



## **WELCOME!**

We are delighted that you have chosen SF Bay Pediatrics as the medical home for the children in your family. The information in these pages are intended to provide essential information so that you and your family receive prompt, efficient medical attention and support.

## **OFFICE HOURS**

The office is open Monday through Friday from 9:00 a.m. until 5:00 p.m. Appointments are scheduled and can be made from 9:00 a.m. until 11:40 a.m. and from 2:00 p.m. until 5:00 p.m. The office is closed on weekends and major holidays (we are open MLK Day and the SF office is open the day after Thanksgiving.)

## **OFFICE VISITS**

### **Preventive health visits**

Patients are seen by appointment. When you arrive, check in at the reception window and make sure we are up to date on any changes in insurance, addresses, telephone numbers, etc. If you require signed documents such as school, camp, or athletic participation forms, give them to us with the patient's portions completed at the time you check in. If your insurance requires a copayment for the visit, please take care of this when you check in. Insurance companies have a narrow definition of preventive health visits that do not require copayments. If the doctor attends to a health condition or an acute illness during a preventive health visit, your insurance may require a copayment.

### **Acute illness**

We take your concerns for your sick child seriously and reserve appointment times for acute illness visits every day. Due to time constraints, we ask that you make a separate appointment for each child to be seen. If you feel that your child might be highly infectious, please inform us at the time you make your appointment. We may request that you enter through an alternative door to avoid exposing other patients.

## **EMERGENCIES**

***If your child is experiencing a life-threatening emergency, call 911.***

Otherwise, please let us help you through this stressful experience by calling the office before going to the emergency room. We may be able to save you time or an unnecessary ER visit by facilitating an urgent appointment with a specialist or making certain that you obtain care at the appropriate facility for your child and your health plan. Most patients take advantage of the **Pediatric Emergency Room at Sutter CPMC located at 1260 Franklin Street, San Francisco, CA 94109**. Alternatively, **UCSF Benioff SF Pediatric Emergency Department is located at 1475 4th Street, in Mission Bay**.

## **FEVERS**

If your child has a fever, please take his or her temperature before calling the office. Rectal temperatures are preferred in small children. This is important information that will help us make the best decisions in caring for your child.

## **CONTACTING US**

During business hours, we can be reached by calling our office phone number. Please state the urgency of your child's problem clearly to the office staff. Listen carefully to the prompts if you reach a recording. During office hours, someone is always available to take your call but you have the option of leaving a detailed message for less urgent matters. Telephone calls are returned as quickly as possible but sometimes calls may be returned between scheduled appointments or at the end of scheduled patient hours. Power outages and acts of nature or electronics may interfere with telephones. If you are not able to leave a message or ring through to our staff during office hours, hang up and call the number of our other office.

The patient portal is a wonderful tool to securely communicate with us about non-urgent matters.



#### **IMMUNIZATIONS**

Your child should be immunized and have booster injections on time to assure optimum health. If we are aware that a recommended immunization is not covered by your insurance, we will discuss your options.

#### **PRESCRIPTIONS**

Our policy is to issue new prescriptions only after the patient has been seen by a physician. Refill requests should be made during regular business hours. It is best to have your pharmacy contact us when a refill is needed. Be aware that prescription refill requests may not be authorized until the next business day. Have your pharmacy name, street, city and phone number available. When possible, we will send electronic prescriptions directly to your pharmacy. If you must call us after hours, please verify that your pharmacy is open.

#### **CANCELLATIONS**

We have reserved time for your child. If you cancel or change your appointment without 24 hours notice, you may be charged a missed-appointment fee. We will make every effort to help your child in a timely manner. We respect your time but if the doctor is running behind schedule, it is due to our policy of providing individualized care to our patients. Please try to be prompt for appointments as it affects all the patients for the rest of the day.

#### **LET US ASSIST YOU**

Provide us with all current insurance information. Many health plans restrict the hospital, laboratory, or specialist that you may use. The majority also require authorization prior to referral. We may ask that you make an appointment with us prior to referral.

