6 to 12 Months

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.

(over)

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Drowning

At this age your child loves to play in water. Empty all the water from a bathtub, pail, or any container of water immediately after use. Keep 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.

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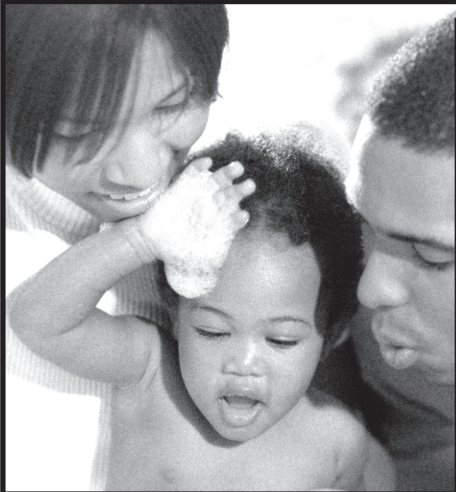
Healthy Minds: Nurturing Your Child's Development from **6 to 9 Months**

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:
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."	• 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.	• 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?
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.	• 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.	• How have you seen your baby imitate? • What kind of play does your baby most enjoy? What does this tell you about her?
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.	• 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.	• 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 $2\frac{1}{2}$-*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

YOUR BABY'S FIRST VACCINES
WHAT YOU NEED TO KNOW

Babies get six vaccines between birth and 6 months of age.

These vaccines protect your baby from 8 serious diseases (see the next page).

Your baby will get vaccines today that prevent these diseases:

☐ Hepatitis B ☐ Polio ☐ Pneumococcal Disease
☐ Diphtheria, Tetanus & Pertussis ☐ Rotavirus ☐ Hib

(Provider: Check appropriate boxes)

These vaccines may be given separately, or some might be given together in the same shot (for example, Hepatitis B and Hib can be given together, and so can DTaP, Polio and Hepatitis B). These "combination vaccines" are as safe and effective as the individual vaccines, and mean fewer shots for your baby.

These vaccines may all be given at the same visit.
Getting several vaccines at the same time will not harm your baby.

This *Vaccine Information Statement* (VIS) tells you about the benefits and risks of these vaccines. It also contains information about reporting an adverse reaction, the National Vaccine Injury Compensation Program, and how to get more information about childhood diseases and vaccines.

Please read this VIS before your child gets his or her immunizations, and take it home with you afterward. Ask your doctor, nurse, or other healthcare provider if you have questions.

Individual Vaccine Information Statements are also available for these vaccines.
Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Vaccine Information Statement
(Interim)
42 U.S.C. § 300aa-26
9/18/2008

Vaccine Benefits: Why get vaccinated?

Your children's first vaccines protect them from **8 serious diseases**, caused by viruses and bacteria. These diseases have injured and killed many children (and adults) over the years. **Polio** paralyzed about 37,000 people and killed about 1,700 each year in the 1950s before there was a vaccine. In the 1980s, **Hib disease** was the leading cause of bacterial meningitis in children under 5 years of age. About 15,000 people a year died from **diphtheria** before there was a vaccine. Most children have had at least one rotavirus infection by their 5th birthday.

None of these diseases has completely disappeared. Without vaccination, they will come back. This has happened in other parts of the world.

8 Diseases
Prevented by Childhood Vaccines

DIPHTHERIA
Bacteria

You can get it from contact with an infected person.

Signs and symptoms include a thick covering in the back of the throat that can make it hard to breathe.

It can lead to breathing problems, heart failure, and death.

TETANUS (Lockjaw)
Bacteria

You can get it from a cut or wound. It does not spread from person to person.

Signs and symptoms include painful tightening of the muscles, usually all over the body.

It can lead to stiffness of the jaw, so the victim can't open his mouth or swallow. It leads to death in about 1 case out of 5.

PERTUSSIS (Whooping Cough)
Bacteria

You can get it from contact with an infected person.

Signs and symptoms include violent coughing spells that can make it hard for an infant to eat, drink, or breathe. These spells can last for weeks.

It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

HIB (*Haemophilus influenzae* type b)
Bacteria

You can get it from contact with an infected person.

Signs and symptoms. There may be no signs or symptoms in mild cases.

It can lead to meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the blood, joints, bones, and covering of the heart; brain damage; deafness; and death.

HEPATITIS B
Virus

You can get it from contact with blood or body fluids of an infected person. Babies can get it at birth if the mother is infected, or through a cut or wound. Adults can get it from unprotected sex, sharing needles, or other exposures to blood.

Signs and symptoms include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach.

It can lead to liver damage, liver cancer, and death.

P0LIO
Virus

You can get it from close contact with an infected person. It enters the body through the mouth.

