BRIGHT FUTURES HANDOUT ▶ **PARENT**

12 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, reach out for help. Community agencies and programs such as WIC and SNAP can 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.
- Make sure everyone who cares for your child offers healthy foods, avoids sweets, provides time for active play, and uses the same rules for discipline that you do.
- Make sure the places your child stays are safe.
- Think about joining a toddler playgroup or taking a parenting class.
- Take time for yourself and your partner.
- Keep in contact with family and friends.

ESTABLISHING ROUTINES

- Praise your child when he does what you ask him to do.
- Use short and simple rules for your child.
- Try not to hit, spank, or yell at your child.
- Use short time-outs when your child isn't following directions.
- Distract your child with something he likes when he starts to get upset.
- Play with and read to your child often.
- Your child should have at least one nap a day.
- Make the hour before bedtime loving and calm, with reading, singing, and a favorite toy.
- Avoid letting your child watch TV or play on a tablet or smartphone.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

FEEDING YOUR CHILD

- Offer healthy foods for meals and snacks. Give 3 meals and 2 to 3 snacks spaced evenly over the day.
- Avoid small, hard foods that can cause choking—popcorn, hot dogs, grapes, nuts, and hard, raw vegetables.
- Have your child eat with the rest of the family during mealtime.
- Encourage your child to feed herself.
- Use a small plate and cup for eating and drinking.
- Be patient with your child as she learns to eat without help.
- Let your child decide what and how much to eat. End her meal when she stops eating.
- Make sure caregivers follow the same ideas and routines for meals that you do.

FINDING A DENTIST

- Take your child for a first dental visit as soon as her first tooth erupts or by 12 months of age.
- Brush your child's teeth twice a day with a soft toothbrush. Use a small smear of fluoride toothpaste (no more than a grain of rice).
- If you are still using a bottle, offer only water.

Helpful Resources: Smoking Quit Line: 800-784-8669 | Family Media Use Plan: www.healthychildren.org/MediaUsePlan
Poison Help Line: 800-222-1222 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

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12 MONTH VISIT—PARENT

SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. In most cases, this will be well past the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is safest.
- Place gates at the top and bottom of stairs. Install operable window guards on windows at the second story and higher. Operable means that, in an emergency, an adult can open the window.
- Keep furniture away from windows.
- Make sure TVs, furniture, and other heavy items are secure so your child can't pull them over.
- Keep your child within arm's reach when he is near or in water.
- Empty buckets, pools, and tubs when you are finished using them.
- Never leave young brothers or sisters in charge of your child.
- When you go out, put a hat on your child, have him wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on his exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Keep your child away when your pet is eating. Be close by when he plays with your pet.
- Keep poisons, medicines, and cleaning supplies in locked cabinets and out of your child's sight and reach.
- Keep cords, latex balloons, plastic bags, and small objects, such as marbles and batteries, away from your child. Cover all electrical outlets.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Do not make your child vomit.

WHAT TO EXPECT AT YOUR CHILD'S 15 MONTH VISIT

We will talk about

- Supporting your child's speech and independence and making time for yourself
- Developing good bedtime routines
- Handling tantrums and discipline
- Caring for your child's teeth
- Keeping your child safe at home and in the car

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

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

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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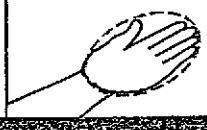
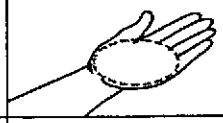
Suggested Feeding Schedule

Age	**Breast Milk or Formula**	**Grain Products**	**Juices**	**Vegetables**	**Fruits**	**Protein-Rich Foods**
Birth – 4 Month	Breast: 8-12+ feedings Iron-Fortified Infant Formula: 14-42 ounces	None	None	None	None	None
4-6 Months	Breast: 5 or more feedings Iron-Fortified Infant Formula: 26-39 ounces	None	None	None	None	None
6-8 Months	Breast: 3-5 feedings Iron-Fortified Infant Formula: 24-32 ounces	Iron fortified infant cereals or enriched hot cereals (4-6Tbsp) Dry toast, small pieces of crackers, or dry breakfast cereals and other grain products (4-6 Tbsp)	None	Plain strained or pureed fresh or cooked vegetables (3-4 Tbsp)	Plain strained or pureed fresh or cooked fruit (3-4 Tbsp)	Plain strained or pureed protein-rich foods such as meats, egg, fish, cheese, yogurt and peanut butter (1-3 tbsp) (If it's not a choking hazard)
8-12 Months	Breast: 3-4 feedings Iron-Fortified Infant Formula: 24-32 ounces	Iron-fortified infant cereals or enriched hot cereals (4-6 Tbsp) Dry toast, small pieces of crackers, or dry breakfast cereals and other grain products (4-6 Tbsp	None	Plain strained or pureed fresh or cooked vegetables (3-4 Tbsp)	Plain strained or pureed fresh or cooked fruit (3-4 Tbsp)	Pureed or chopped protein-rich foods such as meats, egg, fish, cheese, yogurt and peanut butter (1-3 tbsp) (If it's not a choking hazard)
Comments	By about 11 to 12 months, try to wean entirely off the bottle and onto a cup.	Never add honey to cereal or any foods Avoid foods that may cause choking	Avoid feeding soda, juices, fruit punches, ades and drinks, gelatin, water, coffee or tea.	It is not necessary to add salt, sugar, oil, butter, other fats or seasoning Avoid foods that may cause choking	Do not add sugar or syrups to fruits Never add honey to fruit or any foods Remove seeds and pits from fruits	Avoid fried meats, gravies, sauces, processed meats Check carefully for bones

Serving-Size Comparison Chart

FOOD	SYMBOL	COMPARISON	SERVING SIZE
Milk & Milk Products			
Cheese (string cheese)		Pointer finger	1½ ounces
Milk and yogurt (glass of milk)		One fist	1 cup
Vegetables			
Cooked carrots		One fist	1 cup
Salad (bowl of salad)		Two fists	2 cups
Fruits			
Apple		One fist	1 medium
Canned peaches		One fist	1 cup
Grains, Breads & Cereals			
Dry cereal (bowl of cereal)		One fist	1 cup
Noodles, rice, oatmeal (bowl of noodles)		Handful	½ cup
Slice of whole wheat bread		Flat hand	1 slice
Meat, Beans & Nuts			
Chicken, beef, fish, pork (chicken breast)		Palm	3 ounces
Peanut butter (spoon of peanut butter)		Thumb	1 tablespoon

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10 tips
Nutrition Education Series

kid-friendly veggies and fruits

10 tips for making healthy foods more fun for children

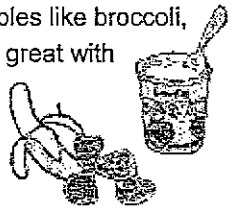
Encourage children to eat vegetables and fruits by making it fun. Provide healthy ingredients and let kids help with preparation, based on their age and skills. Kids may try foods they avoided in the past if they helped make them.

1 smoothie creations

Blend fat-free or low-fat yogurt or milk with fruit pieces and crushed ice. Use fresh, frozen, canned, and even overripe fruits. Try bananas, berries, peaches, and/or pineapple. If you freeze the fruit first, you can even skip the ice!

2 delicious dippers

Kids love to dip their foods. Whip up a quick dip for veggies with yogurt and seasonings such as herbs or garlic. Serve with raw vegetables like broccoli, carrots, or cauliflower. Fruit chunks go great with a yogurt and cinnamon or vanilla dip.



3 caterpillar kabobs

Assemble chunks of melon, apple, orange, and pear on skewers for a fruity kabob. For a raw veggie version, use vegetables like zucchini, cucumber, squash, sweet peppers, or tomatoes.

4 personalized pizzas

Set up a pizza-making station in the kitchen. Use whole-wheat English muffins, bagels, or pita bread as the crust. Have tomato sauce, low-fat cheese, and cut-up vegetables or fruits for toppings. Let kids choose their own favorites. Then pop the pizzas into the oven to warm.

5 fruity peanut butterfly

Start with carrot sticks or celery for the body. Attach wings made of thinly sliced apples with peanut butter and decorate with halved grapes or dried fruit.

6 frosty fruits

Frozen treats are bound to be popular in the warm months. Just put fresh fruits such as melon chunks in the freezer (rinse first). Make "popsicles" by inserting sticks into peeled bananas and freezing.