Please inform us when you have been referred out of our office for services by other providers. Failure to be referred appropriately may result in your insurance company's denial to pay for the services, which will leave you responsible for payment.

#### **BILLING POLICIES**

- We accept numerous health plans and cannot know all the details in your policy. It is in your best interest to know and understand your benefits, deductible, copayments, and authorization requirements before you seek services. If you have questions as to what is covered by your insurance, we recommend that you call your insurance company directly.
- Copayments are due at the time of your visit to avoid an additional missed-copayment fee.
- If the doctor attends to a medical condition or an acute illness, during a preventive health visit, your insurance may require a copayment. In this circumstance, you will be billed for the copayment after the visit and will not be subject to the missed-copayment fee.
- Most healthcare plans cover one physical exam per calendar year, but some require you to wait 365 days between physicals. Prior to scheduling your child's wellness exam, we recommend contacting your insurance provider to verify coverage for preventative care services, as policies may vary. We are unable to provide specific coverage details as they are subject to individual insurance plans.
- Coinsurance and deductibles should also be paid at the time of the visit.
- We accept cash (exact change is appreciated), check, and credit cards.
- Please bring your insurance card to every visit. If you do not have proof of insurance at the time of your visit, we are required to ask you to pay for the visit at the time.
- There may be a processing fee for the completion of documents that are not presented in conjunction with a preventive health visit.
- Our bookkeeper handles insurance billing and accounts and will gladly assist you when needed.



### **AFTER HOURS ADVICE NURSE**

**After Hours Advice Nurse Line:** 415-668-8900, option 1

*Available weekdays overnight 5pm - 9am and 24 hours on weekends and holidays.*

### **AFTER HOURS CLINICS**

#### **UBCP Pediatric After Hours Clinic in SF**

3838 California Street (Between Cherry St and Arguello Blvd), Suite 111

San Francisco, CA 94115

Call 415-502-7000 for appointments

<https://after-hours-clinic.ubcp.org/>

#### **Mission Neighborhood Health Center**

1580 Valencia Street, 7th Floor, Suite 702, in San Francisco, CA 94110

Call 866-961-8588

<https://www.mnhc.org/news/after-hours-clinic-for-children-and-newborns/>

#### **MarinHealth Pediatric Urgent Care**

1100 Larkspur Landing Circle, Suite 10, Larkspur, CA 94939

Call 415-925-8070

Please check that your insurance is accepted here (most PPOs are)

<https://www.mymarinhealth.org/locations/pediatric-after-hours-care/>

#### **Dignity GoHealth Clinics**

Find a clinic closest to your home

<https://www.gohealthuc.com/>

### **EMERGENCY ROOMS**

#### **CPMC VNG Pediatric ER**

1101 Van Ness Ave, San Francisco, CA 94109

(entrance is on the corner of Franklin and Post)

#### **UCSF Benioff Mission Bay Pediatric ER**

1975 4th St First Floor, San Francisco, CA 94158

#### **MarinHealth Medical Center**

250 Bon Air Rd, Greenbrae, CA 94904

Or **ER closest to your home**



www.sfpeds.com

\*We are on Facebook, Instagram, and Twitter!

Secure contact is best via UCSF MyChart. Please speak to our receptionist for more details.

## **IMPORTANT THINGS TO KNOW ABOUT YOUR NEWBORN BABY**

### **Feeding**

Babies feed frequently on demand, generally about every 1-4 hours. Offer the breast and/or spend time skin to skin at least every 4 hours to help establish your milk supply. Newborns do not need anything but breast milk or formula. Do NOT give your baby any honey or cow's milk until the age of 12 months. Do NOT give any soft foods until 4-6 months. Water is offered at 6 months of age. With regular and frequent breastfeeding in the first few days after birth as well as with skin to skin contact, your milk should start to come in between day 3-5. Until then, babies get a lot of calories from the very thick, dense "first milk" (colostrum). How your baby latches onto your breast is important for successful breastfeeding; your baby should not just be sucking on the end of your nipple or you risk getting sore nipples. Please ask your doctor, your nurse or your lactation consultant if you have questions about your baby's latch. Babies may lose a little weight after birth, but they regain it by about 1-2 weeks of life.

