

BRIGHT FUTURES HANDOUT ► PARENT

6 MONTH VISIT

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

✓ HOW YOUR FAMILY IS DOING

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

✓ YOUR BABY'S DEVELOPMENT

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

✓ FEEDING YOUR BABY

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

Starting New Foods

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

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

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

6 MONTH VISIT—PARENT



HEALTHY TEETH

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

WHAT TO EXPECT AT YOUR BABY'S 9 MONTH VISIT

We will talk about

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



SAFETY

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

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

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

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Health & Wellness



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

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Immunizations: What You Need to Know

Vaccines (immunizations) keep children healthy. Vaccines are safe. Vaccines are effective. Vaccines save lives.

However, parents may still have questions about why vaccines are needed, and some parents may be concerned about vaccine safety because they have been misinformed.

Read on for answers from the American Academy of Pediatrics (AAP) to some common questions parents have about vaccines. The AAP is a source you can trust for reliable medical information.

Q: What vaccines does my child need?

A: Children need all the following vaccines to stay healthy:

- **Hepatitis A and hepatitis B vaccines** to help protect against serious liver diseases.
- **Rotavirus vaccine** to help protect against the most common cause of diarrhea and vomiting in infants and young children. Rotavirus is the most common cause of hospitalizations in young infants due to vomiting, diarrhea, and dehydration.
- **DTaP and Tdap vaccines** to help protect against diphtheria, tetanus (lockjaw), and pertussis (whooping cough).
- **Hib vaccine** to help protect against *Haemophilus influenzae* type b (a cause of spinal meningitis and other serious infections).
- **Pneumococcal vaccine** to help protect against bacterial meningitis, pneumonia, and infections of the blood.
- **Polio vaccine** to help protect against a crippling viral disease that can cause paralysis.
- **Influenza vaccine** to help protect against influenza (flu), a potentially fatal disease. This vaccine is recommended for all people beginning at 6 months and older.
- **MMR vaccine** to help protect against measles, mumps, and rubella (German measles), all highly contagious and potentially very serious diseases.
- **Varicella vaccine** to help protect against chickenpox and its many complications, including flesh-eating strep, staph toxic shock, and encephalitis (an inflammation of the brain).
- **Meningococcal vaccine** to help protect against very serious bacterial diseases that affect the blood, brain, and spinal cord.
- **HPV (human papillomavirus) vaccine** to prevent cancers of the mouth and throat, cervix, and genitals.

Remember, vaccines prevent diseases and save lives. It's important to follow the schedule recommended by the AAP. Contact your child's doctor if you have any questions.

Q: Why are some of these vaccines still needed if the diseases are not as common anymore?

A: Many of these diseases are not as common as they once were because of vaccines. However, the bacteria and viruses that cause them still exist and can still make children very sick.

For example, before the Hib vaccine was developed in the 1980s, there were about 20,000 cases of Hib disease in the United States a year. Today there are fewer than 100 cases a year. However, the bacteria that causes Hib disease still exists. That is why children still need the vaccine to be protected.

In the United States, vaccines protect children from many diseases. However, in many parts of the world vaccine-preventable diseases are still common. Because diseases may be brought into the United States by Americans who travel abroad or by people visiting areas with current disease outbreaks, it's important that your child is vaccinated.

Q: Chickenpox is not a fatal disease, so why is the vaccine needed?

A: Chickenpox is usually mild. However, there can be serious complications. In fact, before the vaccine was licensed in 1995, there were about 4 million cases, 11,000 hospitalizations, and 100 deaths each year from chickenpox. Chickenpox is also very contagious. Most children feel miserable and miss 1 week or more of school when infected. It is because of the vaccine that the number of cases of chickenpox and its complications, including deaths, have gone down so dramatically.

Q: Does my baby need immunizations if I am breastfeeding?

A: Yes. While breastfeeding gives some protection against many diseases (and is the best nutrition for your baby), it is not a substitute for vaccines. In fact, breastfeeding and vaccines work well together. Studies show that breastfed babies respond better to vaccines and get better protection from them than babies who are not breastfed. And breastfeeding during or right after immunizations may help calm babies upset by the shots.

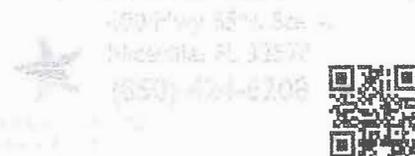
Q: Do vaccines even work? It seems like most of the people who get these diseases have been vaccinated.