7 bugs on a log

Use celery, cucumber, or carrot sticks as the log and add peanut butter. Top with dried fruit such as raisins, cranberries, or cherries, depending on what bugs you want!

8 homemade trail mix

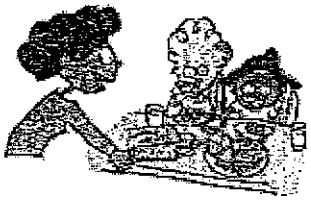
Skip the pre-made trail mix and make your own. Use your favorite nuts and dried fruits, such as unsalted peanuts, cashews, walnuts, or sunflower seeds mixed with dried apples, pineapple, cherries, apricots, or raisins. Add whole-grain cereals to the mix, too.

9 potato person

Decorate half a baked potato. Use sliced cherry tomatoes, peas, and low-fat cheese on the potato to make a funny face.

10 put kids in charge

Ask your child to name new veggie or fruit creations. Let them arrange raw veggies or fruits into a fun shape or design.



USDA United States Department of Agriculture
Center for Nutrition Policy and Promotion

Go to www.ChooseMyPlate.gov for more information.

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may need to avoid eating foods with lactose. It's important to check the ingredients on food labels or ask about food prepared by others including restaurants.
    - Ingredients that may contain lactose include whey, curds, milk by-products, and non-fat dry milk powders.
    - Lactose may be added to non-dairy and prepared foods that may include bread, baked goods, breakfast cereals and drinks, instant potatoes and soups, margarine, non-kosher lunch meat, salad dressing, candy, dry mixes for pancakes and other baked foods, and non-dairy whipped topping.
- **Take over-the-counter lactase.** Ask your child's doctor about over-the-counter lactase. Over-the-counter lactase taken right before each meal may help their body digest foods that contain lactose.
- **Consume lactose-free or lactose-reduced milk or other dairy products.** Lactose-reduced products retains all the ingredients of regular products.

Note: In the rare cases in which all milk and dairy products must be avoided, it's important that your child get other sources of calcium. A variety of calcium-rich foods include broccoli, pinto beans, sweet potatoes, turnips, collard greens, tofu (fortified with calcium), oranges. If your child isn't getting the daily recommended amount of calcium, your child's doctor may recommend a calcium supplement.

Visit HealthyChildren.org for more information.

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Children's Dental Health: What You Need to Know

A bright smile begins long before the first tooth appears. Parent and caregiver help is important for children to develop healthy teeth. Read on for information from the American Academy of Pediatrics about caring for your child's teeth.

Steps to good dental health include

- Regular care by a dentist beginning by 1 year of age
- Enough fluoride (in water, toothpaste, and fluoride varnish)
- Brushing and flossing 2 times each day
- Eating healthy and limiting sugar
- Using a mouth guard during sports participation to prevent injury, if necessary

Fluoride is important because it

- Hardens tooth enamel (the outside coating on teeth)
- Repairs early damage to teeth all day every day

> **Note:** Fluoride is a natural substance that can be added to drinking water, toothpaste, mouthwash, and varnish (dental treatment). During well-child visits (also known as health supervision visits), doctors may recommend drinking more fluoridated water or, for some children, using fluoride tablets or drops. Also, fluoride varnish should be applied to children's teeth by their doctor or dentist up to 4 times per year.

Here's how to clean your child's teeth.

Babies to 3 years of age

- Wipe the gums 2 times each day with a piece of gauze or a damp cloth until the first tooth or teeth arrive.
- Brush the first tooth or teeth with a soft toothbrush 2 times each day. Brush for 2 minutes each time.
- Use "Just a dot, not a lot!" of fluoride toothpaste. The amount of toothpaste should be the size of a small grain of rice for children younger than 3 years.

Children 3 years and older

- Brush your child's teeth with a soft toothbrush 2 times each day. Brush for 2 minutes each time. Children should learn how to brush their teeth on their own. However, parents should brush their children's teeth first before handing over the toothbrush to their children until they are 7 years of age.
- Use "Just a dot, not a lot!" of fluoride toothpaste. The amount of toothpaste should be the size of a small pea for children 3 years and older.

All children

- Teach your child to spit out excess toothpaste. Your child may want to swallow the toothpaste because it tastes good. However, swallowing too much toothpaste can result in white spotting of the teeth called fluorosis. Children should not rinse after brushing and spitting out excess toothpaste.
- Floss where any 2 teeth touch each other to prevent a cavity forming between the teeth.
- Check front and back of the teeth for early signs of tooth decay, such as white, yellow, or brown spots or lines on the teeth. Lift up the top lip to get a good look at the front upper teeth.
- Change your child's toothbrush every 6 months.

Here are other ways to help prevent tooth decay in babies and children.

- Schedule regular dental checkups for each family member.
- Avoid sharing food, drinks, spoons, and forks. If your baby is using a pacifier, avoid licking it to clean it.
- Offer water if your child is thirsty. Also, only offer water in sippy cups between meals and in bedtime bottles. Sipping juices, sports drinks, flavored drinks, lemonade, soft drinks (soda, pop), or flavored teas throughout the day causes acid attacks on teeth.
- Offer healthy snacks such as fruits or vegetables. Avoid offering sweet or sticky snacks, such as raisins, gummy candies, and vitamins, or fruit-flavored snacks/rolls or cookies. There is sugar in foods like crackers and chips too. Reserve these for desserts at the end of meals.
- Be sure to clean teeth after your child drinks milk at bedtime.
- Check front and back of the teeth for early signs of tooth decay—white, yellow, or brown spots or lines on the teeth. Lift your child's lip to get a better look at the upper front teeth. This should be done about once a month.

Common Questions

Does pacifier use or thumb-sucking hurt teeth?

Sucking on a pacifier, thumb, or fingers may affect the shape of the mouth or how teeth are lining up.

- If the habit stops by 3 years of age, the teeth will usually correct themselves without treatment.
- If the sucking habit continues after "permanent" teeth have come in, orthodontic care may be needed to line the teeth up for disease prevention and appearance.

What should I do when my child falls and loosens a tooth?

- Call your child's dentist or pediatrician for advice.
- For the next 6 months or so, watch for redness in the gum above the loosened tooth and notify your child's dentist immediately if it occurs.

What is a pediatric dentist?

Pediatric dentists have special training to provide routine dental care for children and can care for children with complicated oral health problems. They are specialists in the care of children's teeth and mouth problems, especially when

- Teeth are chipped or injured or there is an injury in the mouth area.
- Teeth show signs of discoloration that could be tooth decay or trauma.

Pediatric Patient Education™
Expert advice from the American Academy of Pediatrics

Sleeping Well: Tips for Parents of Babies and Young Children

It's important for children to develop good sleep habits early on. Sleeping well is important to children's development and well-being. Here is information from the American Academy of Pediatrics to help ensure a good night's sleep for children—and parents too! Remember that children differ in how much sleep they need, how long it takes them to fall asleep, and how easily they wake up. If you have any questions about your child's sleep habits, ask your child's doctor.

Babies

Babies do not have regular sleep cycles until about 4 months of age. Although newborns sleep about 16 to 17 hours per day, they may sleep for only 1 or 2 hours at a time. As babies get older, they need less sleep. Keep in mind that your baby's sleep needs and patterns may differ from those of other babies.

How to Help Babies Sleep Better at Night

All Babies

- Try not to stimulate or wake babies when you feed or change them during the night. If you speak, speak softly.
- Make daytime playtime. Keep babies awake longer during the day. This helps babies sleep for longer periods during the night. Spend time talking, reading, and playing together.

Babies 4 Months and Older

- Put babies to bed when they are drowsy. Do not wait until babies are asleep. This helps babies learn to fall asleep on their own, in their own bed. If you hold babies or rock them to sleep, they may struggle to go back to sleep if they wake up during the night. Remember to place babies on their back to sleep for every sleep until they are 1 year of age. Visit www.HealthyChildren.org/safesleep to learn more about how to create a safe sleeping environment for babies.
- Do not rush in to soothe a crying baby. Babies need time to put themselves back to sleep, and they need to learn how to fall back asleep on their own. It is normal for a 6-month-old to wake up during the night and then go back to sleep after a few minutes. Of course, you can attend to them— like feeding them, changing a soiled diaper, or comforting them if they are sick—if needed.

Toddlers and Preschoolers

Many parents find their toddler's bedtime to be the hardest part of the day. Children this age often resist going to sleep, especially if they have older siblings who are still awake.