### **Bowel Movements (aka "Poops" or "BMs")**

Your baby's first few bowel movements (BMs) are normally dark green (meconium); with regular feeding and frequent BMs, they will change to lighter green-yellow and finally to yellow, seedy and soft BMs. Most new babies will have 5-8 BMs per day in the first couple of weeks of life. Later this frequency may change to a couple BMs per day, one BM every day or a BM every other day; some breastfed newborns normally have a BM every 7 days or so. Tell your doctor if the BMs are hard little balls or if the baby is in pain or seems weak. After the initial color transition from dark to seedy yellow, it can be normal to see any of the "fa; colors" (greens, yellows, oranges, browns) in the poop. It is NOT normal to have red bloody BMs, "black tar" BMS, or completely white BMs.



**SF:** 525 Spruce Street, Suite 3, San Francisco, CA 94118 • Phone: 415.668.8900 • Fax: 415.668.1695  
**Marin:** 591 Redwood Hwy, Suite 5215, Mill Valley, CA 94941 • Phone: 415.381.5400 • Fax: 415.381.9999



### **Jaundice**

Almost all babies will get normal “physiologic” jaundice, or a mild yellow color of their skin, at about 3-5 days of age. The yellow color is caused by “bilirubin,” and it is removed from the body in the baby’s bowel movements. A little jaundice with a small amount of blood is common and not dangerous. Too much bilirubin in the baby’s blood can be dangerous to the brain. If the baby seems to be getting more yellow earlier than usual (less than 3 days) or seems more yellow along with not feeding well, not having regular BMs, and seems very sleepy, call your doctor immediately. The first office visit should be at 3-4 days of age in order to check the baby’s degree of yellow color and to assess feeding and weight loss. If your baby is having problems with jaundice, one way to help remove bilirubin from the body is to expose the baby’s skin to indirect sunlight for short periods of time (e.g. 10 minute sessions in the early morning and late afternoon via a window).

### **Urination**

Most newborn babies will urinate 4-8 times or more per day. If your baby urinates much less than that, your baby may need more fluids; offer your baby breast milk or formula more frequently. Also please call your doctor.

### **Signs of Illness**

- Fever > 100.4 degrees fahrenheit or > 38 degrees celsius; or persistent temp <97F
- Crying or irritability
- Acting sleeper than usual

If he or she has any of the above signs or symptoms, call your doctor immediately or seek medical attention in the ER. Do not immediately give Tylenol to babies < 8 weeks old so we can monitor the progressions of the fever. You can reduce your newborn’s risk of getting a fever by avoiding crowded places. Avoid contact with others who are sick and ask all contacts to wash their hands prior to touching the baby. Encourage older siblings to touch/kiss the baby’s feet rather than the baby’s face or hands. We also recommend avoiding air travel until around 4 months old when the baby will have 2 rounds of vaccines. All close contacts should receive TDaP and influenza (flu) vaccines.



### **Sleeping**

Newborn babies should sleep on their backs in a bassinet. Avoid loose blankets, crib bumpers, stuffed animals, and pillows until after age 1. Babies who are put to sleep on their tummies are at increased risk for sudden infant death syndrome. Babies can sleep on their tummies once they can independently roll from back to tummy.

All babies should have monitored “tummy time” during **awake** periods to strengthen their necks and backs.

### **Bathing**

Babies don't get very dirty, so they initially need bathed every 2-3 days. Avoid submersion baths until the umbilical cord falls off between 1 to 4 weeks. You can sponge bathe as needed until then. “Dirtier” areas include the neck rolls, hands and diaper area. After the cord falls off, use a separate baby bath to bathe your baby. Hypo-allergenic fragrance-free soaps and lotions can be used on the baby's skin. Moisturizing cream can be applied twice per day and immediately after baths as needed. Baby ointments - like *Boudreaux's Butt Paste*, *A & D Ointment*, *Cerave Healing Ointment* or *Aquaphor* - are good protective barrier creams to use in the diaper area to protect the baby's skin from irritation due to moisture.