A: Yes. Vaccines work very well. Millions of children have been protected against serious illnesses because they were immunized. Most childhood vaccines are 90% to 99% effective in preventing disease. Children who aren't vaccinated are much more likely to get a disease if they are exposed to it. And if a vaccinated child does get the disease, the symptoms are usually milder with fewer complications than in a child who hasn't been vaccinated.

Q: When should my child get immunized?

A: Children should get most of their shots during their first 2 years after birth. This is because many of these diseases are the most severe in the very young. Most newborns receive their first shot (hepatitis B) at birth before leaving the hospital, and more are given at well-child checkups in the first 6 months after birth. Other shots are given before children go to school. Older children and teens need vaccines to continue to protect them throughout adolescence and early adulthood. (Parents and caregivers also need vaccines so that they can prevent bringing infections home to their children and to keep themselves healthy so that they can care for their children!)

Children who are not immunized or who are behind on their shots are at risk of getting many of these diseases. They can also spread these diseases to others who have not yet been immunized. Ask your child's doctor if your child is up to date. Keep track of the vaccines each child receives and bring this information to each doctor visit.



Q: What side effects will my child have after getting a vaccine? Are they serious?

A: There may be mild side effects, such as swelling, redness, and tenderness where the shot was given, but they do not last long. Your child may also have a slight fever and be fussy for a short time afterward. Your doctor may suggest giving your child pain medicine to help relieve discomfort. It is very rare for side effects to be serious. However, you should call your child's doctor if you have any concerns after vaccines are given.

Q: Should some children not be immunized?

A: Children with certain health problems may need to avoid some vaccines or get them later. In most cases, children with cancer, those taking oral or injected steroids for lung or kidney conditions, or those who have problems with their immune systems should not get vaccines that are made with live viruses. To protect these children, it is very important for others to be vaccinated. On the other hand, a child with a minor illness, such as low-grade fever, an ear infection, cough, a runny nose, or mild diarrhea, can safely be immunized.

Q: Does the MMR vaccine cause autism?

A: No! The MMR vaccine does not cause autism spectrum disorder (ASD). Many research studies have been done to address this issue. There may be confusion because children with ASD are often diagnosed between 18 and 30 months of age—around the same time the MMR vaccine is given. This has led some people to assume that the vaccine is the cause. Increasing evidence shows that even though the symptoms of ASD may not be visible until the second year after birth or later, ASD starts before a baby is born.

Q: Do vaccines cause SIDS?

A: No! Babies get many of their first vaccines between 2 and 4 months of age. This is also the peak age for sudden infant death syndrome (SIDS), which is why some people feel they might be related. However, careful scientific studies have confirmed that vaccinations not only do not cause SIDS but may help prevent it.

Q: How do we know vaccines are safe?

A: The safety and effectiveness of vaccines are under constant study. Because vaccines are designed to be given routinely during well-child visits, they must be safe. Safety testing begins as soon as a new vaccine is considered, continues until it is approved by the US Food and Drug Administration (FDA), and is monitored indefinitely after licensure. The AAP works closely with the Centers for Disease Control and Prevention (CDC) to make recommendations for vaccine use.

Q: What is thimerosal and does it cause neurologic problems?

A: In the 1930s a preservative called thimerosal was added to vaccines to prevent contamination of vaccines. Thimerosal contains very small amounts of mercury, but it is in a different form than the potentially harmful mercury we are all exposed to in the environment. Even after many studies, the type of mercury in thimerosal has never been shown to cause health problems other than rare allergic reactions in some people. Thimerosal does not cause neurologic problems. Since 2001 all vaccines for infants either are thimerosal-free or contain only trace amounts of the preservative. Many are available in single-dose, preservative-free forms.

Q: Is it safe to give more than one vaccine at a time?

A: Yes! Your child's immune system is capable of handling multiple vaccines. Many years of experience and careful research have shown that routine childhood vaccines can be given together safely and effectively. Side effects are not increased when vaccines are given together.

Q: Where can I find more information?

A: Be sure your information comes from reliable and accurate sources. You cannot trust everything you find on the internet. Credible sources include

American Academy of Pediatrics

www.aap.org and www.HealthyChildren.org

CDC Vaccines & Immunizations

www.cdc.gov/vaccines

Immunization Action Coalition

www.immunize.org

Remember

If you have any questions or concerns about your child's health, contact your child's doctor.