How to Help Toddlers Develop Good Sleep Habits

- Set up a quiet routine before bedtime. This helps children understand that it will soon be time to go to sleep. Use this time to read a story, put on quiet music, or give a bath. Do not play with children before bed, because active play may make them too excited to sleep.

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- Be consistent. Make bedtime the same time every night. This helps children know what to expect and helps them establish healthy sleep patterns.
- Let children take a favorite thing to bed each night. Children may want to sleep with a teddy bear, special blanket, or favorite toy. This often helps children fall asleep, especially if they wake up during the night. Make sure the object is safe and doesn't have any choking hazards, like buttons or loose ribbons. Stuffing or pellets inside stuffed toys can also be dangerous.
- Make sure children are comfortable. Take care of children's needs before bedtime so they don't use them as reasons to avoid going to sleep. Children may want a drink of water, a light left on, or the door left slightly open.
- Do not let children sleep in the same bed with you. This can make it harder for them to fall asleep when they are alone.
- Do not return to a child's room when they call out. Instead, try to
    - Make sure children are safe and well before bedtime. If they are safe and well, there is no need to go into their room while they sort out how to get themselves back to sleep.
    - Keep in mind that children's main goal is to get you to appear. So if you appear for any reason, even just for "checking," they will expect you to come each time they call out.
- Give it time. Helping children develop good sleep habits can be a challenge, and it is normal to get upset when children keep you awake at night. Try to be understanding. A negative response from a parent can sometimes make a sleep problem worse. Keep in mind that children need the time and opportunity to find out how go back to sleep on their own when they wake up during the night.

For More Information

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

Adapted from the American Academy of Pediatrics (AAP) brochure *Sleep Problems in Children*.

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Pediatric Patient Education™
Expert advice from the American Academy of Pediatrics

Food Allergies: What You Need to Know

What are food allergies?

A food allergy happens when the body reacts against harmless proteins found in foods. Any food could cause a food allergy, but most food allergies are caused by

- Cow's milk
- Eggs
- Peanuts
- Soy
- Wheat
- Nuts from trees (such as walnuts, pistachios, pecans, cashews)
- Fish (such as tuna, salmon, cod)
- Shellfish (such as shrimp, lobster)

Risk Factors

Food allergies are most common in babies and children, but they can occur at any age. They also occur more often in children who have other allergies or who have family members with allergies.

Signs and Symptoms

Each child's signs and symptoms are different. When the body's immune system overreacts to certain foods, the following symptoms may occur:

- **Skin problems:** hives, itchy skin rashes, swelling
- **Breathing problems:** sneezing, wheezing, throat tightness
- **Stomach symptoms:** nausea, vomiting, diarrhea
- **Circulation symptoms:** pale skin, light-headedness, loss of consciousness

Food allergy symptoms can vary from mild to severe and usually occur shortly after the food is eaten. Peanuts, nuts, and seafood are the most common causes of severe reactions.

If several areas of the body are affected, the reaction may be severe or even life-threatening. This type of allergic reaction is called *anaphylaxis* and requires immediate medical attention.

Sometimes, a food allergy may be to one specific food in a category. For example, a child allergic to peanuts (which is a type of bean), may not be allergic to other beans like soybeans or green beans.

Exam and Tests

If a food allergy is suspected, your child's doctor will try to figure out which food(s) is the cause. This can be difficult if the allergic reaction occurred after a meal with various foods. If your child has a chronic problem, such as skin rash or stomachaches, many foods in the diet must be looked at as possible causes.

There are also tests, including a skin prick test or blood tests, that can help narrow down possible causes. However, skin tests and blood tests are not always reliable. It is possible to have a positive test but no symptoms after eating the food, and sometimes a negative test is found despite a true allergy.

Your child's doctor may refer you to an allergist. An allergist has specialized training in diagnosing and treating food allergies.

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Treatment

For anyone experiencing anaphylaxis, epinephrine should be given right away followed by a call to 911 for further treatment and transfer to a hospital.

Epinephrine is the main medicine to treat anaphylaxis. The medicine comes in auto-injector syringes. It's important to know how to use the medicine. Your child's doctor can go through the medicine directions with you. Ask your child's doctor what to do if the symptoms do not improve very quickly after a single dose.

During a reaction, an oral antihistamine may also be given, but not in place of epinephrine. Also helpful in case of an emergency is medical identification jewelry that includes information about your child's allergy. This should be worn at all times.

Living With a Food Allergy

If your child has a food allergy, they (if old enough), parents, and caregivers should know how to avoid foods that cause allergies. They should also know what to do if a food that causes an allergy is consumed.

- **Avoid foods that cause food allergies.**
  - Food bought from a store. Read food labels carefully. Check them every time you buy a product because ingredients can change. Also, sometimes ingredients are not fully labeled. Words such as "natural flavors" or "spices" could include a variety of ingredients. You may need to contact the manufacturer to find out the exact ingredients.
  - Food made at home. If the food your child is allergic to is used in your home, you must be careful not to mix it into your child's "safe" food. To avoid cross-contact, make sure to use clean utensils, plates, pans, and serving trays. Also do not store unsafe foods with safe foods.
  - Food made in restaurants. Careful planning and clear communication with those preparing the food is very important if you eat at a restaurant. Make sure you let the restaurant know about your child's allergy, and speak with someone who truly knows the ingredients and how the food is prepared.
- **Create and share action plans**. When your child is away from you including at a family or friend's house, at school, a child care center, or camp, there should be a written plan about how to avoid problem foods, recognize and treat a reaction, and get medical care.

Visit www.HealthyChildren.org or the Food Allergy & Anaphylaxis Network (www.foodallergy.org) for more information.

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Pediatric Patient Education™
Expert advice from the American Academy of Pediatrics

Lactose Intolerance: What Parents Need to Know

What is lactose intolerance?

Lactose intolerance is a digestive problem. People who are lactose intolerant don't make enough lactase. Lactase is a natural enzyme made by your intestinal tract that digests lactose. Lactose is found in dairy products like milk, ice cream, and cheeses. When there isn't enough lactase, lactose isn't digested and stays in the intestines causing gas, bloating, stomach cramps, and diarrhea.

If your child is lactose intolerant, you may see symptoms around the time they start school or during the teen years. Infants with stomach symptoms almost never had lactose intolerance.

Note: Though lactose intolerance and a milk allergy share similar symptoms, they are not the same. A milk allergy involves the immune system and symptoms can be mild, such as hives, to severe, such as anaphylaxis which can be life threatening.

Signs and Symptoms

The signs and symptoms of lactose intolerance are different for each child and may include

- Stomach cramps
- Bloating
- Gas
- Diarrhea
- Nausea

Symptoms usually start about 30 minutes to 2 hours after drinking or eating foods containing lactose.

Tests

One way to check if your child has trouble digesting lactose is to take all milk products out of your child's diet for 2 weeks and see if symptoms improve. After 2 weeks, slowly add them back in small amounts each day to see if symptoms return. Because many non-dairy and prepared foods contain lactose, it may be hard to remove all of these food from your child's diet.

If you think your child is lactose intolerant, talk with your child's doctor. Your child may need to be tested. The most common test for lactose intolerance is the *lactose breath test*. It's also called the hydrogen breath test. Also, depending on how severe your child's symptoms are, an endoscopy may be recommended. An endoscopy is a procedure that uses a special tool to view the inside of the intestines and obtain tissue samples.

Your child's doctor may refer you to a pediatric gastroenterologist. Pediatric gastroenterologists are specially trained to perform diagnostic tests of a child's digestive system.

Treatment

There is no cure for lactose intolerance. However, dietary changes may help prevent the symptoms. You and your child's doctor can decide what works best for your child. For example, your child may need to

- **Limit or avoid foods with lactose.** Some children with lactose intolerance may be able to have small amounts of dairy products without having symptoms. However, other children with lactose

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Healthy Communication With Your Child

Healthy communication with your child makes the tough parts of parenting, like disciplining your child, much easier and more effective. Remember, listening to your child is just as important as talking to them. Here are communication tips from the American Academy of Pediatrics.

Healthy Communication Is Important

Healthy communication is important because it helps your child

- Feel cared for and loved.
- Feel safe and not alone with their worries.
- Learn to tell you directly what they feel and need using their words.
- Learn how to manage their feelings safely so that they are less likely to act out.
- Talk to you openly.
- Learn to listen to you.