### **Umbilical Cord Care**

Keep the umbilical stump clean and dry until it falls off. Fold the top of the diaper so that it does not rub on the stump or allow urine or feces to sit on the cord. If the area gets dirty, you can clean it off with a little warm water and soap. Call your doctor if the skin around the cord becomes red, warm, painful, or leaks pus. When the cord finally falls off, there may be a slightly moist and greenish brown material; this material will dry up after a few days and disappear.



### **Circumcision Care**

The decision to circumcise is purely personal or cultural. There are some studies which suggest that circumcised males have a lower risk of urinary tract infection in the first year of life, decreased rates of sexually transmitted infections (studies done in resource limited areas), and fewer foreskin infections. Local circumcision rates range from 40-60%. After reviewing the risks and benefits, your OBGYN or mohel can perform a circumcision for your baby boy at your request. Put a generous amount of Vaseline or Aquaphor on the front of the diaper after the circumcision this prevents the healing skin from sticking to the diaper. The end of the penis may develop a white adherent plaque; this is new skin developing and is not an infection! Do not try to scrub the white part off. An infection is marked by pus, bleeding, increasing pain and warmth or fever. Seek medical attention immediately should this occur. Also call a doctor (and hold pressure) if there is active bleeding from the site, darkening bluish color to the tip of the penis, or an inability to urinate.

### **Visit Schedule**

Babies need regular checkups and immunizations to help them stay healthy; this is the general schedule for exams by age: The first visit after discharge from the hospital is the “newborn check” (usually on days 3-5). Subsequent visits are 2 weeks, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 years, 4 years, 5 years, and every 1 year thereafter.

The Center for Disease Control ([www.cdc.gov](http://www.cdc.gov)) is a good resource for information on the recommended childhood immunization schedule. Dr. Paul Offit’s book “Vaccines and Your Child: Separating Fact from Fiction” is a helpful book with accurate information about the risks and benefits of vaccines.



## Safety

You will need a car seat before you take your baby home. The car seat should face backwards until your child is 2 years old, but ideally for as long as possible. Follow the weight and height limits set by the car seat manufacturer. An NHTSA technician can help you install your car seat safely. Call your local police department or the California Highway Patrol for an appointment to check or install your car seat.

Turn down your water heater to equal or less than <120F. Make sure you have a working fire extinguisher in your home. It is state law to have smoke and carbon monoxide detectors installed in your home.

You will need to childproof your home by 4-6 months of age. Some safety precautions include covering electrical outlets and cords; removing any small toys, coins, nuts, or candies from reach; installing locks on the toilet seats and on cabinets and drawers; keeping the bathroom door shut and off limits; putting barriers around pools or ponds; removing medications from baby's reach. Remove tablecloths or home decorations with hanging parts within reach of the baby. Avoid drinking hot beverages while holding the baby. Remove guns from the home or keep them in a locked location with safety locks on the trigger and with ammunition locked in a separate area. You should never shake your baby forcefully as his or her brain is very fragile.

## Infant Feeding Guide

- [www.cdc.gov/breastfeeding/recommendations/handling\\_breastmilk.htm](http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm)
- [www.cdc.gov/nutrition/infantandtoddlernutrition/formula-feeding/infant-formula-preparation-and-storage.html](http://www.cdc.gov/nutrition/infantandtoddlernutrition/formula-feeding/infant-formula-preparation-and-storage.html)

## Human Milk Storage Guidelines

Type of Breast Milk	Storage Location and Temperatures		
	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40°F (4°C)	Freezer 0°F (-18°C) or colder
Freshly Expressed or Pumped	Up to 4 Hours	Up to 4 Days	Within 6 months is best Up to 12 months is acceptable
Thawed, Previously Frozen	1-2 Hours	Up to 1 Day (24 hours)	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding		



Freshly pumped breast milk has a maximum 6-10 hours of counter time at room temperature, but 4-6 hours maximum is safest. Once frozen milk has thawed to room temperature, use it within 120 minutes.