Signs and symptoms can include a cold-like illness, or there may be no signs or symptoms at all.

It can lead to paralysis (can't move arm or leg), or death (by paralyzing breathing muscles).

PNEUMOCOCCAL
Bacteria

You can get it from contact with an infected person.

Signs and symptoms include fever, chills, cough, and chest pain.

It can lead to meningitis (infection of the brain and spinal cord coverings), blood infections, ear infections, pneumonia, deafness, brain damage, and death.

ROTAVIRUS
Virus

You can get it from contact with other children who are infected.

Signs and symptoms include severe diarrhea, vomiting and fever.

It can lead to dehydration, hospitalization (up to about 70,000 a year), and death.

How Vaccines Work

Immunity from Disease: When a child gets sick with one of these diseases, her immune system produces immunity, which keeps her from getting the same disease again. But getting sick is unpleasant, and can be dangerous.

Immunity from Vaccines: Vaccines are made with the same bacteria or viruses that cause a disease, but they have been weakened or killed to make them safe. A child's immune system responds to a vaccine the same way it would if the child had the disease. This means he will develop immunity without having to get sick first.

Routine Childhood Vaccines

Six vaccines are recommended for children between birth and 6 months of age. They can prevent the 8 diseases described on the previous page. Children will also get at least one "booster" dose of most of these vaccines when they are older.

- **DTaP** (Diphtheria, Tetanus & Pertussis) Vaccine: **5 doses** – **2 months, 4 months, 6 months, 15-18 months, 4-6 years**. Some children should not get pertussis vaccine. These children can get a vaccine called **DT**, which does not contain pertussis.
- **Hepatitis B** Vaccine: **3 doses** – **Birth, 1-2 months, 6-18 months**.
- **Polio** Vaccine: **4 doses** – **2 months, 4 months, 6-18 months, 4-6 years**.
- **Hib** (*Haemophilus influenzae* type b) Vaccine: **3 or 4 doses** – **2 months, 4 months, 6 months, 12-15 months**. Several Hib vaccines are available. With one type, the 6-month dose is not needed.
- **Pneumococcal** Vaccine: **4 doses** – **2 months, 4 months, 6 months**, 12-15 **months**. Older children with certain diseases may also need this vaccine.
- **Rotavirus** Vaccine: **2 or 3 doses** – **2 months, 4 months, 6 months**. Rotavirus is an oral (swallowed) vaccine, not a shot. Two rotavirus vaccines are available. With one type, the 6 month dose is not needed.

Vaccine Risks

Vaccines can cause side effects, like any other medicine. Mostly these are mild "local" reactions such as **tenderness**, **redness** or **swelling** where the shot is given, or a **mild fever**. They happen in up to 1 child out of 4 with most childhood vaccines. They appear soon after the shot is given and go away within a day or two.

More severe reactions can also occur, but this happens much less often. Some of these reactions are so uncommon that experts can't tell whether they are caused by vaccines or not.

Among the most serious reactions to vaccines are **severe allergic reactions** to a substance in a vaccine. These reactions happen very rarely – less than once in a million shots. They usually happen very soon after the shot is given. Doctor's office or clinic staff are trained to deal with them.

The risk of *any* vaccine causing serious harm, or death, is extremely small. Getting a disease is much more likely to harm a child than getting a vaccine.

Other Reactions

The following conditions have been associated with routine childhood vaccines. By "associated" we mean that they appear more often in children who have been recently vaccinated than in those who have not. An association doesn't *prove* that a vaccine caused a reaction, but does mean it is probable.

DTaP Vaccine

Mild Problems: Fussiness (up to 1 child in 3); tiredness or poor appetite (up to 1 child in 10); vomiting (up to 1 child in 50); swelling of the entire arm or leg for 1-7 days (up to 1 child in 30) – usually after the 4th or 5th dose.

Moderate Problems: Seizure (jerking or staring)(1 child in 14,000); non-stop crying for 3 hours or more (up to 1 child in 1,000); fever over 105°F (1 child in 16,000).

Serious Problems: Long-term seizures, coma, lowered consciousness, and permanent brain damage have been reported very rarely after DTaP vaccine. They are so rare we can't be sure they are caused by the vaccine.

Polio Vaccine / Hepatitis B Vaccine / Hib Vaccine

These vaccines have not been associated with mild problems other than local reactions, or with moderate or serious problems.

Pneumococcal Vaccine

Mild Problems: During studies of the vaccine, some children became fussy or drowsy or lost their appetite.

Rotavirus Vaccine

Mild Problems: Children who get rotavirus vaccine are slightly more likely than other children to be irritable or to have mild, temporary diarrhea or vomiting. This happens within the first week after getting a dose of vaccine. Rotavirus vaccine does not appear to cause any serious side effects.