Building Blocks of Healthy Communication

Here are a few important ways to build healthy communication.

- **Be available.** Make time in everyone's busy schedule to stop and talk about things. Even 10 minutes a day without distractions for you and your child to talk can make a big difference in forming good communication habits. Those few minutes a day can be of great value.
- **Be a good listener.** Ask your child about their feelings on a subject. Repeat what you are hearing to be sure that you understand. You don't have to agree with what your child is saying to be a good listener. Sharing their thoughts with you helps your child calm down, so later they can listen to you.
- **Show empathy.** If your child is sad or upset, a gentle touch or hug may let them know that you understand those sad or bad feelings. Do not tell your child what they think or feel. Be sure not to minimize these feelings by saying things like, "It's silly to feel that way." Their feelings are real and should be respected.
- **Be a good role model.** Use words and tones in your voice that you want your child to use. Your tone should match your message. For example, if you laugh when you say, "No, don't do that," the message will be confusing. Name your own feelings. When parents use feeling words, such as, "It makes me feel sad when you won't do what I ask you to do," children learn to do the same.

Keys to Healthy Communication

Do

- Give clear, age-appropriate directions such as, "When we go to the store I expect you to be polite and stay with me." Praise your child whenever you can. Tell them, "I like the way you took care of that," or "You're listening really well right now."
- Stay calm when you communicate your feelings.
- Be truthful.
- Listen carefully to what your child says.
- Model what you want your child to do—practice what you preach.
- Make sure that when you are upset with your child, they know that it is their behavior that is the problem, not the child themselves.

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Don't

- Give broad, general instructions such as, "You'd better be good!"
- Name call or blame. "I don't like the way you are acting," works; "You are bad," doesn't.
- Yell or threaten.
- Lie or tell your child half-truths.
- Use silence to express strong feelings. Long silences frighten and confuse children.

Discipline Is Not Punishment

How do you change a child's behavior? Make sure to teach your child what positive behavior is and praise them when they behave the way you want them to. Focus on the things they do right and they will be less likely to do things you do not want them to do.

At every age, your child needs you to calmly and clearly explain what behavior you expect from them, like never hitting or using other forms of violence, and what the consequences will be if they act inappropriately. Then, if your child does misbehave, follow through on the consequences you and they have already discussed. This way, you are not reacting purely out of anger or frustration.

Keeping Calm

Here are a few ways to calm yourself when you feel stressed before you try to talk with your child.

- Take a few deep breaths very slowly.
- Wait 5 minutes before starting to talk to your child.
- Try to label what you are feeling, like "disappointment." Be sure that it is appropriate for your child.
- Share your feelings of frustration with your partner or a friend.
- Deal only with what's happening in this moment, and not things that came before.
- Seek professional help if you feel that you have lost control.

For More Information

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

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6 to 12 Months

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

6 TO 12 MONTHS

Safety for Your Child

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

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

Falls

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

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

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

Burns

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

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

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

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Drowning

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

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

Poisoning and Choking

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

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

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

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

Strangulation and Suffocation

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

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

And Remember Car Safety

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

From Your Doctor

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

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

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

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.

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1 to 2 Years

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

1 TO 2 YEARS

Safety for Your Child

Did you know that injuries are the leading cause of death of children in the United States? Most of these injuries can be prevented.

Often, injuries happen because parents are not aware of what their children can do. At this age your child can *walk, run, climb, jump,* and *explore* everything. Because of all the new things he or she can do, this stage is a very dangerous time in your child's life. It is your responsibility to protect your child from injury. Your child cannot understand danger or remember "no" while exploring.

Firearm Hazards

Children in homes where guns are present are in more danger of being shot by themselves, their friends, or family members than of being injured by an intruder. It is best to keep all guns out of the home. **Handguns are especially dangerous.** If you keep a gun, keep it unloaded and in a locked place, with the ammunition locked separately. Ask if the homes where your child visits or is cared for have guns and how they are stored.

Poisonings

Children continue to explore their world by putting everything in their mouths, even if it doesn't taste good. Your child can *open doors and drawers, take things apart,* and *open bottles* easily now, so you must use safety caps on all medicines and toxic household products. **Keep the safety caps on** at all times or find safer substitutes to use. Contact Poison Help for more information.

Your child is now able to get into and on top of everything. Be sure to keep all household products and medicines completely out of sight and reach. Never store lye drain cleaners in your home. Keep all products in their original containers. Use medicines exactly as directed and dispose of unused medicine safely as soon as you are finished with it.

If your child does put something poisonous into his or her mouth, call Poison Help immediately. Add the Poison Help line (1-800-222-1222) to your phone contacts list. Do not make your child vomit.

Falls

To prevent serious falls, lock the doors to any dangerous areas. **Use gates on stairways** and **install operable window guards** above the first floor. **Remove sharp-edged furniture** from the room your child plays and sleeps in. At this age your child will walk well and start to climb, jump, and run as well. A chair left next to a kitchen counter, table, or window allows your child to climb to dangerously high places. Remember, your child does not understand what is dangerous.

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

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Burns

The kitchen is a dangerous place for your child during meal preparation. Hot liquids, grease, and hot foods spilled on your child will cause serious burns. A **safer place for your child** while you are cooking, eating, or unable to give him or her your full attention is the **playpen, crib,** or **stationary activity center,** or **buckled into a high chair.** It's best to keep your child out of the kitchen while cooking.

Children who are learning to walk will grab anything to steady themselves, including hot oven doors, wall heaters, or outdoor grills. Keep your child out of rooms where there are hot objects that may be touched, or put a barrier around them. If you have a gas fireplace, keep children away while it is in use and for at least an hour after turning it off. The glass doors get extremely hot and can cause severe burns.

Your child will *reach* for your hot food or cup of coffee, so don't leave it within your child's reach. **NEVER carry your child and hot liquids at the same time.** You can't handle both.

If your child does get burned, immediately put cold water on the burned area. 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.

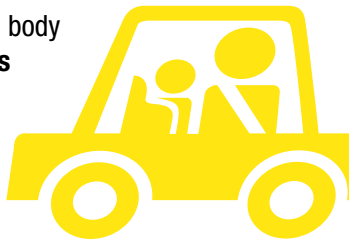
Make sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.

Drowning

At this age your child loves to play in water. **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.** Empty all buckets after each use. Keep the bathroom doors closed. Your child can drown in less than 2 inches of water. Knowing how to swim does NOT mean your child is safe near or in water. Stay within an arm's length of your child around water.

If you have a swimming pool, fence it on all 4 sides with a fence at least 4 feet high, and be sure the gates are self-latching. If possible, lock doors that could lead to the pool area. Most children drown when they wander out of the house and fall into a pool that is not fenced off from the house. You cannot watch your child every minute while he or she is in the house. It only takes a moment for your child to get out of your house and fall into your pool.

And Remember Car Safety



Car crashes are a **great danger** to your child's life and health. The crushing forces to your child's brain and body in a crash or sudden stop, even at low speeds, can cause severe injuries or death. **To prevent these injuries USE a car safety seat EVERY TIME** your child rides in the car. All infants and toddlers should ride in a rear-facing car safety seat until they reach the highest weight or height allowed by their car safety seat's manufacturer. Be sure that the safety seat is installed and used correctly. Read and follow the instructions that come with the car safety seat and the instructions for using car safety seats in the owners' manual of your car. **The safest place for all infants and children to ride is in the back seat.**

Do not leave your child alone in or around the car. Keep vehicles and their trunks locked. Children who are left in a car can die of heatstroke because temperatures can reach deadly levels in minutes. They can be strangled by power windows or knock the vehicle into gear.

Always **walk behind your car** to be sure your child is not there before you back out of your driveway. You may not see your child behind your car in the rearview mirror.

From Your Doctor

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

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.

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Keep Your Family Safe

Fire Safety and Burn Prevention at Home

Fires and burns cause almost 4,000 deaths and about 20,000 hospitalizations every year. Winter is an especially dangerous time, as space heaters, fireplaces, and candles get more use in the home. It is no surprise that fires in the home are more common between December and February. However, you might be surprised at how easy it is to reduce the risk of fire in your home. Follow these suggestions to help keep your home and family safe from fire all year round.

Smoke alarms save lives

Half of home fire deaths are due to fires that happen while people are sleeping. One of the most important steps you can take to protect your family against fire is to install smoke alarms and keep them in good working order. You can buy smoke alarms at most home and hardware stores, and they often cost $10 or less. Check with your fire department to see if they give out and install free smoke alarms.