### **Newborn Resources**

*Caring for Your Baby and Young Child: Birth to Age 5* by Steven P., MD. Shelov, Robert E., MD. Hannemann, Richard Turbo, Phyllis F., MD. Afran, Tanya Remer, MD. Altmann, Susan S., MD. Baker William L., MD. Coleman, Paul H., MD. Dworkin, H. Cody, MD. Mesissner.

*Baby 411* by Dr. Ari Brown.

### **Sleep Resources**

*Solve Your Child's Sleep Problems* by Richard Ferber, MD.  
*Health Sleep Habits, Happy Child* by Marc Weissbluth, MD.  
*The Sleep Easy Solution* by Jennifer Waldburger and Jill Spivack  
Angelique Millette, PhD, PCD/CD. 415-785-4180.  
Noelle Cochran, Symbio SF. 415-648-3243.

### **Feeding Resources**

*CPMC Lactation @ Newborn Connections* | 415-600-6243  
*Marin General Hospital Lactation Center* | 415-925-7522  
*Dr. Hale's online guide to medicines and breastfeeding* | [www.infantrisk.com](http://www.infantrisk.com)  
*The Nursing Mother's Companion* by Kathleen Huggins  
*The Pediatrician's Guide to Feeding Babies and Toddlers* by Dr. Porto and Dr. Dimaggio

### **Community Resources**

The Parents Place	<a href="http://www.parentsplaceonline.org">www.parentsplaceonline.org</a>
1710 Scott (Sutter and Bush), SF, CA 94115	415-359-2454
600 Fifth Ave, San Rafael, CA 94901	415-491-7959
CDC's Travelers Health	<a href="http://www.cdc.gov/travel">www.cdc.gov/travel</a>





### **Miscellaneous Information About Your Newborn**

- Babies' heads and ears can become misshapen from the delivery; this will resolve in the first 2 weeks of life
- Babies' necks are weak so you must support the neck and head until they can consistently hold their own head up; Give the baby some "tummy time" every day to "exercise" their backs and necks
- Some babies' heads get bruising or a bump from blood under the skin during the delivery; this will go away over time. Some babies's heads get so much pressure while going through the birth canal that they get a small amount of bleeding into the white parts of their eyes; this too gets better with time.
- There are many different types of newborn rashes that are common and normal; e.g. baby acne, erythema toxicum, peeling skin, milia. They will all resolve on their own without treatment. Discuss any rashes with your pediatrician.
- Babies breathe with their tummies; you will usually see most movement there with each breath. Newborn babies breathe 3-60 times per minute. If they are breathing faster than 30-60 and seem to be using the extra breathing muscles between their ribs consistently over time, please call your doctor or advice line and seek medical attention. Be sure not to get confused by normal baby breathing. Babies commonly do "periodic breathing," which is a few fast breaths followed by a brief pause (less than 20 seconds long) and then followed by a few fast breaths, etc. Babies should look pink when they are breathing normally. They may turn purple or red if they cry or cough or briefly choke on their spit up, etc. The purple-red color means there is still oxygen being carried by their red blood cells to their body. If the baby's face or lips turn deep blue, you should seek medical attention.
- Babies' fingernails are sharp and can scratch their faces and eyes easily; you should cut your baby's fingernails regularly and/or cover their hands with mittens to prevent this. You can use regular fingernail clippers and cut carefully. Since babies' fingers are so small, some may see a little blood from the cutting every once in a while; it is usually very minor and stops easily. Just do your best! Alternatively, you may try using a small nail file to keep the nails short.
- Most of our sun exposure occurs in the 1st 18 years of life; therefore, help your baby avoid direct sun exposure and use a hat and zinc-based sunscreen. You can also give your baby sunglasses to wear (with a strap so they don't get lost). Some sunglasses are "Baby Banz" at [www.babybanz.com](http://www.babybanz.com) or [www.BabySunProtection.com](http://www.BabySunProtection.com) (1-888-766-1567). It is okay to use a baby formulated sunscreen with zinc oxide rather than chemical barriers (e.g. Blue Lizard Baby, Pipette or Elta MD Pure) on exposed areas, but wipe it off at the end of the day.