Precautions

If your child is sick on the date vaccinations are scheduled, your provider *may* want to put them off until she recovers. A child with a mild cold or a low fever can usually be vaccinated that day. But for a more serious illness, it may be better to wait.

Some children should **not get certain vaccines**. Talk with your provider if your child had a serious reaction after a previous dose of a vaccine, or has any life-threatening allergies. (These reactions and allergies are rare.)

- If your child had any of these reactions to a previous dose of DTaP:
  - A brain or nervous system disease within 7 days
  - Non-stop crying for 3 or more hours
  - A seizure or collapse
  - A fever over 105°F

  Talk to your provider before getting **DTaP Vaccine.**

- If your child has:
  - A life-threatening allergy to the antibiotics neomycin, streptomycin, or polymyxin B

  Talk to your provider before getting **Polio Vaccine.**

- If your child has:
  - A life-threatening allergy to yeast

  Talk to your provider before getting **Hepatitis B Vaccine.**

- If your child has:
  - A weakened immune system
  - Ongoing digestive problems
  - Recently gotten a blood transfusion or other blood product
  - Ever had intussusception (an uncommon type of intestinal obstruction)

  Talk to your provider before getting **Rotavirus Vaccine.**

What if my child has a moderate or severe reaction?

What should I look for?

Look for any unusual condition, such as a serious allergic reaction, high fever, weakness, or unusual behavior.

Serious allergic reactions are extremely rare with any vaccine. If one were to happen, it would most likely come within a few minutes to a few hours after the shot.

Signs of a serious allergic reaction can include:

- difficulty breathing
- hoarseness or wheezing
- swelling of the throat
- weakness
- dizziness
- fast heart beat
- hives
- paleness

What should I do?

Call a doctor, or get the child to a doctor right away.

Tell your doctor what happened, the date and time it happened, and when the shot was given.

Ask your healthcare provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report yourself through the VAERS website at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at **www.hrsa.gov/vaccinecompensation**.

For More Information

Ask your healthcare provider. They can show you the vaccine package insert or suggest other sources of information.

Call your local or state health department.

Contact the Centers for Disease Control and Prevention (CDC) at **1-800-232-4636 (1-800-CDC-INFO).**

Visit CDC websites at **www.cdc.gov/vaccines** and **www.cdc.gov/ncidod/diseases/hepatitis**.

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 licked 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

another adult to hold your child while you rinse the eye. If that is not possible, wrap your child tightly in a towel and clamp him under one arm. This way you will have one hand free to hold the eyelid open and the other to pour in the water. Continue flushing the eye for 15 minutes. Then call the poison center for further instructions. Do not use an eyecup, eye drops, ointment unless the poison center tells you to do so.

Poison fumes

In the home, poisonous fumes can come from:

- A car running in a closed garage
- Leaky gas vents
- Wood, coal, or kerosene stoves that are not working properly

If your child is exposed to fumes or gases, get her into fresh air right away. If she is breathing, call the poison center for further instructions. If she has stopped breathing, start CPR and do not stop until she breathes on her own or someone else can take over. If you can, have someone call 911 right away. If you are alone, wait until your child is breathing or, after 1 minute of CPR, call 911.

Be prepared

Be prepared for a poisoning emergency by posting the poison center phone number by every phone in your home. To locate the nearest poison center. Call 202/362-7217, or write to the American Association of Poison Control Centers, 3201 New Mexico Avenue, NW, Suite 310, Washington, DC 20016.

Our local Poison center number is 800-222-1222.

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.

Trained Night Feeder

DESCRIPTION

The usual characteristics of this problem are:

- Your child is over 4 months old and wakes up and cries one or more times at night to be fed.
- Your child wakes up to be fed most nights.
- Your child is bottle-fed or breast-fed until asleep
- Your child has awakened to be fed at night since birth.
- The child's parents are tired, but the child is not.

Note: From birth to the age of 2 months, most babies awaken twice each night for feedings. Between the ages of 2 and 3 months, most babies need one feeding in the middle of the night. By 4 months of age, most babies sleep more than 8 hours without feeding. Normal children of this age do not need calories during the night to stay healthy.

CAUSES

1. Nursing or bottle-feeding the baby to sleep.

   If the last memory before sleep is sucking the breast or bottle, the bottle or breast becomes the baby's security object. The child does not learn to comfort himself and fall asleep without the breast or bottle. Therefore, when the child wakes up at night, the child has the habit of not being able to go back to sleep without feeding.

2. Leaving a bottle in the bed

   Periodically during the night the child sucks on a bottle. When it becomes empty, the child awakens fully and cries for a refill.

