as needed, no more than 5 times in 24 hours (unless directed to do otherwise by your healthcare provider.)

CHILD'S WEIGHT	CHILD'S AGE	INFANT'S NEW FORMULATION OR CHILDREN'S LIQUID 160 mg in each 5 mL	JUNIOR STRENGTH 160 mg in each tab
6-11 lbs (2.7-5 kg)	0-3 mos	Advised dose* 1.25 mL	
12-17 lbs (5.5-7.7 kg)	4-11 mos	2.5 mL	
18-23 lbs (8.2-10.5 kg)	12-23 mos	3.75 mL	
24-35 lbs (10.9-15.9 kg)	2-3 yrs	5 mL	
36-47 lbs (16.4-21.4 kg)	4-5 yrs	7.5 mL	
48-59 lbs (21.8-26.8 kg)	6-8 yrs	10 mL	2 tablets
60-71 lbs (27.3-32.3 kg)	9-10 yrs	12.5 mL	2 ½ tablets
72-95 lbs (32.7-43.2 kg)	11 yrs	15 mL	3 tablets

Ibuprofen (Advil, Motrin, or another brand): How much to give?

Give every 6 to 8 hours, as needed, no more than 4 times in 24 hours (unless directed to do otherwise by your healthcare provider.)

CHILD'S WEIGHT	CHILD'S AGE	INFANTS' DROPS 50 mg in each 1.25 mL	CHILDREN'S LIQUID 100 mg in each 5 mL	CHILDREN'S CHEWABLES OR JUNIOR TABLETS 100 mg in each tab
less than 11 lbs (2.7-5 kg)	0-5 mos	**Not recommended for babies less than 6 mos old**	**Not recommended for babies less than 6 mos old**	
12-17 lbs (5.5-7.7 kg)	6-11 mos	1.25 mL	Advised dose* _____	
18-23 lbs (8.2-10.5 kg)	12-23 mos	1.875 mL	Advised dose* _____	
24-35 lbs (10.9-15.9 kg)	2-3 yrs	2.5 mL	5 mL	1 tablet
36-47 lbs (16.4-21.4 kg)	4-5 yrs	4 mL	7.5 mL	1 ½ tablets
48-59 lbs (21.8-26.8 kg)	6-8 yrs		10 mL	2 tablets
60-71 lbs (27.3-32.3 kg)	9-10 yrs		12.5 mL	2 ½ tablets
72-95 lbs (32.7-43.2 kg)	11 yrs		15 mL	3 tablets

*HEALTHCARE PROVIDER: PLEASE FILL IN THE ADVISED DOSE.