



BRIGHT FUTURES HANDOUT ► PARENT

6 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.

✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Choose a mature, trained, and responsible babysitter or caregiver.
- Ask us questions about child care programs.
- Talk with us or call for help if you feel sad or very tired for more than a few days.
- Spend time with family and friends.

✓ YOUR BABY'S DEVELOPMENT

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

✓ FEEDING YOUR BABY

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

Starting New Foods

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

Helpful Resources: Smoking Quit Line: 800-784-8669 | Poison Help Line: 800-222-1222

Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

6 MONTH VISIT—PARENT

HEALTHY TEETH

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

WHAT TO EXPECT AT YOUR BABY'S 9 MONTH VISIT

We will talk about

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

SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- If your baby has reached the maximum height/weight allowed with your rear-facing-only car seat, you can use an approved convertible or 3-in-1 seat in the rear-facing position.
- Put your baby to sleep on her back.
- Choose crib with slats no more than 2 $\frac{3}{8}$ inches apart.
 - Lower the crib mattress all the way.
- Don't use a drop-side crib.
- Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and toys in the crib.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Do a home safety check (stair gates, barriers around space heaters, and covered electrical outlets).
- Don't leave your baby alone in the tub, near water, or in high places such as changing tables, beds, and sofas.
- Keep poisons, medicines, and cleaning supplies locked and out of your baby's sight and reach.
- Put the Poison Help line number into all phones, including cell phones. Call us if you are worried your baby has swallowed something harmful.
- Keep your baby in a high chair or playpen while you are in the kitchen.
- Do not use a baby walker.
- Keep small objects, cords, and latex balloons away from your baby.
- Keep your baby out of the sun. When you do go out, put a hat on your baby and apply sunscreen with SPF of 15 or higher on her exposed skin.

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

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

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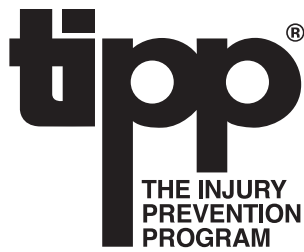


The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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6 TO 12 MONTHS

Safety for Your Child

Did you know that hundreds of children younger than 1 year die every year in the United States because of injuries — most of which can be prevented?

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

Falls

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

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

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

Burns

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

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

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



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

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



Poisoning and Choking

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

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

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



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

Strangulation and Suffocation

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

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

And Remember Car Safety

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



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

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

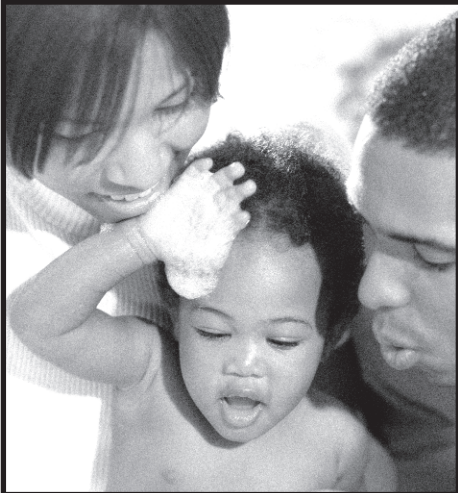
From Your Doctor

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

Healthy Minds: Nurturing Your Child's Development from **6 to 9 Months**

What do we really know about how a young child develops? What can parents do to best support their child's healthy development and growing brain? Some of the answers are in this series of *Healthy Minds* handouts. Each handout is based on findings from a report* from the National Academy of Sciences that examined the research on child and brain development to establish what is known about the early years. The information we offer is age-specific, summarizes key findings from the report and suggests how you might be able to use these key findings to nurture your own child's healthy development.

These handouts are brought to you by ZERO TO THREE, the nation's leading resource on the first 3 years of life, and the American Academy of Pediatrics, dedicated to the health of all children.



▶ **Key findings** from the report include:

- Your relationship with your child is the foundation of his or her healthy development.
- Your child's development depends on both the traits he or she was born with (nature), and what he or she experiences (nurture).
- All areas of development (social/emotional/intellectual/language/motor) are linked. Each depends on, and influences, the others.
- What children experience, including how their parents respond to them, shapes their development as they adapt to the world.