   Bottles in bed, unless they contain only water, can lead to severe tooth decay or ear infections, in addition to sleep problems.

3. Feeding often during the day

   Some mothers misinterpret "demand feedings" to mean that they should feed the baby every time he cries. This misunderstanding can lead to feeding the baby every 30 to 60 minutes. The baby becomes used to being fed small amounts often instead of waiting at least 2 hours between feedings at birth and at least 4 hours between feedings at the age of 4 months. A pattern of feeding every hour or more often is called grazing. This problem occurs more often in breast-fed babies if nursing is used as a pacifier.

   Giving a child a lot of liquid at night also means he will wake up more often because his diapers are soaked.

EXPECTED OUTCOME

If you try the following recommendations, your child's behavior will probably improve in 2 weeks. The older your child is, the harder it will be to change your child's habits. Children over 1 year old will fight sleep even when they are tired. They will vigorously protest any change and may cry for hours. However, if you don't take these steps, your child won't start sleeping through the night until 3 or 4 years of age, when busy daytime schedules finally exhaust your child.

HELPING A TRAINED NIGHT FEEDER

1. Gradually lengthen the time between daytime feedings to 4 hours or more.

   You can't lengthen the time between nighttime feedings if the time between daytime feedings is short. If a baby is used to frequent feedings during the day, he will get hungry during the night. Grazing often happens to mothers who don't separate holding from nursing. For every time you nurse your baby, there should be four or five times that you snuggle your baby without nursing.

   Gradually postpone daytime feeding times until they are more normal for your baby's age. If you currently feed your baby hourly, increase the time between feedings to 1 and ½ hours. When your baby accepts the new schedule, go to 2 hours between feedings. When your baby cries cuddle him or give him a pacifier. Your goal for a formula-fed baby is to give him four meals a day by 4 months of age. Breast-fed babies often need five feedings each day until they are 6 months old, when solid foods are added to their diet.

2. At naps and bedtime, place your baby in the crib drowsy but awake.

   When your baby starts to act sleepy, place her in the crib. If your baby is very fussy, rock her until she settles down or is almost asleep, but stop before she's fully asleep. If your baby falls asleep at the breast or bottle, it is best to wake her up. To help your baby not think of feeding at bedtime, consider feeding her 1 hour before bedtime or before a nap. Your baby's last waking memory needs to be of the crib and mattress, not of the breast or bottle. She needs to learn to put herself to sleep. Your baby needs to develop this skill so she can put herself to sleep when she wakes up at night.

3. If your baby is crying at bedtime or naptime, visit your baby briefly every 5 to 15 minutes.

   Visit your baby before he becomes too upset. You may need to check babies younger than 1 year or more sensitive babies every 5 minutes. Gradually lengthen the time between your visits. Make your visits brief and boring but supportive. Don't stay in the room longer than 1 minute. Don't turn on the lights. Act sleepy. Whisper, "Shhh, everyone's sleeping." Do not remove your child from the crib. Do not feed, rock, or play with your baby, or bring him to your bed. This brief contact will not reward your baby enough for him to want to continue the behavior.

4. For crying during the middle of the night, temporarily rock your baby to sleep.

Until your child learns how to put herself to sleep at naps and bedtime, make the middle-of-the-night awakenings as easy as possible. If she doesn't fuss for more than 5 or 10 minutes, respond as you do at bedtime. Otherwise, take your crying child out of the crib and rock him/her to sleep. However, don't turn on the lights or take him/her out of the room. Try not to talk to him/her.

After the last feeding of the day at 8 to 10 pm (depending on your baby's age), feed your baby only once during the night. Provide this nighttime feeding only if 4 or more hours have passed since the last feeding. Make this nighttime feeding boring and brief (no longer than 20 minutes)

5. Stop giving your baby any bottle in bed.

   If you feed your child at bedtime, don't let him hold the bottle. Also feed your child in a different room than the bedroom. Try to separate mealtime and naptime. If your baby needs to suck on something to help him go to sleep, offer a pacifier or help him find his thumb.

6. Help your child attach to a security object.

   A security (transitional) object is something that helps a waking child your child separate from you. A cuddly stuffed animal, doll other soft toy, or blanket can be a good security object. Sometimes covering a stuffed animal with one of the mother's T-shirts helps a child accept it.

   Include the security object whenever you cuddle or rock your child during the day. Also include it in your ritual before bedtime by weaving it into your storytelling. Tuck it into the crib next to your child. Eventually, your child will hold and cuddle the stuffed animal or doll at bedtime in place of you.