- **Install** smoke alarms outside every bedroom or any area where someone sleeps. Also install them in furnace areas. Be sure there is at least 1 alarm on every level of your home, including the basement, or at each end of a mobile home.
- **Place** smoke alarms away from the kitchen and bathroom. False alarms can occur while cooking or even showering.
- **Test** smoke alarms every month by pushing the test button. It is best to use smoke alarms that have long-life batteries, but if you do not, change the batteries at least once a year, such as when you change your clocks in the fall.
- **Replace** smoke alarms every 10 years.
- **Never** paint a smoke alarm.
- **Clean** (dust or vacuum) smoke alarms once a month.
- **Use** smoke alarms equipped with a flashing light and an alarm in homes with children or adults who are hard of hearing or deaf.

Safety around the home

Take a careful look at each room of your home.

Use the following checklists and safety tips to reduce the risk of fire:

- **Do not smoke in your home.** If you do, use deep ashtrays and do not smoke in bed.
- **Make an escape plan.** Practice it every 6 months. Every member of the family should know at least 2 exits from each room and where to meet outside. Make sure doors and windows are easy to open to permit easy escape if needed.
- **Check electrical cords.** Replace any electrical cords that are worn, frayed, or damaged. Never overload outlets. Avoid running electrical cords under carpets or furniture because they can overheat and start a fire.
- **Consider installing an automatic home fire sprinkler system.** They are now practical for many homes.
- **Ask your local fire department to make sure woodstoves in your home are safely vented.** They usually cannot be installed safely in mobile homes.
- **Avoid using kerosene heaters and electric space heaters.** If electric space heaters must be used, keep them away from clothing, bedding, and curtains, and unplug them at night. Kerosene heaters give off carbon monoxide and should not be used in enclosed spaces, such as inside your home.

Bedrooms

- ☐ Check the labels of your child's pajamas. Children should always wear flame-retardant and/or close-fitting sleepwear.
- ☐ If a bedroom is on an upper floor, make sure there is a safe way to reach the ground, such as an escape ladder that will not burn.
  - ♦ *Never smoke in bed or when you are drowsy or have been drinking. Tobacco and smoking products, matches, and lighters are the most common cause of fatal fires in the home.*

Living and family rooms

Make sure all matches, lighters, and ashtrays are out of your child's sight and reach. Better yet, keep them in a locked cabinet.

- ☐ Use large, deep ashtrays that won't tip over, and empty them often. Fill ashtrays with water before dumping ashes in the wastebasket.
- ☐ Give space heaters plenty of space. Keep heaters at least 3 feet from anything that might burn, like clothes, curtains, and furniture. Always turn space heaters off and unplug them when you go to bed or leave the home.
- ☐ Have fireplaces and chimneys cleaned and inspected once a year.
- ☐ Use a metal screen or glass doors in front of the fireplace.
  - ♦ *Never leave a room unattended when candles, heaters, or fireplaces are in use.*

Kitchen

- ☐ Keep your stove and oven clean and free of anything that could catch fire. Do not place pot holders, curtains, or towels near the burners.
- ☐ Install a portable fire extinguisher in the kitchen, high on a wall, and near an exit. (Choose a multipurpose, dry chemical extinguisher.) Adults should know how to use it properly when the fire is small and contained, such as in a trash can. Call your fire department for information on how to use fire extinguishers.
  - ♦ *Never leave cooking food unattended.*

- *Never pour water on a grease fire.*
- *If a fire starts in your oven, keep the oven door closed, turn off the oven, and call the fire department.*

Garage, storage area, and basement

- ☐ Have your furnace inspected at least once a year.
- ☐ Do not store anything near a heater or furnace. Keep the area free of clutter.
- ☐ Clean your dryer's lint filter after every use. Lint buildup can start a fire.
- ☐ Check to make sure paint and other flammable liquids are stored in their original containers, with tight-fitting lids. Store them in a locked cabinet if possible, out of your child's reach, and away from appliances, heaters, pilot lights, and other sources of heat or flame.
- ☐ Never use flammable liquids near a gas water heater.
- ☐ Store gasoline, propane, and kerosene outside the home in a shed or detached garage. Keep them tightly sealed and labeled in approved safety containers.
  - *Gasoline should be used only as a motor fuel, never as a cleaning agent.*
  - *Never smoke near flammable liquids.*

Outdoors

- ☐ Move barbecue grills away from trees, bushes, shrubs, or anything that could catch fire. Never use grills indoors, on a porch, or on a balcony.
- ☐ Place a barrier around open fires, fire pits, or campfires. Never leave a child alone around the fire. Always be sure to put the fire out completely before leaving or going to sleep.
- ☐ Create a "fire break" around your home. Make sure woodpiles, dead leaves, pine needles, and debris are removed or kept as far away from the home as possible.
  - *Do not start lawnmowers, snow blowers, or motorcycles near gasoline fumes. Let motors cool off before adding fuel.*
  - *Be very careful with barbecue grills. Never use gasoline to start the fire. Do not add charcoal lighter fluid once the fire has started.*

Know what to do in a fire

- **Test any closed doors with the back of your hand for heat.** Do not open the door if you feel heat or see smoke. Close all doors as you leave each room to keep the fire from spreading.
- **Crawl low under smoke.** Choose the safest exit. If you must escape through a smoky area, remember that cleaner air is always near the floor. Teach your child to crawl on her hands and knees, keeping her head less than 2 feet above the floor, as she makes her way to the nearest exit.
- **Don't stop. Don't go back.** In case of fire, do not try to rescue pets or possessions. Once you are out, do not go back in for any reason. Firefighters have the best chance of rescuing people who are trapped. Let firefighters know right away if anyone is missing.
- **If you get trapped by smoke or flames,** close all doors. Stuff towels or clothing under the doors to keep out smoke. Cover your nose and mouth with a damp cloth to protect your lungs. If there is no phone in the room, wait at a window and signal for help with a light-colored cloth or flashlight.
- **Stop, drop, and roll! Cool and call.** Make sure your child knows what to do if her clothes catch fire.
  Stop!—Do not run.
  Drop!—Drop to the ground right where you are.
  Roll!—Roll over and over to put out the flames. Cover your face with your hands.
  Cool—Cool the burned area with water.
  Call—Call for help.

Fire and children

A child's curiosity about fire is natural and in most cases is no cause for concern. However, when a child begins to use fire as a weapon, it can be very dangerous. If you suspect that your child is setting even very small fires, address the problem right away. Talk with your pediatrician, who can suggest ways to help.

Use the following tips when talking with your child about preventing fires:

- Teach your child that matches and lighters are tools for grown-ups only.
- Older children should be taught to use fire properly, and only with an adult present.

For your sitters

When you are away from home and someone else cares for your children, make sure that your children and the sitter will be just as safe as when you are there.

- Let your sitter know about your family's escape plan.
- Remind sitters never to leave the children alone.
- Remind sitters that you do not allow smoking in or around your home.

Leave emergency information near the phone. Include the local fire department phone number, your full home address and phone number, and a neighbor's name and phone number.

Burn prevention

Most burn injuries happen in the home. For a young child, many places in the home can be dangerous.

Hot bathwater, radiators, and even food that is too hot can cause burns. The following are tips to help prevent your child from getting burned:

- Keep matches, lighters, and ashtrays out of the reach of children.
- Cover all unused electrical outlets with plastic plugs or other types of outlet covers.
- Do not allow your child to play close to fireplaces, radiators, or space heaters.
- Replace all frayed, broken, or worn electrical cords.
- Never leave barbecue grills unattended.
- Teach your children that irons, curling irons, grills, radiators, and ovens can get very hot and are dangerous to touch or play near. Never leave these items unattended. Unplug and put away all appliances after using them.
- Keep electrical cords from hanging down where children can pull on them or chew on them. Mouth burns can result from chewing on a live extension cord or on a poorly insulated wire.

Kitchen concerns

- Never leave a child alone in the kitchen when food is cooking.
- Enforce a "kid-free" zone at least 3 feet around the oven or stove while you are cooking. Use a playpen, high chair, or other stationary device to keep your child from getting too close.