How it looks in everyday family life:

Anne is the mother of 8-month-old Jenna. Anne's best friend, Claudia, is coming into town to meet Jenna for the first time. When Claudia arrives, Jenna will have nothing to do with her. Every time Claudia tries to talk to or play with Jenna she whimpers, turns away and clings to Anne. Anne feels frustrated and embarrassed. While tempted to just hand Jenna to Claudia, she stops, and instead holds Jenna on her lap and asks Claudia to sit next to them and read Jenna's favorite book. Slowly Jenna starts to look at Claudia and shows increasing interest. Soon Jenna starts to crawl off Anne's lap to get closer to Claudia.

This shows how all areas of Jenna's development are connected, and how her mother's

response supports her healthy development. Jenna's strong bond with her mother, the trust she shows as she clings to her for safety and her fear of strangers are all signs of her **social and emotional development**. Her **intellectual development** enables her to tell the difference between who she knows and who she doesn't, and helps her take steps to get the comfort and protection she wants. She uses her sounds (**language development**), facial expressions and gestures (**motor development**) first to communicate to Anne that she is uncomfortable and wants support. Later she uses them to communicate that she is ready to interact. Anne's sensitivity to Jenna's need to warm up slowly to new situations and people helps Jenna feel loved and secure, which will help her feel more comfortable meeting new people as she grows.

Relationships are the foundation of a child's healthy development.



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Charting Your Child's Healthy Development: 6 to 9 months

The following chart describes many of the things your baby is learning between 6 and 9 months and what you can do to support your child in all areas of her development. As you read, remember that children develop at their own pace and in their own way. Understanding who your child is, what her strengths are and where she needs more support, is essential for promoting her healthy development. If you have questions regarding your child's development, ask your pediatrician.

What's going on:	What you can do:	Questions to ask yourself:
<p>Babies this age are big communicators. They use many sounds, gestures and facial expressions to communicate what they want. Their actions are their communications. They may be starting to put consonants and vowels together to form words like "dada" and "mama."</p>	<ul style="list-style-type: none"> ● Talk a lot with your baby. For example, label and narrate. "You're eating a big banana!" Give her time to respond. ● Respond to her communications. See how long you can keep a back-and-forth conversation going. For example, she makes a sound, you imitate it, she makes another sound and so on. 	<ul style="list-style-type: none"> ● How does your baby let you know what she wants; what she's feeling and thinking? ● What, if anything, do you find frustrating about understanding your baby's communications? Why?
<p>As her brain grows, your baby will start to imitate others, especially you. This leads to the development of lots of new skills. Babies this age can also use toys in more complex ways. For example, instead of just holding a plastic cup, a baby this age may use it to pour water in the bathtub.</p>	<ul style="list-style-type: none"> ● Give your baby time to take in what you did and then copy you. Push a button on the jack-in-the-box, then wait for your baby to do it before you do it again. This teaches your baby cause and effect. Seeing that she can make things happen builds her self-confidence and makes her want to take on new challenges. ● Provide a variety of safe toys for the bath—containers, rubber toys, plastic bath books, plastic ladles. These will encourage your baby to explore and experiment with the different ways to use objects. Of course, never leave your baby alone in the bath. 	<ul style="list-style-type: none"> ● How have you seen your baby imitate? ● What kind of play does your baby most enjoy? What does this tell you about her?
<p>Babies' motor skills are advancing by leaps and bounds at this stage. But all babies grow at their own rate. Many babies at this age can roll over both ways, scoot, crawl and even stand. Their motor skills allow them to make the ideas in their head happen, for example, getting the ball that rolled away.</p>	<ul style="list-style-type: none"> ● Encourage your baby to use her body to get what she wants. If she's showing you with her sounds and gestures that she wants the toy that is out of reach, don't just get it for her. Help her get it for herself by bringing it close enough for her to grab. This builds her confidence. ● Create an environment that is safe for exploration. Make sure only safe objects are within your baby's grasp, and that anything she might use to pull herself up to her feet is sturdy and fastened down to the floor or wall. This kind of baby-proofing of your house also will reduce conflicts between you and your baby. 	<ul style="list-style-type: none"> ● How does your baby use her body—to explore, to express her feelings? ● What do you need to do to make your home safer for your "little explorer?"