7. Later, phase out the nighttime feeding.

   Phase out the nighttime feeding only after the time between daytime feedings is more than 3 hours and your child can put him/her self to sleep without feeding or rocking. Gradually reduce the amount you feed your baby at night. Decrease the amount of formula you give a bottle-fed baby by 1 ounce every two to three nights. Nurse a breast-fed baby on just one side for 2 minutes less every two to three nights. After 1 to 2 weeks, your baby will no longer crave food at night and should be able to go back to sleep without holding or rocking.

8. Other helpful hints for sleep problems

   – Move the crib to another room

     If the crib is in your bedroom, move it to a separate room. If this is impossible, cover one of the side rails with a blanket so your baby can't see you when he/she wakes up.

   – Avoid long naps during the day.

If your baby has napped for more than 2 hours, wake him/her up. If she has the habit of taking three naps during the day, try to change the habit to two naps each day.

- Do not change wet diapers during the night.

  Change the diaper only if it is soiled or you are treating a bad diaper rash. If you must change your child's diaper, use as little light as possible (for example, a flashlight), do it quickly, and don't provide any entertainment.

- If your child is standing up in the crib at bedtime, you can leave him/her in that position.

  Try to get your child to settle down and lie down. If he refuses or pulls him/her self back up, leave him/her that way. He can lie down without your help. Encouraging your child to lie down soon becomes a game.

9. Keep a sleep diary.

   Write down the times when your baby is awake and asleep.
   Bring this record with you on your office follow-up visit.

CALL YOUR CHILD'S PHYSICIAN DURING OFFICE HOURS IF:

- Your child is not gaining enough weight.
- Your child acts sick.
- You think the crying has a physical cause.
- Your child acts fearful.
- Someone in your family cannot tolerate the crying.
- The steps outlined here do not improve your child's
  Sleeping habits within 2 weeks
- You have other questions or concerns.

Written by B.D. Schmitt, M.D., author of "Your Child's Health,"

Sleep Problems in Children

Part I Infants, Toddlers, and Preschoolers

Sleep problems are very common among children during the first few years of life. Problems may include a reluctance to go to sleep, waking up in the middle of the night, nightmares, and sleepwalking. In older children, bed-wetting can also become a challenge.

Children vary in the amount of sleep they need and the amount of time it takes to fall asleep. How easily they wake up and how quickly they can resettle are also different for each child. It is important, however, that as a parent you help your child develop good sleep habits at an early age. The good news is that most sleep problems can be solved and your pediatrician can help.

Infants

Newborn infants have irregular sleep cycles, which take about 6 months to mature. While newborns sleep an average of 16 to 17 hours per day, they may only sleep 1 or 2 hours at a time. As children get older, the total number of hours they need for sleep decreases. However, different children have different needs. It is normal even for a 6 month old to wake up briefly during the night, but these awakenings should only last a few minutes and children should be able to go back to sleep on their own. Here are some suggestions that may help your baby (and you) sleep better at night:

1. **Try to keep her as calm and quiet as possible.** When feeding or changing your baby during the night, avoid stimulating her or waking her up too much so she can easily fall back to sleep.
2. **Don't let your infant sleep as long during the day.** If she sleeps for large blocks of time during the day, she will be more likely to be awake during the night.
3. **Put your baby into the crib at the first signs of drowsiness.** Ideally it is best to let the baby learn to relax and settle herself to sleep. If you make a habit of holding or rocking her until she falls asleep, she may learn to need you to get back to sleep when she wakes up in the middle of the night. This may interfere with her learning to settle herself and fall asleep alone.
4. **Try to avoid putting your baby to bed with a pacifier.** Your baby may get used to falling asleep with it and have trouble learning to settle herself without it. Pacifiers should be used to satisfy the baby's need to suck, not to help a baby sleep. If your baby falls asleep with a pacifier, gently remove it before putting her in bed.
5. **Begin to delay your reaction to infant fussing at 4 to 6 months of age.** Wait a few minutes before you go in to check her, because she will probably settle herself and fall back to sleep in a few minutes anyway. If she continues to cry, check on her, but avoid turning on the light, playing, picking up, or rocking her. If crying continues or begins to sound frantic, wait a few more minutes and then recheck the baby. If she is unable to settle herself, consider what else might be bothering her. She may be hungry, wet or soiled, feverish, or otherwise not feeling well.
6. **Ideally, by a few weeks of age a baby should sleep in a separate room from his parents.**

If your baby is ill, these suggestions should be relaxed. After she feels better, begin to reestablish sleep patterns.

Infant sleep positioning and SIDS

The American Academy of Pediatrics recommends that parents and caregivers place healthy infants on their backs when putting them down to sleep. This is because recent studies have shown an increased incidence of Sudden Infant Death Syndrome (SIDS) in infants who sleep on their stomachs. There is no evidence that sleeping on the back is harmful to healthy infants.