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Table 1

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Hepatitis B (HepB)	1 st dose	← 2 nd dose →							← 3 rd dose →									
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)		1 st dose	2 nd dose	3 rd dose					← 4 th dose →									
Haemophilus influenzae type b (Hib)	1 st dose	2 nd dose	See Notes						← 3 rd or 4 th dose, See Notes →									
Pneumococcal conjugate (PCV13)	1 st dose	2 nd dose	3 rd dose						← 4 th dose →									
Inactivated poliovirus (IPV <18 yrs)	1 st dose	2 nd dose							← 3 rd dose →									
Influenza (IIV)										Annual vaccination 1 or 2 doses								
Influenza (LAIV4)													Annual vaccination 1 or 2 doses					Annual vaccination 1 dose only
Measles, mumps, rubella (MMR)								See Notes	← 1 st dose →									2 nd dose
Varicella (VAR)									← 1 st dose →									2 nd dose
Hepatitis A (HepA)								See Notes		2-dose series, See Notes								
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																		Tdap
Human papillomavirus (HPV)																		See Notes
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)																		1 st dose
Meningococcal B																		2 nd dose
Pneumococcal polysaccharide (PPSV23)																		See Notes

 Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Recommended based on shared clinical decision-making or *
 No recommendation/ not applicable

Immunizations for Babies

A Guide for Parents

These are the vaccinations your baby needs!

At birth	HepB
2 months	HepB _{1-2 mos¹} + DTaP + PCV13 + Hib + Polio + RV
4 months	HepB ² + DTaP + PCV13 + Hib + Polio + RV
6 months	HepB _{6-18 mos¹} + DTaP + PCV13 + Hib ³ + Polio _{6-18 mos¹} + RV ⁴ + Influenza ⁵
12 months and older	MMR _{12-15 mos¹} + DTaP _{15-18 mos¹} + PCV13 _{12-15 mos¹} + Hib _{12-15 mos¹} + Chickenpox _{12-15 mos¹} + HepA ⁶ _{12-23 mos¹} + Influenza ⁵

Check with your doctor or nurse to make sure your baby is receiving all vaccinations on schedule. Many times vaccines are combined to reduce the number of injections. Be sure you ask for a record card with the dates of your baby's vaccinations; bring this with you to every visit.

Here's a list of the diseases your baby will be protected against:

HepB: hepatitis B, a serious liver disease

DTaP: diphtheria, tetanus (lockjaw), and pertussis (whooping cough)

PCV13: pneumococcal conjugate vaccine protects against a serious blood, lung, and brain infection

Hib: *Haemophilus influenzae* type b, a serious brain, throat, and blood infection

Polio: polio, a serious paralyzing disease

RV: rotavirus infection, a serious diarrheal disease

Influenza: a serious lung infection

MMR: measles, mumps, and rubella

HepA: hepatitis A, a serious liver disease

Chickenpox: also called varicella

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Notes to above chart:

1. This is the age range in which this vaccine should be given.
2. Your baby may not need a dose of Hep B vaccine at age 4 months, depending on the vaccine used. Check with your doctor or nurse.
3. Your baby may not need a dose of Hib vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
4. Your baby may not need a dose of RV vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
5. All children age 6 months and older should be vaccinated against influenza in the fall or winter of each year.
6. Your child will need 2 doses of HepA vaccine, given at least 6 months apart.

After the Shots...

Your child may need extra love and care after getting vaccinated. Some vaccinations that protect children from serious diseases also can cause discomfort for a while. Here are answers to questions many parents have after their children have been vaccinated. If this sheet doesn't answer your questions, call your healthcare provider.

Vaccinations may hurt a little... but disease can hurt a lot!

Call your healthcare provider right away if you answer "yes" to any of the following questions:

- Does your child have a temperature that your healthcare provider has told you to be concerned about?
- Is your child pale or limp?
- Has your child been crying for more than 3 hours and just won't quit?
- Is your child's body shaking, twitching, or jerking?
- Is your child very noticeably less active or responsive?

► Please see page 2 for information on the proper amount of medicine to give your child to reduce pain or fever.

What to do if your child has discomfort

I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. An easy way to do this is by taking a temperature in the armpit using an electronic thermometer (or by using the method of temperature-taking your healthcare provider recommends). If your child has a temperature that your healthcare provider has told you to be concerned about or if you have questions, call your healthcare provider.

Here are some things you can do to help reduce fever:

- Give your child plenty to drink.
- Dress your child lightly. Do not cover or wrap your child tightly.
- Give your child a fever- or pain-reducing medicine such as acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil, Motrin). The dose you give your child should be based on your child's weight and your healthcare provider's instructions. See the dose chart on page 2. *Do not give aspirin.* Recheck your child's temperature after 1 hour. Call your healthcare provider if you have questions.

My child has been fussy since getting vaccinated. What should I do?