- Never leave a hot oven door open.
- Use back burners if possible. When using front burners, turn pot handles rearward. Never let them stick out where a child could grab them.
- Do not leave spoons or other utensils in pots while cooking.
- Turn off burners and ovens when they are not being used.
- Do not use wet pot holders because they may cause steam burns.
- Carefully place (not toss) wet foods into a deep fryer or frying pan containing grease. The reaction between hot oil and water causes splatter.
- Remove pot lids carefully to avoid being burned by steam. Remember, steam is hotter than boiling water.
- In case of a small pan fire, carefully slide a lid over the pan to smother the flames, turn off the burner, and wait for the pan to cool completely.
- Never carry your child and hot liquids at the same time.
- Never leave hot liquid, like a cup of coffee, where children can reach it. Don't forget that a child can get burned from hot liquids by pulling on hanging tablecloths.
- Wear tight-fitting or rolled-up sleeves when cooking to reduce the risk of your clothes catching on fire.
- In microwave ovens, use only containers that are made for microwaves. Test microwaved food for heat and steam before giving it to your child. (Never warm a bottle of milk or formula in the microwave oven. It can heat the liquid unevenly and burn your child.)
- Avoid letting appliance cords hang over the sides of countertops, where children could pull on them.
- Do not use mobile baby walkers. They allow your child to move quickly before he knows how to use this mobility safely. It may allow him to gain access to hot liquids, appliance cords, and hot surfaces.

Hot water

- The hottest water temperature at the faucet should be no higher than 120°F to prevent scalding. In many cases, you can adjust your water heater to prevent exceeding this temperature.
- When using tap water, always turn on the cold water first, then add hot. When finished, turn off the hot water first.
- Test the temperature of bathwater with your forearm or the back of your hand before placing your child in the water.
- Use a cool-mist vaporizer instead of a hot-water vaporizer. Hot-water vaporizers can cause steam burns or can spill on your child.
- Never leave children alone in the bathroom for any reason. They are at risk of burns and drowning.

First aid for burns

For severe burns, call 911 or your local emergency number right away. Until help arrives, follow these steps.

1. **Cool the burn.**
   For 1st and 2nd degree burns, cool the burned area with cool running water for a few minutes. This helps stop the burning process, numbs the pain, and prevents or reduces swelling. Do not use ice on a burn. It may delay healing. Also, do not rub a burn; it can increase blistering.
   For 3rd degree burns, cool the burn with wet, sterile dressings until help arrives.
2. **Remove burned clothing.**
   Lay the person flat on her back and take off the burned clothing that isn't stuck to the skin. Remove any jewelry or tight-fitting clothing from around the burned area before swelling begins. If possible, elevate the injured area.
3. **Cover the burn.**
   After the burn has cooled, cover it loosely with a dry bandage or clean cloth. Do not break any blisters. This could allow bacteria into the wound. Never put grease (including butter or medical ointments) on the burn. Grease holds in heat, which may make the burn worse. It also makes the burn harder to examine by medical personnel later.
4. **Keep the child from losing body heat.**
   Keep the person's body temperature normal. Cover unburned areas with a dry blanket.

Fire drills—be prepared!

Even young children (3 and older) can begin to learn what to do in case of a fire.

Install at least 1 smoke alarm on every level of your home.

Have an escape plan and practice it with your family. This will help you and your family reach safety when it counts. When a fire occurs, there will be no time for planning an escape.

Draw a floor plan of your home. Discuss with your family 2 ways to exit every room. Make sure everyone knows how to get out and that doors and windows can be easily opened to permit escape.
If you live in an apartment building, never use an elevator during a fire. Use the stairs!

Agree on a meeting place. Choose a spot outside your home near a tree, street corner or fence where everyone can meet after escaping. Teach your children that the sound of a smoke alarm means to go outside right away to the chosen place.

Know how to call the fire department. The fire department should be called from outside using a portable phone or from a neighbor's home. Whether the number is 911 or a regular phone number, everyone in the family should know it by heart. Make sure your children know your home address too. Teach your children that firefighters are friends and never to hide from them.

Practice, practice, practice. Practice your exit drill at least twice a year. Remember that fire drills are not a race. Get out quickly, but calmly and carefully. Try practicing realistic situations. Pretend that some exits or doorways are blocked or that the lights are out. The more prepared your family is, the better your chances of surviving a fire.

Note: Parents of very young children or children with special needs should have a safety plan that fits their child's needs and abilities. For example, a child who is hard of hearing or deaf may need a smoke alarm with a flashing strobe-light feature. Parents with children younger than 5 years must plan on an adult rescuing them in the case of a house fire; they are too young to be able to reliably rescue themselves.

Different degrees of burns

Following are the 4 different levels of burns and the symptoms of each:

1st degree burns are minor and heal quickly. Symptoms are redness, tenderness, and soreness (like most sunburns).

2nd degree burns are serious injuries. First aid and medical treatment should be given as soon as possible. Symptoms are blistering (like a severe sunburn), pain, and swelling.

3rd degree burns (also called full-thickness burns) are severe injuries. Medical treatment is needed right away. Symptoms are white, brown, or charred tissue often surrounded by blistered areas. There may be little or no pain at first.

4th degree burns are severe injuries that involve skin, muscle, and bone. These often occur with electrical burns and may be more severe than they appear. They may cause serious complications and should be treated by a doctor right away.

Call your pediatrician if your child suffers anything more than a minor burn. ALL electrical burns and any burn on the hand, foot, face, genitals, or over a joint worse than 1st degree should receive medical attention right away.

From your doctor

Adapted from material provided by the National Fire Protection Association (NFPA). For more information, call 617/770-3000, or visit the NFPA Web site at www.nfpa.org or its family Web site at www.sparky.org.

Please note: Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this publication. Phone numbers and Web site addresses are as current as possible, but may change at any time.

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Childproofing Your Home

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

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

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

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

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

Important Reminders

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

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

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

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

Small objects can be choking hazards or harmful if swallowed.

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

Safety Checklist

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

Medicines can be harmful if not taken as directed.

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

From Your Doctor

What to Do in Case of Poisoning

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

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

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

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

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

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

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- Children complain of tooth pain or sensitivity to hot or cold foods or liquids. This could also be a sign of decay.
- There is any abnormal growth inside the mouth.
- Children have an unusual bite (in other words, their teeth do not fit together right).

You can find a pediatric dentist in your area on the American Academy of Pediatric Dentistry website at www.aapd.org. Some family dentists are trained to provide care for children without complicated problems. There are also many family dentists who provide preventive care to healthy children.

When should my child begin regular dental checkups?

- All infants should receive oral health risk assessments by 6 months of age at their well-child visit with their medical provider and at every well-child checkup.
- Children with special health care needs should be referred to a dentist as early as 6 months of age, and no later than 12 months of age, to establish their dental home and may be seen more frequently than typical children.
- Every child should have a dental home established by 12 months of age.

Remember

If you have any questions or concerns about your child's teeth, contact your child's dentist.

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Home Water Hazards for Young Children

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Home Water Hazards for Young Children

Each year, many young children drown in swimming pools, other bodies of water, and standing water around the home, such as

- Bathtubs
- Buckets and pails, especially 5-gallon buckets and diaper pails
- Ice chests with melted ice
- Toilets
- Hot tubs, spas, and whirlpools
- Irrigation ditches, postholes, and wells
- Fishponds and fountains

Children must be watched closely by an adult at all times when in or near water. Children may drown in an inch or 2 of water. Stay within an arm's length of your child.

Other safety activities include

- Empty all buckets, pails, and bathtubs completely after each use—do not leave them filled and unattended.
- Keep young children out of the bathroom unless they are closely watched. Teach others in the home to keep the bathroom door closed. Install a hook-and-eye latch or doorknob cover on the outside of the door. Always close the toilet lid, and consider using a toilet lid latch.
- Never leave a child alone in a bathtub or in the care of another child, even for a moment. Avoid using bath seats or rings. Your baby can slip out of them and be trapped underwater. An adult must be within arm's reach, providing touch supervision at all times.
- Use a rigid, lockable cover on a hot tub, spa, or whirlpool, or fence in all 4 sides as you would for a swimming pool.
- The hottest temperature at the faucet should be no more than 120˚F to avoid burns. In many cases, you can adjust your water heater.
- Throw away or tightly cover water or chemical mixtures after use.
- Watch children closely when they are playing near wells, open postholes, or irrigation or drainage ditches. Fill in empty holes or have fences installed to protect your child.
- Learn CPR and know how to get emergency help.