Toddlers and preschoolers

Many parents find their toddler's bedtime one of the hardest parts of the day. It is common for children this age to resist going to sleep, especially if there are older siblings who are still awake. However, remember toddlers and preschoolers usually need 10 to 12 hours of sleep each night. If your child's sleeping time does not approach this level, talk to your pediatrician.

Following are some tips to help your toddler develop good sleep habits:

1. **Make sure there is a quiet period before your child goes to bed.** Establish a pleasant routine that may include reading, singing, or a warm bath. A regular routine will help your child understand that it will soon be time to go to sleep. If parents work late hours, it may be tempting to play with their child before bedtime. However, active play just before bedtime may leave the child excited and unable to sleep. Limit television viewing and video game play before bed.
2. **Try to set a consistent schedule** for your child and make bedtime the same time every night. His sleep patterns will adjust accordingly.
3. **Allow your child to take a favorite teddy bear, toy, or special blanket to bed each night.** Such comforting objects often help children fall asleep—especially if they awaken during the middle of the night. Make sure the object is safe. A teddy bear may have a ribbon, button, or other part that may pose a choking hazard for your child. Look for sturdy construction at the seams. Stuffing or pellets inside the stuffed animal may also pose a danger of choking.
4. **Make sure your child is comfortable.** Check the temperature in your child's room. Clothes should not restrict movement. He may like to have a drink of water before bed, have a night-light left on, or the door left slightly open. Try to handle your child's needs before bedtime, so that he doesn't use them to avoid going to bed.
5. **Try to avoid letting your child sleep with you.** This will only make it harder for him to learn to settle himself and fall asleep when he is alone.
6. **Try not to return to your child's room every time he complains or calls out.** A child will quickly learn if you always give in to his requests at bedtime. When your child calls out, try the following:
   - Wait several seconds before answering. Your response time can be longer each time to give your child the message that it is time for sleep. It also gives him the opportunity to fall asleep on his own.
   - Reassure your child that you are there. If you need to go into his room, do not stimulate the child or stay too long.
   - Move farther from your child's bed every time you go to reassure him, until you can dothis verbally without entering his room.

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

From your doctor

American Academy
of Pediatrics

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The American Academy of Pediatrics is an organization of 57,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics
PO Box 747
Elk Grove Village, IL 60009-0747
Web site — http://www.aap.org

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FIRST AID

Call 911 or an emergency number for a severely ill or injured child.

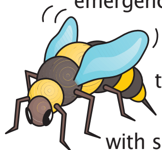
Call 1-800-222-1222 (Poison Center) if you have a poison emergency.

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.

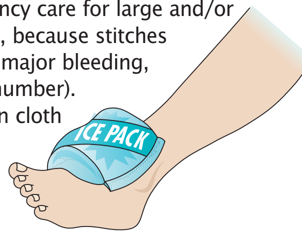
Turn Over for Choking and CPR Instructions

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.



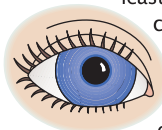
Scrapes Rinse with clean, running tap water for at least 5 minutes to remove dirt and germs. Do not use detergents, alcohol, or peroxide. Apply a triple antibiotic ointment and a bandage that will not stick to the wound.

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.

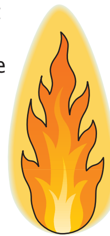
FRACTURES AND SPRAINS

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.

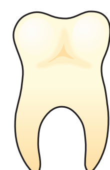
NOSEBLEEDS

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).

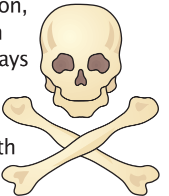
Call the pediatrician for a child with a head injury and any of the following:

- 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 of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

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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.

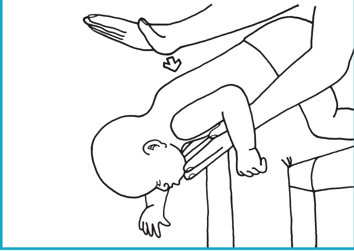
YOU SHOULD START FIRST AID FOR CHOKING IF...	*DO NOT* START FIRST AID FOR CHOKING IF...
• The child cannot breathe at all (the chest is not moving up and down). • The child cannot cough or talk, or looks blue. • The child is found unconscious. (Go to CPR.)	• The child can breathe, cry, or talk. • The 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

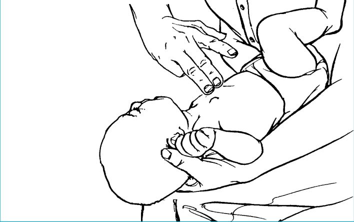
If the infant is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911, or if you are alone call 911 as soon as possible.