*The report, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, was a 2½-year effort by a group of 17 leading professionals with backgrounds in neuroscience, psychology, child development, economics, education, pediatrics, psychiatry and public policy. They reviewed what was known about the nature of early child development and the influence of early experiences on children's health and well-being. The study was sponsored by a number of federal agencies and private foundations.

With thanks to

The Gerber Foundation
Enhancing the quality of life of infants and young children



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For more information go to:
www.zerotothree.org
www.aap.org

Protect Your Child From Poison



Guidelines for Parents

Children can get very sick if they come in contact with medications, household pesticides, chemicals, cosmetics, or plants. This can happen at any age and can cause serious reactions. However, most children who come in contact with poison are *not* permanently harmed if they are treated right away. This brochure has been developed by the American Academy of Pediatrics to inform parents how to prevent poisonings and what to do if their child has been poisoned.

Prevention

Young children are poisoned most commonly by things in the home such as:

- Drugs and medications (iron medications are one of the most common causes of poisonings in children under age 5)
- Cleaning products
- Plants
- Cosmetics
- Pesticides
- Paints and solvents

Most poisonings occur when parents are not paying close attention. If you are ill or stressed, you may not watch your child as closely as usual. The hectic routine of getting dinner on the table causes so many lapses in parental attention that late afternoon is known as “the arsenic hour” by poison center personnel.

In addition, children like to put things into their mouths and taste things. This is a natural way for children to learn about the world around them. Children also copy adults without knowing what they are doing.

The best way to prevent poisonings is to lock up all toxic substances where your child cannot get to them. Also, watch your child even more closely whenever you are somewhere that is not childproofed. Be especially attentive when your child is visiting another home, or a grandparent’s home, where childproofing may not have been done.

Poison-proofing your home

- Keep all drugs, medications, household cleaning products, and cosmetics locked up and out of your child’s reach.
- Use safety latches on drawers and cabinets that contain objects that might be dangerous to your child.
- Post the poison center and other emergency numbers near every phone in your home. Be sure that your babysitter knows how to use these numbers.

Treatment

Swallowed poison

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

First, get the poison 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 any other evidence that might help determine what was swallowed.

Next, check for these signs:

- Severe throat pain
- Breathing difficulty
- Sudden behavior changes, such as unusual sleepiness, irritability, or jumpiness
- Unexplained nausea or vomiting
- Stomach cramps without fever
- Burns on your child's lips or mouth
- Unusual drooling, or odd odors on your child's breath
- Unexplained stains on your child's clothing
- Convulsions or unconsciousness (only in very serious cases)

If your child has any of these signs, call 911 right away. Take the poison container with you to help the doctor determine what was swallowed. *Do not make your child vomit*, as this may cause further damage. Also, *do not follow instructions about poisoning on the label* of the container, as these are often out of date.

If your child does not have these symptoms, call your regional poison center or pediatrician. They will need the following information in order to help you:

- Your name and phone number
- Your child's name, age, and weight
- Any medical conditions your child may have
- Any medications your child may be taking
- The name of the substance your child swallowed. Read it off the container and spell it.
- The ingredients of the substance your child swallowed if they are listed on the label. If your child has swallowed a prescription medicine, give all the information on the label including the name of the drug. If the name of the drug is not on the label, give the name and phone number of the pharmacy, and the date of the prescription.
- What the pill looked like (if you can tell) and if it had any printed numbers on it. If your child swallowed another substance, such as a part of a plant, describe it as much as you can to help identify it.
- The time your child swallowed the poison (or when you found your child), and the amount you think was swallowed.

In the kitchen

- Store cleaners, lye, furniture polish, dishwasher soap, and other dangerous products in a locked cabinet.
- If you must store items under the sink, use safety latches that lock every time you close the cabinet (most hardware and department stores have them).
- Never put dangerous substances into containers that look as if they might hold things your child usually eats or drinks.