From Your Doctor

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Pool Safety for Children

A swimming pool can be very dangerous for children. If possible, do not put a swimming pool in your yard while you have young children. Help protect your children from drowning by doing the following:

- Never leave your children alone in or near the pool, even for a moment. An adult who knows CPR should actively supervise children at all times.
- Practice touch supervision with children younger than 5 years and with children of any age who are not strong swimmers. This means that the adult is within an arm's length of the child at all times.
- You must put up a fence to separate your house from the pool. Most young children who drown in pools wander out of the house and fall into the pool when they are not expected to be swimming. Install a fence at least 4 feet high around all 4 sides of the pool. This fence must completely separate the pool from the house and play area of the yard. Use gates that self-close and self-latch, with latches higher than your children's reach.
- Keep rescue equipment (such as a shepherd's hook or life preserver) and a telephone by the pool.
- Do not use air-filled "swimming aids" as a substitute for approved life jackets.
- Remove all toys from the pool after use so children aren't tempted to reach for them.
- After the children are done swimming, secure the pool so they can't get back into it.
- Pool alarms and rigid safety covers that meet the standards of ASTM International may add to the protection of your children but should not be used in place of the fence between your house and the pool. Even fencing around your pool and using a rigid safety cover will not prevent all drownings.

While swim skills are an additional layer of prevention, remember that teaching your child how to swim DOES NOT mean your child is safe in water. Additional safety measures are necessary when your child is near the pool and when it is not swim time.

From Your Doctor

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Fun in the Sun:

Keep Your Family Safe

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

The Sun and Skin Cancer

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

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

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

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

Sun Safety Tips

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

- Keep babies younger than 6 months out of direct sunlight. Find shade under a tree, an umbrella, or the stroller canopy.
- When possible, dress yourself and your children in cool, comfortable clothing that covers the body, such as lightweight cotton pants, long-sleeved shirts, and hats.
- Select clothes made with a tight weave; they protect better than clothes with a looser weave. If you're not sure how tight a fabric's weave is, hold it up to see how much light shines through. The less light, the better. Or you can look for protective clothing labeled with an Ultraviolet Protection Factor (UPF).
- Wear a hat with an all-around 3-inch brim to shield the face, ears, and back of the neck.
- Limit your sun exposure between 10:00 am and 4:00 pm when UV rays are strongest.
- Wear sunglasses with at least 99% UV protection. Look for child-sized sunglasses with UV protection for your child.
- Use sunscreen.
- Make sure everyone in your family knows how to protect his or her skin and eyes. Remember to set a good example by practicing sun safety yourself.

Sunscreen

Sunscreen can help protect the skin from sunburn and some skin cancers but only if used correctly. Keep in mind that sunscreen should be used for sun protection, not as a reason to stay in the sun longer.

How to pick sunscreen

- Use a sunscreen that says "broad-spectrum" on the label; that means it will screen out both UVB and UVA rays.
- Use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15 (up to SPF 50). An SPF of 15 or 30 should be fine for most people. More research studies are needed to test if sunscreen with more than SPF 50 offers any extra protection.
- If possible, avoid the sunscreen ingredient oxybenzone because of concerns about mild hormonal properties. Remember, though, that it's important to take steps to prevent sunburn, so using any sunscreen is better than not using sunscreen at all.
- For sensitive areas of the body, such as the nose, cheeks, tops of the ears, and shoulders, choose a sunscreen with zinc oxide or titanium dioxide. These products may stay visible on the skin even after you rub them in, and some come in fun colors that children enjoy.

How to apply sunscreen

- Use enough sunscreen to cover all exposed areas, especially the face, nose, ears, feet, hands, and even backs of the knees. Rub it in well.
- Put sunscreen on 15 to 30 minutes before going outdoors. It needs time to absorb into the skin.
- Use sunscreen any time you or your child spends time outdoors. Remember that you can get sunburn even on cloudy days because up to 80% of the sun's UV rays can get through the clouds. Also, UV rays can bounce back from water, sand, snow, and concrete, so make sure you're protected.
- Reapply sunscreen every 2 hours and after swimming, sweating, or drying off with a towel. Because most people use too little sunscreen, make sure to apply a generous amount.

Sunscreen for Babies

For babies younger than 6 months. Use sunscreen on small areas of the body, such as the face, if protective clothing and shade are not available.

For babies older than 6 months. Apply to all areas of the body, but be careful around the eyes. If your baby rubs sunscreen into her eyes, wipe her eyes and hands clean with a damp cloth. If the sunscreen irritates her skin, try a different brand or sunscreen with titanium dioxide or zinc oxide. If a rash develops, talk with your child's doctor.

Sunburns

When to call the doctor

If your baby is younger than 1 year and gets sunburn, call your baby's doctor right away. For older children, call your child's doctor if there is blistering, pain, or fever.

How to soothe sunburn

Here are 5 ways to relieve discomfort from mild sunburn.

1. Give your child water or 100% fruit juice to replace lost fluids.
2. Use cool water to help your child's skin feel better.
3. Give your child pain medicine to relieve painful sunburns. (For a baby 6 months or younger, give acetaminophen. For a child older than 6 months, give either acetaminophen or ibuprofen.)
4. Only use medicated lotions if your child's doctor says it is OK.
5. Keep your child out of the sun until the sunburn is fully healed.

About Indoor Tanning and Sunless Tanning Products

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

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

Sun Myths

Myth: Only people with light skin can get sunburn.

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

Myth: A suntan is good for you.

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

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

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

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Insect Repellents: What Parents Need to Know

One way to protect your child from biting insects is to use insect repellents. However, it's important that insect repellents are used safely and correctly.

Mosquito, biting fly, and tick bites can make children miserable. While most children have only mild reactions to insect bites, some children can become very sick. Some insects carry dangerous germs such as West Nile virus, Zika virus, Lyme disease bacteria, and Rocky Mountain spotted fever bacteria.

Read on for more information from the American Academy of Pediatrics (AAP) about insect repellents, using repellents safely, and other ways to protect your child from insect bites. Also, read about diseases spread by insects.

About Insect Repellents

Insect repellents prevent bites from biting insects but not stinging insects. Biting insects include mosquitoes, ticks, fleas, chiggers, and biting flies. Stinging insects include bees, hornets, and wasps.

Insect repellents come in many forms, including aerosols, sprays, liquids, creams, and sticks. Some are made from chemicals such as DEET, picaridin, IR3535, and permethrin. Others are made from natural ingredients, such as oil of lemon eucalyptus.

Here are some things to keep in mind.

- Always use an insect repellent registered by the US Environmental Protection Agency (EPA). Visit the US EPA website at www.epa.gov/insect-repellents for more information.
- Always follow the directions.
- Repellents containing 20% to 30% DEET are safe and effective when used as directed for infants and children.
- If you use repellents containing oil of lemon eucalyptus, the Centers for Disease Control and Prevention (CDC) and the AAP recommend that you do not use them on children younger than 3 years. Oil of lemon eucalyptus may cause allergic skin reactions.
- Repellents containing permethrin can be used to treat clothing and gear, but they should not be applied to skin.
- The following types of products offer minimal protection or no protection:
  - Wristbands soaked in chemical repellents
  - Garlic or vitamin B_1 taken by mouth
  - Ultrasonic devices that give off sound waves designed to keep insects away
  - Bird or bat houses
  - Backyard bug zappers, which may attract insects to your yard
  - Essential oils (cedar, cinnamon, citronella, clove, geranium, lemongrass, and others) other than oil of lemon eucalyptus

Tips for Using Insect Repellents Safely

- Read the label and follow all directions and precautions.
- Apply insect repellents only on the outside of your child's clothing and on exposed skin. Never spray an insect repellent directly onto your child's face. Instead, spray a little on your hands first and then rub it onto your child's face. Avoid your child's eyes and mouth. (Permethrin should not be applied to skin.)
- Do not spray an insect repellent on cuts, wounds, or irritated skin.
- Use just enough of the repellent to cover your child's clothing and exposed skin.
- Avoid reapplying the repellent unless needed. Using more doesn't make the repellent more effective.
- Spray repellents in open areas to avoid breathing them in.
- Apply an insect repellent on young children. Supervise older children when using these products.
- Wash your children's skin with soap and water to remove any repellent when they return indoors, and wash their clothing before they wear it again.
- Do not use products that combine DEET with sunscreen. DEET may make the sun protection factor (SPF) less effective. These products can overexpose your child to DEET because the sunscreen needs to be reapplied often.