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

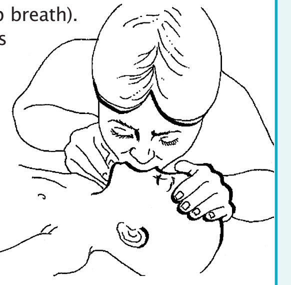
To be used when the infant is unconscious or when breathing stops.

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

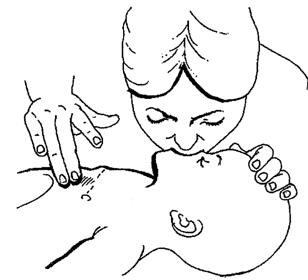
- **Position** head and chin with both hands as shown—head gently tilted back, chin lifted.
- Take a normal breath (not a deep breath).
- **Seal** your mouth over the infant's mouth and nose.
- Give 2 breaths, each rescue breath over 1 second with a pause between breaths. Each breath should make the 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 ⅓ to ½ 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.

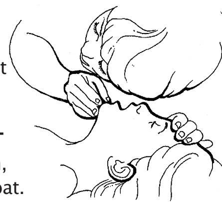
If the child becomes unconscious, begin CPR.

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).

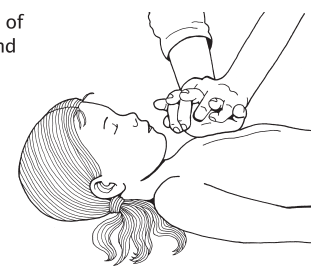
3 CHEST COMPRESSIONS

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 ⅓ to ½ 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.

Turn Over for First Aid Instructions

HE0418, Updated 4/06
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LETTING GO IS HARD TO DO

Dealing With Separation Anxieties in Young Children

Separation anxiety is the distress that young children often experience when they are separated from a familiar caregiver or loved one. This often intense distress is a normal process of development for children ages 8 months to about 30 months. For children who are going off to daycare or school for the first time, this can be an extremely difficult transition. Although stressful for the child, parent, and new caregiver, this is a signal that the child is going through a healthy attachment process.

What can parents do?

- Practice separating from your child for short periods of time, so that your child can get used to being away from you. Begin to introduce your child to new people, events and experiences gradually.
- To help ease separation anxieties, it is important to sit down and talk with your child in an effort to prepare them for what they can expect in school.
- Parents need to make every effort to reassure their children that this is a good thing. Respect and acknowledge their fears and distress about separating from you.
- Parents need to make every effort to visit the new school, so that the child can become familiar with his or her new school environment. This will also allow the child an opportunity to have a personal contact with the teacher before the first day of school.
- Parents need to make every effort to show a positive attitude toward going to school and learning new things. First impressions and experiences are important to children and help determine how their brains will be wired.

What should parents not do?

- This time should not be a time for parents to pass on their apprehensions or insecurities about their children leaving home. It should be a time that is used to create excitement about getting older and going off to school.
- Do not sneak away while the child is not looking, this will further compound their fears that you have disappeared. Remember that some children do not yet have object permanence and do not realize that you exist even when you are out of sight.
- Do not linger too long. Give you child a kiss, reassure him or her that you will be back, say good-bye, and then leave.

What can teachers do?

- Teachers should make the child feel comfortable by introducing himself or herself to the child in the presence of the parent. Invite the child to come and play, sit, or eat a snack.
- Allow the child to have a stuffed animal, toy, pictures, or something that will remind them of home and be a source of comfort.
- Develop a routine or transition activity that will aid both the child and parent in separating from each other. Redirecting the child to an activity is often very helpful.
- Provide a supportive, nurturing environment that will help the child to feel loved and cared for. This is important for brain development and to ensure healthy self-esteem.
- Assure parents their child will be well taken care of, and that they can call or stop by to see how their child is doing. Ensure that parents are careful not to be seen by their children, to avoid causing further distress.

What should teachers not do?

- Never scold or criticize a child for crying, feeling sad, or anxious. This is a normal process of development.
- Do not ignore the child's distress, hoping it would just go away. Respect how the child feels.
- Do not tell the child that their parents will be "right back." Although the child does not have a good concept of time, they will come to distrust what you say when their parents do not come "right back."

Going away to school is a major milestone for children, and is the beginning of new relationships that will form outside the home. Children will learn how to communicate and how to get along with other people outside of their families. Helping children to embrace this new experience will be a combined effort between the parents and the teachers.

READY, SET, READ

The Importance of Reading to Young Children

"As parents, the most important thing we can do is read to our children early and often. Reading is the path to success in school and life. When children learn to love books, they learn to love learning."
-Laura Bush-

Learning how to read begins in infancy when we talk, read, and listen to our babies. Through this process, infants and children learn what words have meanings and are important. Taking time out to engage in these learning activities with your child will definitely shape the future of your child's success. It is important to remember that not all children will learn at the same pace, and to follow their lead.