In the bathroom

- Buy and keep all medicines in containers with safety caps. Remember, however, that these caps are *child-resistant*, not *childproof*, so store them in a locked cabinet.
- Throw away any leftover prescription medicines.
- Do not keep toothpaste, soaps, shampoos, and other frequently used items in the same cabinet as dangerous products.
- Do not take medicine in front of small children; they may try to copy you.
- Never say that a medicine is candy in order to get your child to take it.
- Check the label every time you give medication. This will help you to be sure you are giving the right medicine in the right amount. Mistakes are more common in the middle of the night, so always turn on a light when handling any medication.

In the garage and basement

- Keep paints, varnishes, thinners, pesticides, and fertilizers in a locked cabinet in their original, labeled containers.
- Read labels on all household products before you buy them. Try to find the least toxic ones for the job. Buy only what you need to use right away.
- Never put poisonous or toxic products in containers that were once used for food, especially empty drink bottles, cans, or cups.
- Never run your car in a closed garage. Be sure that coal, wood, or kerosene stoves are in good working order. If you smell gas, turn off the stove or gas burner, leave the house, and call Gas Company.

Poison on the skin

If your child spills a dangerous chemical on her body, remove her clothes and rinse the skin with lukewarm – not hot – water. If the area shows signs of being burned, continue rinsing for at least 15 minutes, no matter how much your child may protest. Then call the poison center for further advice. 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 lukewarm water into the inner corner. A young child is sure to object to this, so get

FIRST AID

Call 911 or an emergency number for a severely ill or injured child. Call 1-800-222-1222 (Poison Center) if you have a poison emergency.

GENERAL

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

STINGS, BITES, AND ALLERGIES

Stinging Insects Remove the stinger as soon as possible with a scraping motion using a firm item (such as the edge of a credit card). Put a cold compress on the bite to relieve the pain. If trouble breathing, fainting, or extreme swelling occurs, call 911 or an emergency number right away. For hives, nausea, or vomiting,



call the pediatrician. For spider bites, call the pediatrician or Poison Center and describe the spider. Have the pediatrician check any bites that become infected.

Animal or Human Bites Wash wound well with soap and water. Call the pediatrician. The child may need a tetanus or rabies shot.

Ticks Use tweezers or your fingers to grasp as close as possible to the head of the tick and briskly pull the tick away from where it is attached. Call the pediatrician if the child develops symptoms such as a rash or fever.

Snake Bites Take the child to an emergency department if you are unsure of the type of snake or if you are concerned that the snake may be poisonous. Keep the child at rest. Do not apply ice. Loosely splint the injured area and keep it at rest, positioned at or slightly below the level of the heart. Identify the snake, if you can do so safely. If you are not able to identify the snake but are able to kill it safely, take it with you to the emergency department for identification.

Allergy Swelling, problems breathing, and paleness may be signs of severe allergy. Some people may have emergency medicine for these times. If possible, ask about emergency medicine they may have and help them administer it if necessary.

FEVER

Fever in children is usually caused by infection. It also can be caused by chemicals, poisons, medicines, an environment that is too hot, or an extreme level of overactivity. Take the child's temperature to see if he has a fever. Most pediatricians consider any thermometer reading above 100.4°F (38°C) a sign of a fever. However, the way the child looks and acts is more important than how high the child's temperature is.



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

- Appears very ill, is unusually drowsy, or is very fussy
- Has other symptoms such as a stiff neck, severe headache, severe sore throat, severe ear pain, an unexplained rash, or repeated vomiting or diarrhea
- Has a condition causing immune suppression (such as sickle cell disease, cancer, or the taking of steroids)
- Has had a first seizure
- Is younger than 2 months and has a temperature of 100.4°F (38°C) or higher
- Has been in a very hot place, such as an overheated car

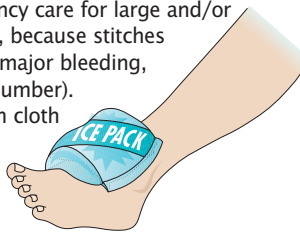
To make the child more comfortable, dress him in light clothing, give him cool liquids to drink, and keep him calm. The pediatrician may recommend fever medicines. Do not use aspirin to treat a child's fever. Aspirin has been linked with Reye syndrome, a serious disease that affects the liver and brain.