After vaccination, children may be fussy because of pain or fever. To reduce discomfort, you may want to give your child a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.* If your child is fussy for more than 24 hours, call your healthcare provider.

My child's leg or arm is swollen, hot, and red. What should I do?

- Apply a clean, cool, wet washcloth over the sore area for comfort.
- For pain, give a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.*
- If the redness or tenderness increases after 24 hours, call your healthcare provider.

My child seems really sick. Should I call my healthcare provider?

If you are worried **at all** about how your child looks or feels, call your healthcare provider!

HEALTHCARE PROVIDER: PLEASE FILL IN THE INFORMATION BELOW.

If your child's temperature is 102.5°F or 39°C or higher, or if you have questions, call your healthcare provider.

Healthcare provider phone number (850) 424-6208

immunization
action coalition

A
immunize.org

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p4015.pdf • Item #P4015 (2/19)

Start Reading to Your Child Early

How to Help Your Child Learn to Read

A baby can enjoy books by 6 months of age! Here are things you can do with your child at different ages to help your child learn to love words and books.

Birth to Age 1

- Play with your baby often. Talk, sing, and say rhymes. This helps your baby learn to talk.
- Talk with your baby, making eye contact. Give your baby time to answer in baby talk.
- Give your baby sturdy board books to look at. It's OK for a baby to chew on a book.
- Look at picture books with your baby and name things. Say "See the baby!" or "Look at the puppy!"
- Babies like board books with pictures of babies and everyday objects like balls and blocks.
- Snuggle with your baby on your lap and read aloud. Your baby may not understand the story, but will love the sound of your voice and being close to you.
- Don't let your child watch TV until age 2 or older.

1 to 3 Years of Age

- Read to your child every day. Let your child pick the book, even if it's the same one again and again!
- Younger toddlers (1 to 2 years of age) like board books with pictures of children doing everyday things (like eating and playing). They also like "goodnight" books and books with rhymes. Books should only have a few words on each page.



- Older toddlers (2 to 3 years of age) like board books and books with paper pages. They love books with rhymes and words that are repeated. Books about families, friends, animals, and trucks are also good.
- Let your child "read" to you by naming things in the book or making up a story.
- Take your child to the library. Celebrate your child getting a library card!
- Keep talking, singing, saying rhymes, and playing with your child.
- Don't let your child watch TV until age 2 or older.

Reading Tips

- Set aside time every day to read together. Reading at bedtime is a great way to get ready for sleep.
- Leave books in your children's rooms for them to enjoy on their own. Have a comfortable bed or chair, bookshelf, and reading lamp.
- Read books your child enjoys. Your child may learn the words to a favorite book. Then, let your child complete the sentences, or take turns saying the words.
- Don't drill your child on letters, numbers, colors, shapes, or words. Instead, make a game of it.

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Continued on back

Continued from front

3 to 5 Years of Age

- Read ABC books with your child. Point out letters as you read.
- Preschool children like books that tell stories. They also love counting books, alphabet books, and word books. Like toddlers, they love books with rhymes and words they can learn by heart.
- Help your child recognize whole words as well as letters. Point out things like letters on a stop sign or the name on a favorite store.
- Ask your child questions about the pictures and story. Invite him or her to make up a story about what's in the book.
- Some public TV shows, videos, and computer games can help your child learn to read. But you need to be involved too. Watch or play *with* your child and talk about the program. Limit TV time to 1 or 2 hours per day. Avoid violent shows and movies. Try to stick to educational shows.
- Give your child lots of chances to use written words. Write shopping lists together. Write letters to friends or family.



Read Aloud With Your Child

Reading aloud is one of the best ways to help your child learn to read. The more excited you act when you read a book, the more your child will enjoy it.

- Use funny voices and animal noises!
- Look at the pictures. Ask your child to name things in the pictures. Talk about how the pictures go with the story. Ask what is happening in the story.

- Invite your child to join in when a line is repeated over and over.
- Show your child how things in the book are like things in your child's life.
- If your child asks a question, stop and answer it. Books can help children express their thoughts and solve problems.
- Keep reading to your child even after he or she learns to read. Children can listen and understand harder stories than they can read on their own.

Listen to Your Child Read Aloud

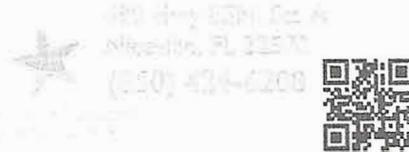
Once your child starts reading, have him or her read out loud. Take turns reading.

If your child asks for help with a word, give it right away. But let your child sound out words if he or she wants to.