Reading a book more that once to a child will help them remember the story, and allow them to actively participate in the story. Sometimes it is important to ask the child to tell you the story, or what they think the story is about. This will encourage active thinking. Learning to read will take time and lots of patience.

Here are some things to consider when reading with your child:

Babies (6 weeks to 1 year)

- Find a comfortable place to read to your child, where he or she will be happy.
- Try to point out the pictures in a book, instead of reading all the words in a book.
- Help your baby to use his or her hands to touch the pictures named in a book. This will help to encourage joint attention and learning.
- Pay attention to how your child is responding, and recognize when the child is tired or becomes over stimulated.

Toddlers (1 to 3 years)

- Find a book your child enjoys and encourage the child to actively participate in the story.
- Give the child time to process the story and to respond to questions asked.
- Relate the story back to experiences in the child's life or ask the child to recall similar experiences.
- Point out letters, colors, and shapes to the child while reading.

Preschoolers (3 and 4 years)

- Continue with all activities recommended above.
- Find ways to help you child learn sounds and letters, and match correct letters to sounds.

Kindergarteners (5 years)

- Continue with all activities recommended above.
- Help your child to begin recognizing printed words.
- Ask you child to retell stories they enjoy.

First Graders (6 years)

- Continue with all activities recommended above.
- Give your child an opportunity to read by using words, picture clues and memory. Help the child to use any method that will make reading fun and enjoyable.

Ten Important Things to Know About Child Safety Seats

1. According to Texas law, every child under 4 years and less than 36" tall must be properly secured in a federally approved safety seat. Every child 4 through 16 years must be properly secured by a safety belt, regardless of whether the child is riding in the front or back seat. A child under 18 years cannot ride in the open bed of a pick-up truck or trailer. All front seat passengers, regardless of age, must be buckled up.

2. Best practice is that children from newborn to 80 pounds, and possibly even up to 100 pounds, should ride in a safety seat.

3. Safety belts in vehicles are made for adults. A child does not fit a safety belt until he or she weighs about 80 pounds and is 4'9" tall. The lap belt must stay low across the hips, touching the top of the thighs, not over the stomach. The shoulder belt should not cross the neck or face.

4. Read and follow safety seat manufacturer's instructions and the vehicle owner's manual.

5. Infants should stay rear-facing until at least 20 pounds <u>and</u> at least 1 year old. Some infant seats can hold babies up to 35 pounds. It is recommended that infants stay in rear-facing seats as long as possible.

6. Rear-facing infant seats should never be placed in that front seats of vehicles equipped with air bags. Generally, the safest place for children to ride in a motor vehicle is the back seat.

7. Safety seats should be tightly installed so that they do not move more than 1 inch in any direction at the seat belt path. Some vehicles require a locking clip to make the seat tight. Check the vehicle owner's manual instructions.

8. Harness straps should be "snug as a hug." You should not be able to pinch any webbing.

9. Harness retainer clips should be at armpit level.

10. A safety seat should be replaced if it has been involved in a motor vehicle crash, is more than 5 years old, or it has been recalled and cannot be repaired.

- For more information, call Cook Children's Advocacy, 817-885-4244.

Tarrant County
SAFE KIDS

CookChildren's
Medical Center

TEXAS CHILD PASSENGER SAFETY LAW

Each year car crashes injure or kill more children than any disease. Child traffic fatalities could be prevented in 70% of the motor vehicle crashes if parents and care providers properly restrained children each time they get in the car. Our goal is to help educate people of the importance of proper and continuous use of occupant protection for all passengers in their vehicle.

Effective September 1, 2001, the Texas Occupant Protection Law:

- Requires every child under age 4 and less than 36" tall must be properly secured in a federally approved safety seat. Every child age 4 through 16 years must be properly secured by a safety belt. This law applies whether or not the child is riding in the front or back seat of the vehicle.
- A child under age 18 cannot ride in the open bed of a pick-up truck or trailer.
- Requires all front sear occupants of passenger vehicles, regardless of age, to be buckled up.

BEST PRACTICE:

- All children under 12 years should ride in the back seat.
- Children should ride rear-facing until they reach at least 20 pounds AND are at least one year old.
- Rear-facing child safety seats should NEVER be placed in the front seat of a vehicle equipped with air bags.
- Children who weigh 40 to 80 pounds should ride in a federally approved booster seat until they fit adult seat belt restraints.

Please call Tarrant County SAFE KIDS at 817-855-4244 with question.

For additional information, browse www.carseat.org and www.cookchildrens.org

Please be safe, not sorry, Buckle up!

Tarrant County
SAFE KIDS **AT** **Cook**Children's
Medical Center