SKIN WOUNDS

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

Bruises Apply cold compresses. Call the pediatrician if the child has a crush injury, large bruises, continued pain, or swelling. The pediatrician may recommend acetaminophen for pain.

Cuts Rinse small cuts with water until clean. Use direct pressure with a clean cloth to stop bleeding. If cut is not deep, apply an antibiotic ointment, then cover the cut with a clean bandage. Call the pediatrician or seek emergency care for large and/or deep cuts, or if the wound is gaping, because stitches should be placed without delay. For major bleeding, call for help (911 or an emergency number). Continue direct pressure with a clean cloth until help arrives.



Scrapes Rinse with clean, running tap water for at least 5 minutes to remove dirt and germs. Do not use detergents, alcohol, or peroxide. Apply a triple antibiotic ointment and a bandage that will not stick to the wound.

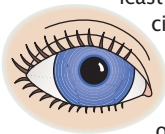
Splinters Remove small splinters with tweezers, then wash and apply local antiseptic. If you cannot remove the splinter completely, call the pediatrician.

Puncture Wounds Do not remove large objects (such as a knife or stick) from a wound. Call for help (911 or an emergency number). Such objects must be removed by a doctor. Call the pediatrician for all puncture wounds. The child may need a tetanus booster.

Bleeding Apply pressure with gauze over the bleeding area. If still bleeding, add more gauze and apply pressure. Wrap an elastic bandage firmly over gauze and apply pressure. If bleeding continues, call the pediatrician or seek emergency care.

EYE INJURIES

If anything is splashed in the eye, flush gently with water for at least 15 minutes. Call the Poison Center or the pediatrician for further advice. Any injured or painful eye should be seen by a doctor. Do **NOT** touch or rub an injured eye. Do **NOT** apply medicine. Do **NOT** remove objects stuck in the eye. Cover the painful or injured eye with a paper cup or eye shield until you can get medical help. The child may need a tetanus booster.



FRACTURES AND SPRAINS

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

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

BURNS AND SCALDS

General Treatment First stop the burning process by removing the child from contact with hot water or a hot object (for example, oil). If clothing is burning, smother flames and cool clothing by soaking with water. Remove clothing unless it is firmly stuck to the skin. Run cool water over burned skin until the pain stops. Do not apply ice, butter, grease, medicine, or ointment.

Burns With Blisters Do not break the blisters. Ask the pediatrician how to cover the burn and about burns on the face, hands, feet, or genitals.

Large or Deep Burns Call 911 or an emergency number. After stopping and cooling the burn, keep the child warm with a clean sheet covered with a blanket until help arrives.

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



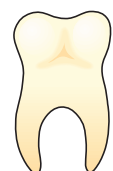
NOSEBLEEDS

Keep the child in a sitting position with the head tilted slightly forward. Apply firm, steady pressure to both nostrils by squeezing them between your thumb and index finger for 10 minutes. If bleeding continues, or is very heavy, call the pediatrician or seek emergency care.

TEETH

Baby Teeth If knocked out or broken, apply clean gauze to control bleeding and call the pediatric dentist.

Permanent Teeth If knocked out, handle the tooth by the top and not the root (the part that would be in the gum). If dirty, rinse gently without scrubbing or touching the root. Do not use any cleansers. Use cold running water or milk. Place the tooth in clean water or milk and transport the tooth with the child when seeking emergency care. Call and go directly to the pediatric dentist or an emergency department. If the tooth is broken, save the pieces in milk and call the pediatric dentist right away. Stop bleeding using gauze or a cotton ball and pressure in the socket.



CONVULSIONS, SEIZURES

If the child is breathing, lay her on her side to prevent choking. Make sure the child is safe from objects that could injure her. Be sure to protect her head. Do not put anything in the child's mouth. Loosen any tight clothing. Start rescue breathing if the child is blue or not breathing. (Please see other side.) Call 911 or an emergency number for a prolonged seizure (more than 5 minutes).