Know when your child has had enough. Stop if your child is tired or frustrated.

Most of all, give lots of praise! You are your child's first, and most important, teacher!

The American Academy of Pediatrics (AAP) is grateful for the Reach Out and Read program's help with this handout. Reach Out and Read works with children's doctors to make promoting literacy and giving out books part of children's basic health care. This program is endorsed by the AAP. To learn more about Reach Out and Read, go to www.reachoutandread.org.



To learn more, visit the American Academy of Pediatrics (AAP) Web site at www.aap.org.

Your child's doctor will tell you to do what's best for your child. This information should not take the place of talking with your child's doctor.

We hope the resources in this handout are helpful. The AAP is not responsible for the information in these resources. We try to keep the information up to date but it may change at any time.

Adaptation of the AAP information in this handout into plain language was supported in part by McNeil Consumer Healthcare.

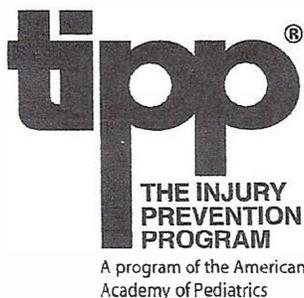
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Birth to 6 Months



BIRTH TO 6 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 could be prevented?

Often, injuries happen because parents are not aware of what their children can do. Children *learn quickly*, and before you know it, your child will be *wiggling* off a bed or *reaching* for your cup of hot coffee.

Car Injuries

Car crashes are a great threat to your child's life and health. Most injuries and deaths from car crashes **can be prevented** by the use of car safety seats. Your child, besides being much safer in a car safety seat, will behave better, so you can pay attention to your driving. Make your newborn's first ride home from the hospital a safe one—in a car safety seat. Your infant should ride in the back seat in a rear-facing car safety seat.

Make certain that your baby's car safety seat is installed correctly. Read and follow the instructions that come with the car safety seat and the sections in the owners' manual of your car on using car safety seats correctly. Use the car safety seat EVERY time your child is in the car.

NEVER put an infant in the front seat of a car with a passenger airbag.

Falls

Babies *wiggle* and *move* and *push* against things with their feet soon after they are born. Even these very first movements can result in a fall. As your baby grows and is able to roll over, he or she may fall off of things unless protected. **Do not leave your baby alone** on changing tables, beds, sofas, or chairs. **Put your baby in a safe place** such as a crib or playpen when you cannot hold him or her.

Your baby may be able to crawl as early as 6 months. **Use gates on stairways and close doors** to keep your baby out of rooms where he or she might get hurt. **Install operable window guards** on all windows above the first floor.

Do not use a baby walker. Your baby may tip the walker over, fall out of it, or fall down stairs and seriously injure his or her head. Baby walkers let children get to places where they can pull heavy objects or hot food on themselves. A better choice is a stationary activity center with no wheels.

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



(over)

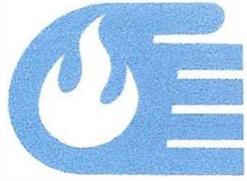
American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Burns

At 3 to 5 months, babies will wave their fists and grab at things. **NEVER carry your baby and hot liquids, such as coffee, or foods at the same time.** You can't handle both. Your baby can get burned! 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.

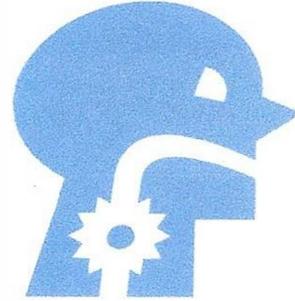


If your baby gets burned, immediately put the burned area in cold water. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth and call your doctor.

To protect your baby from house fires, be 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.

Choking and Suffocation

Babies explore their environment by putting anything and everything into their mouths. **NEVER leave small objects in your baby's reach, even for a moment.** NEVER feed your baby hard pieces of food such as chunks of raw carrots, apples, hot dogs, grapes, peanuts, and popcorn. Cut all the foods you feed your baby into thin pieces to prevent choking. **Be prepared if your baby starts to choke. Ask your doctor to recommend the steps you need to know. Learn how to save the life of a choking child.**



To prevent possible suffocation and reduce the risk of sudden infant death syndrome (SIDS), **your baby should always sleep on his or her back. Your baby should have his or her own crib or bassinet with no pillows, stuffed toys, bumpers, or loose bedding. NEVER put your baby on a waterbed, beanbag, or anything that is soft enough to cover the face and block air to the nose and mouth.**

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 baby.

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 individual facts and circumstances.