- You may see a small white bump or two on the gum or the roof of your baby's mouth; these "Ebstein's Pearls" are not dangerous and go away by themselves.
- You may also notice lumps under your baby's nipples; these are normal breast buds that are enlarged from exposure to mom's hormones; they usually resolve before 2 years of age. Baby girls may have some small amount of vaginal bleeding in the first 2 weeks of life; this is also normal and due to past exposure to mom's hormones during pregnancy.
- Sometime in the first 2 days after birth, before mom's breast milk has come in, the urine may look pinkish due to urate crystals. You can mention it to your doctor, but it is not necessarily anything to worry about. The goal is still to get mom's breast milk in as soon as possible by continually stimulating mom's breasts with regular suckling/feeding. These crystals go away as the baby begins to get more milk and become better hydrated.
- Many are choosing not to circumcise boys these days; this is purely a cultural and parental preference, which is perfectly fine. Uncircumcised foreskin should be kept as clean and dry as possible. Every once in a while you can gently clean around the foreskin with clear water but NEVER FORCE it back. If you can retract it easily without force, then gently clean underneath with water - but never leave soapy residue as this could be irritating. When he gets old enough to bathe himself, teach your son how to keep his foreskin clean. Most boys can retract their foreskins by 5 years of age, but some cannot retract their foreskins until 18 years of age; either way is normal. It is also important to never leave the foreskin retracted as it could swell and become a medical emergency called paraphimosis.
- Testicles should be felt in or just above each scrotum; if they are "high" they usually will descend with time. The scrotum can sometimes have some extra fluid in it, called hydrocele. These hydroceles usually resolve with time but may require referral to a pediatric urologist if they persist.
- The stomach muscles are not well formed at the time of birth so you may see a bulge around the belly button with crying or straining. The umbilical hernia should resolve on its own by 2-5 years of age. Call your doctor if the bulge becomes painful, tense, or red and hot or if you see a bulge in the groin with crying or straining.
- Urine should come out of the urethra in a straight line; tell your doctor if the urine seems to come out at an angle or as a persistent slow drip.
- Many newborns sneeze occasionally; this is normal



- Many newborns seem congested or seem to breathe noisily; this is likely due to their small airway passages and possibly irritation from residual amniotic fluid.
- Babies' eyes and brains are still developing after they are born, they can only see close up for a while and will eventually develop the ability to see farther away. One way to know how far they can see is to note the distance at which they fixate on your face or an object and note how their eyes follow you or the object around ("tracking"). New babies focus about 8 inches from their faces.
- The first 3 years of life are crucial for brain development; the more you can interact with your baby and stimulate the different senses the better for brain development. It's never too early to talk, read, or sing to your baby.
- Newborns do not need discipline; you cannot spoil them at this point. They need to bond with you and to know they are safe. This newborn period is the time that new babies learn to trust people and to develop attachments to their caretakers. They are not ready to "cry it out" or "self soothe" yet.



The pediatricians of SF Bay Pediatrics are highly committed to preventative care. We see immunizations as a critical part of keeping your children safe from dangerous diseases. We are in full agreement with the recommendations of the American Academy of Pediatrics regarding infant/childhood/adolescent vaccination. If you feel that your infant should not receive the recommended vaccinations list in the immunization packet, please bring this matter up with your pediatrician as soon as possible so that we can discuss options.