HEAD INJURIES

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

Call 911 or an emergency number right away if the child loses consciousness or has a convulsion (seizure).

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

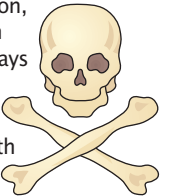
- Drowsiness
- Difficulty being awakened
- Persistent headache or vomiting
- Clumsiness or inability to move any body part
- Oozing of blood or watery fluid from ears or nose
- Abnormal speech or behavior

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

POISONS

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

Swallowed Poisons Any nonfood substance is a potential poison. Do not give anything by mouth or induce vomiting. Call the Poison Center right away. Do not delay, but try to have the substance label or name available when you call.



Fumes, Gases, or Smoke Get the child into fresh air and call 911 or the fire department. If the child is not breathing, start CPR and continue until help arrives. (Please see other side.)

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

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

FAINTING

Check the child's airway and breathing. If necessary, call 911 and begin rescue breathing and CPR. (Please see other side.)

If vomiting has occurred, turn the child onto one side to prevent choking. Elevate the feet above the level of the heart (about 12 inches). Do **NOT** give the child anything to drink.

Does your community have 911? If not, note the number of your local ambulance service and other important numbers below.

**BE PREPARED! CALL 911
KEEP EMERGENCY NUMBERS
BY YOUR TELEPHONE**

PEDIATRICIAN _____

PEDIATRIC DENTIST _____

POISON CENTER 1-800-222-1222 _____

AMBULANCE _____

EMERGENCY DEPARTMENT _____

FIRE _____

POLICE _____

DIRECTIONS TO THE LOCATION
(ADDRESS, ETC, FOR BABYSITTERS, CAREGIVERS) _____

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

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CHOKING/CPR

LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION)

IF ALONE WITH A CHILD WHO IS CHOKING...

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS. 3. CALL 911 OR YOUR LOCAL EMERGENCY NUMBER.

YOU SHOULD START FIRST AID FOR CHOKING IF...

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

DO NOT START FIRST AID FOR CHOKING IF...

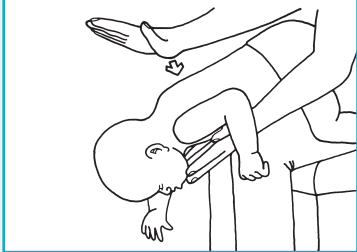
- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR INFANTS YOUNGER THAN 1 YEAR

INFANT CHOKING

If the infant is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911, or if you are alone call 911 as soon as possible.

1 GIVE FIVE BACK SLAPS



ALTERNATING WITH

2 GIVE FIVE CHEST THRUSTS



Alternate back slaps and chest thrusts until the object is dislodged or the infant becomes unconscious. If the infant becomes unconscious, begin CPR.

INFANT CPR

To be used when the infant is unconscious or when breathing stops.

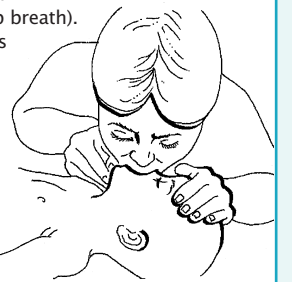
1 OPEN AIRWAY

- Open airway (tilt head, lift chin).
- Take 5 to 10 seconds to check if the child is breathing after the airway is opened. **Look** for up and down movement of the chest and abdomen. **Listen** for breath sounds at the nose and mouth. **Feel** for breath on your cheek. If opening the airway results in breathing, other than an occasional gasp, do not give breaths.
- If there is no breathing **look** for a foreign object in the mouth. **If you can see** an object in the infant's mouth, sweep it out carefully with your finger. Then attempt rescue breathing. **Do NOT** try a blind finger sweep if the object is not seen, because it could be pushed farther into the throat.



2 RESCUE BREATHING

- **Position** head and chin with both hands as shown—head gently tilted back, chin lifted.
- Take a normal breath (not a deep breath).
- **Seal** your mouth over the infant's mouth and nose.
- Give 2 breaths, each rescue breath over 1 second with a pause between breaths. Each breath should make the chest rise.