## **IMMUNIZATION INFORMATION**

CDC Vaccine Information Statements

[www.cdc.gov/vaccines/pubs/vis/default.html](http://www.cdc.gov/vaccines/pubs/vis/default.html)

American Academy of Pediatrics (AAP)

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

Immunization Action Coalition

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

Children's Hospital of Philadelphia Vaccine Education Center

[www.chop.edu/service/vaccine-education-center/home.html](http://www.chop.edu/service/vaccine-education-center/home.html)

Vaccinate Your Baby

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

“Vaccine Safety Research, Data Access, and Public Trust”  
(Washington: Institute of Medicine, 2005)

[www.nap.edu/catalog/11234.html](http://www.nap.edu/catalog/11234.html)



## **Miscellaneous Fees**

### **MEDICAL RECORDS FEE**

Transfer to new physician	No Charge
Records for Insurance Companies	\$30
Records for Law Offices, Copy Service	\$30
Parent Request for Personal Copy (First 10 pages included in base fee) *Each side of a sheet is a page.	\$15 + .32 per additional pages
Storage Retrieval (includes returning pts.)	\$25
Medical Review and MD Summary	\$25, \$50, \$75

### **OTHER FEES**

School Forms (Brought in at the Preventive Health visit)	No Charge
School Forms (Not brought at the Preventive Health visit)	\$15 (7 business days) \$25 (1 business day) \$50 (4 hours)
Itemized Billing Records, if more than 2 pages	\$10

### **CANCELATION POLICY**

Missed/Did Not Show Fee (If appointment not canceled within 24 hours)	\$75
--	------

# What Does A Safe Sleep Environment Look Like?

The image below shows a safe infant sleep environment.

Baby's sleep area is in the same room, next to where parents sleep.

Use a firm and flat sleep surface, such as a mattress in a safety-approved crib\*, covered by a fitted sheet.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

Do not smoke or let anyone else smoke around your baby.



Do not put pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area. Make sure nothing covers the baby's head.

Dress your baby in sleep clothing, such as a wearable blanket. Do not use a loose blanket, and do not overbundle.

Always place your baby on his or her back to sleep, for naps and at night.



Eunice Kennedy Shriver National Institute of Child Health and Human Development



\* A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at **1-800-638-2772** or <http://www.cpsc.gov>.

# Safe Sleep For Your Baby

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death



Always place baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.



Use a firm and flat sleep surface, such as a mattress in a safety-approved crib\*, covered by a fitted sheet with no other bedding or soft items in the sleep area.



Share your room with baby. Keep baby in your room close to your bed, but on a separate surface designed for infants, ideally for baby's first year, but at least for the first 6 months.



Do not put soft objects, toys, crib bumpers, or loose bedding under baby, over baby, or anywhere in baby's sleep area.

To reduce the risk of SIDS, women should:



Get regular prenatal care during pregnancy.



Avoid smoking, drinking alcohol, and using marijuana or illegal drugs during pregnancy or after the baby is born.



Do not smoke during pregnancy, and do not smoke or allow smoking around your baby or in your baby's environment.



Think about giving your baby a pacifier for naps and nighttime sleep to reduce the risk of SIDS.



Do not let your baby get too hot during sleep.

For more information about the Safe to Sleep® campaign, contact us:

**Phone:** 1-800-505-CRIB (2742) | **Fax:** 1-866-760-5947

**Email:** [SafetoSleep@mail.nih.gov](mailto:SafetoSleep@mail.nih.gov)

**Website:** <http://safetosleep.nichd.nih.gov>

**Mail:** 31 Center Drive, 31/2A32, Bethesda, MD 20892-2425

**Federal Relay Service:** Dial 7-1-1



**Breastfeed your baby to reduce the risk of SIDS.**

Breastfeeding has many health benefits for mother and baby. If you fall asleep while feeding or comforting baby in an adult bed, place him or her back in a separate sleep area as soon as you wake up.



Follow guidance from your health care provider on your baby's vaccines and regular health checkups.



Avoid products that go against safe sleep recommendations, especially those that claim to prevent or reduce the risk for SIDS.



Do not use heart or breathing monitors in the home to reduce the risk of SIDS.



Give your baby plenty of tummy time when he or she is awake and someone is watching.

\* A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at **1-800-638-2772** or <http://www.cpsc.gov>.