If no rise or fall after the first breath, repeat steps 1 and 2. If still no rise or fall, continue with step 3 (below).

3 CHEST COMPRESSIONS

- Place 2 fingers of 1 hand on the breastbone just below the nipple line.
- Compress chest $\frac{1}{2}$ to $\frac{1}{2}$ the depth of the chest.
- Alternate 30 compressions with 2 breaths.
- Compress chest at rate of 100 times per minute.



Be sure someone calls 911 as soon as possible. If you are alone, call 911 or your local emergency number after 5 cycles of breaths and chest compressions (about 2 minutes).

FOR CHILDREN 1 TO 8 YEARS OF AGE*

CHILD CHOKING

If the child is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911, or if you are alone call 911 as soon as possible.

CONSCIOUS

FIVE ABDOMINAL THRUSTS just above the navel and well below the bottom tip of the breastbone and rib cage. Give each thrust with enough force to produce an artificial cough designed to relieve airway obstruction.



If the child becomes unconscious, begin CPR.

CHILD CPR

To be used when the child is **UNCONSCIOUS** or when breathing stops.

1 OPEN AIRWAY

- Open airway (tilt head, lift chin).
- Take 5 to 10 seconds to check if the child is breathing after the airway is opened. **Look** for up and down movement of the chest and abdomen. **Listen** for breath sounds at the nose and mouth. **Feel** for breath on your cheek. If opening the airway results in breathing, other than an occasional gasp, do not give breaths.
- If there is no breathing **look** for a foreign object in the mouth. **If you can see** an object in the child's mouth, sweep it out carefully with your finger. Then attempt rescue breathing. **Do NOT** try a blind finger sweep if the object is not seen, because it could be pushed farther into the throat.



2 RESCUE BREATHING

- **Position** head and chin with both hands as shown—head gently tilted back, chin lifted.
- Take a normal breath (not a deep breath).
- **Seal** your mouth over the child's mouth.
- **Pinch** the child's nose.
- Give 2 breaths, each rescue breath over 1 second with a pause between breaths. Each breath should make the chest rise and fall.



If no rise or fall after the first breath, repeat steps 1 and 2. If still no rise or fall, continue with step 3 (below).

3 CHEST COMPRESSIONS

Place heel of 1 hand over the lower half of the breastbone OR use 2 hands: place heel of 1 hand over the lower half of the breastbone, then place other hand over first hand and intertwine fingers (to keep them off of the chest).

- Compress chest $\frac{1}{2}$ to $\frac{1}{2}$ depth of chest.
- Alternate 30 compressions with 2 breaths.
- Compress chest at rate of 100 times per minute.

Check for signs of normal breathing, coughing, or movement after every 5 cycles (about 2 minutes).



1-hand technique



2-hand technique

Be sure someone calls 911 as soon as possible. If you are alone, call 911 or your local emergency number after 5 cycles of breaths and chest compressions (about 2 minutes).

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

*For children 8 years and older, adult recommendations for choking/CPR apply.

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

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



Starting Solid Foods

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

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

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

When can my baby begin solid foods?

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

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

NOTE: The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months. You can continue to breastfeed after 12 months if you and your baby desire.

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

How do I feed my baby?

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

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

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

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

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

Which food should I give my baby first?

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

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

When can my baby try other food?

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

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

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

When can I give my baby finger foods?

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

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

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

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

What changes can I expect after my baby starts solids?

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

Should I give my baby juice?

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

From Your Doctor

Does my baby need water?

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

Good eating habits start early

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

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

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

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

High Chair Safety

When using a high chair, remember to:

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

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2 of 2

7 MUST-READ UPDATES

- 1** Peanuts should **not be the first solid** food introduced.
- 2** Only introduce peanuts to an infant who is **healthy without an illness** such as upper respiratory infection.
- 3** Introduce the first **peanut-containing food in the home setting**, not in another setting such as daycare or a restaurant
- 4** Ensure an adult **supervisor is closely monitoring** the initial peanut introduction.
- 5** Ensure an adult **supervisor provides ample time to watch** the infant after peanut ingestion.
- 6** Give a **small portion of peanut and wait 10 minutes** before gradually giving the remainder of the full serving.
- 7** Do not give **peanut butter directly from a spoon or whole peanuts** to children aged younger than 5 years.

HEALTHY ACTIVE LIFESTYLE - INFANT

Breastfeeding:

- Exclusive breastfeeding for the first year is our goal
- Breastfed babies who are breastfed for at least 6 months are less likely to be overweight.
- The duration of breastfeeding also is inversely related to the risk of obesity.
- A reduction of 40% in the incidence of type 2 diabetes mellitus is reported, reflecting the long-term positive effect of breastfeeding on weight control and feeding self-regulation.

Breastfeeding is at greatest risk of cessation during transition home from hospital, 6-8 weeks of age, transition back to work, and between 6-8 months due to self-weaning and/or introduction of solids.

Bottle Feeding:

- Practice appropriate bottle feeding practices:
 - Avoid bottle propping
 - Only breastmilk or formula in bottle unless otherwise directed by physician.

Some parents (and grandparents!) worry that young babies aren't getting enough to eat. But there's no need to worry — babies under age 6 months get everything they need from breast milk or formula.

Food Introduction:

- Introduce solid foods around 6 months of age
- Expose baby to a wide variety of healthy foods
 - Also offer a variety of textures

Lots of parents are excited to start their babies on solid foods. Others are nervous. Starting to eat solid foods (like baby cereal and baby food) is an important part of your baby's development. Did you know that babies who start eating solid food too early are more likely to be overweight or obese in childhood and adulthood? This is one more important reason to wait until your baby is really ready before giving him solid foods.

Introducing your baby to new foods can be both fun and frustrating. Some parents worry about wasting food and money if their babies don't like a lot of foods at first. Good news: a new eater only needs 1-2 tablespoons of each food and will gradually increase to 3-4 tablespoons as she gets older. By getting your baby used to lots of different foods, you'll help him build a healthy diet for life.

Healthy Snacking:

- After 9 months, offer 2-3 healthy and nutritious snacks per day
- Maintain fruit and vegetable consumption after finger foods are introduced
- Have fun with finger foods. Let your baby try feeding herself. Offer healthy snacks 2-3 times per day.

Foster Self-feeding:

- Babies are encouraged to use spoons and fingers to feed themselves
- Babies are encouraged to drink from a cup starting at 6 months of age
- Parents recognize hunger and satiety cues
- Let your baby try feeding herself as soon as she's ready — usually around 8 or 9 months old.

Healthy Drinks:

- Babies should drink breastmilk or formula for the first year of life
- Try to avoid introducing juice until child is a toddler. If juice is introduced, wait until 6-9 months and limit consumption to 4-6 ounces
- Avoid introduction of sugar-sweetened beverages

Active Play:

- Dedicate time every day for active play

- Limit time spent in items that restrict movement (car seats, strollers, bouncy seat, etc)

It's never too early to be active — even babies need physical activity! It helps them learn and reach important milestones, like sitting up and crawling. Physical activity for babies doesn't have to be anything fancy. Simple things like playing, reaching, grabbing, and having "tummy time" help babies grow and develop into healthy children.

Screen Time:

- Limit TV exposure
 - Aim for no TV exposure for infants
 - Avoid placement of TV in bedroom

Routines are Important:

- Establish and maintain healthy routines
 - Regular meals
 - Daily physical activity
 - Adequate Sleep

Even though it can be a challenge, starting a routine can help you and your baby stay healthy and happy. Routines help you prepare for mealtimes and help your baby be a better sleeper — which helps the whole family!

Building a Team:

- Parents engage family, friends, and childcare workers to help their child eat healthy and be active

It can be frustrating if your friends or family members are feeding your baby unhealthy foods. It can be difficult to speak up — but you've got your baby's health in mind! Clear communication, patience, and consistency can help you get everyone on the same team. If your baby is in childcare, talk to the teachers so they know what foods you want your baby to eat. Different families have different rules, and teachers are used to balancing these.