Reactions to Insect Repellents

If you suspect that your child is having a reaction, such as a rash, to an insect repellent, stop using the product and wash your child's skin with soap and water. Then call Poison Help at 1-800-222-1222 or your child's doctor. If you go to your child's doctor's office, take the repellent container with you.

Other Ways to Protect Your Child From Insect Bites

Here are ways to help reduce insect bites.

- Tell your child to avoid areas that attract flying insects, such as garbage cans, stagnant pools of water, and flower beds or orchards.
- Dress your child in lightly colored clothing from head to toe, such as long pants, a lightweight long-sleeved shirt, socks, and closed shoes, when you know your child will be exposed to insects. A hat with a wide brim can help keep insects away from your child's face. Mosquito netting may be used over baby carriers or strollers in areas where your baby may be exposed to insects.
- Don't use scented soaps, perfumes, or hair sprays on your child because they may attract insects.
- Keep door and window screens in good repair.
- Check your child's skin at the end of the day if you live in an area where ticks are present and your child has been playing outdoors.

Diseases Spread by Insects and Ticks

Infectious diseases spread by insects are a major cause of illnesses to children and adults worldwide. Here are 4 diseases spread by insects.

West Nile virus is spread by mosquitos.

In the United States, West Nile virus and outbreaks of various types of encephalitis get plenty of media coverage.

Symptoms

- Most cases of West Nile virus infection are mild. People may have no symptoms or mild symptoms such as fever, headache, and body aches.
- Less common symptoms, occurring mostly in older adults, may include a severe headache, a high fever, a stiff neck, confusion, seizures, sensitivity to light, muscle weakness, and loss of consciousness.

Zika virus is primarily spread by mosquitoes.

Zika virus infection during pregnancy can cause fetuses to have a birth defect of the brain called *microcephaly.* Zika virus outbreaks are currently happening in many countries and territories. For up-to-date information about the virus and outbreaks, go to www.cdc.gov/zika.

Symptoms

- Many people won't have symptoms or will have only mild symptoms.
- Symptoms may include fever, rash, joint pain, or red eyes.

Lyme disease is spread by deer ticks.

Deer ticks are tiny, black-brown arachnids about the size of a poppy seed. They are not insects because they have 8 legs (like spiders). Lyme disease is an important health concern in certain regions of the country; the following areas are where most infections occur: Northeast, from Virginia to Maine; north-central states, mostly Wisconsin and Minnesota; and West Coast, particularly northern California.

Symptoms

Often the first and most obvious symptom of Lyme disease is a localized rash that begins as a pink or red circle at the site of tick attachment. This circle expands over time and may become several inches or larger. A classic bull's-eye appearance, with concentric rings, appears in some people. The rash generally occurs 1 to 2 weeks after the tick bite but ranges from 3 days to 30 days.

A rash may occur without any other symptoms or may be associated with

- Headache
- Chills
- Fever
- Fatigue
- Swollen glands, usually in the neck or groin
- Aches and pains in the muscles or joints

If you live in an area of the country endemic to Lyme disease and your child develops a suspicious rash with or without any of these symptoms, call your child's doctor.

Rocky Mountain spotted fever is spread by ticks.

Despite the name, Rocky Mountain spotted fever currently occurs mostly in other regions of the United States, including North and South Carolina, Oklahoma, and Tennessee.

Symptoms

- Most people get a red, dot-like rash that begins on the wrists and ankles and spreads toward the center of the body. The illness may be severe or fatal in some people.
- Other symptoms may include severe headache, fever, muscle aches, nausea, or vomiting.

If your child has been bitten by an insect and shows any of the symptoms of West Nile virus infection, Zika virus infection, Lyme disease, or Rocky Mountain spotted fever, call your child's doctor.

Remember

Children need and love to be outdoors. The chance of your children becoming infected by insects and ticks is quite low. The best way to protect yourself and your children is to follow the guidelines in this publication. If you have any concerns about insect or tick bites, talk with your child's doctor.

From Your Doctor

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Car Safety Seat Checkup

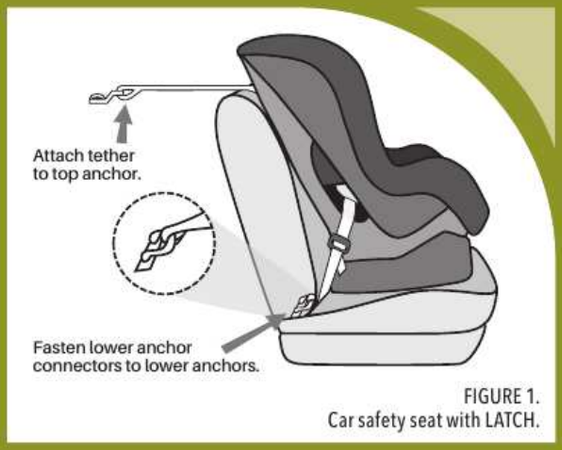

FIGURE 1.
Car safety seat with LATCH.

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

FIGURE 3.
Convertible car safety seat used rear facing.

Using a car safety seat correctly makes a big difference. It is important to choose the right seat for your child's size and make sure it is used correctly to properly protect your child in a crash. Here are car safety seat tips from the American Academy of Pediatrics.

Does your car have airbags?

- Never place a rear-facing car safety seat in the front seat of a vehicle that has a front passenger airbag. If the airbag inflates, it will hit the back of the car safety seat, right where your baby's head rests, and could cause serious injury or death.
- The safest place for all children younger than 13 years to ride is in the back seat regardless of weight and height.
- If an older child must ride in the front seat, a child in a forward-facing car safety seat with a harness may be the best choice. Be sure you move the vehicle seat as far back from the dashboard (and airbag) as possible.

Is your child facing the right way for weight, height, and age?

- All infants and toddlers should ride in a rear-facing car safety seat for as long as possible, up to the highest weight or height allowed by their car safety seat manufacturer. Most infants will outgrow rear-facing–only seats by length long before they reach the maximum weight limit. When infants outgrow a rear-facing–only seat, they should use a rear-facing convertible seat. Most convertible seats have limits that will allow children to ride rear facing for 2 years or more.
- When a child exceeds the rear-facing weight or height limit for their convertible car safety seat, they should use a forward-facing seat with a harness for as long as possible, up to the highest weight or height allowed by their car safety seat manufacturer. Most seats can accommodate children up to 65 pounds or more.

Is the harness snug?

- Harness straps should fit snugly against your child's body. Check the car safety seat instructions to learn how to adjust the straps.
- Place the chest clip at armpit level to keep the harness straps secure on the shoulders.

Does the car safety seat fit correctly in your vehicle?

- Not all car safety seats fit properly in all vehicles.
- Read the section on car safety seats in the owner's manual for your car.

Should you use the LATCH system?

- Car safety seats may be installed with either the vehicle's seat belt or its LATCH (lower anchors and tethers for children) system. Both systems are equally safe, so caregivers should use one or the other, whichever works best for them, their car safety seat, and their vehicle. In general, caregivers should use only 1 of the 2 options, unless the car safety seat and vehicle manufacturers say it is OK to use both systems at the same time.
- Vehicles with the LATCH system have anchors located in the back seat, where the seat cushions meet. All car safety seats have attachments that fasten to these anchors. Nearly all passenger vehicles made on or after September 1, 2002, and all car safety seats are equipped to use LATCH. All lower anchors are rated for a maximum weight of 65 pounds (total weight includes car safety seat and child). Check the car safety seat manufacturer's recommendations for the maximum weight a child can be to use lower anchors. New car safety seats have the maximum weight printed on their label.

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FIGURE 4.
Forward-facing car safety seat with harness.

FIGURE 5.
Belt-positioning booster seat.

FIGURE 6.
Lap and shoulder seat belt.

Should you use a top tether?

- The top tether does a great job of improving safety provided by the seat. Use the tether for all forward-facing seats up to the highest weight allowed by your vehicle and the manufacturer of your car safety seat. Your vehicle owner's manual will tell you how to find the location of tether anchors. Remember, weight limits are different for different car safety seats and different vehicles, so it is important to check both the car safety seat and vehicle manufacturer instructions for lower anchors and tethers.

Is the seat belt or LATCH strap in the right place and pulled tight?

- Route the seat belt or LATCH strap through the correct belt path for the car safety seat. Convertible seats have different belt paths for when they are used rear facing or forward facing (check your instructions to make sure).
- If you install the car safety seat by using your vehicle's seat belt, you must make sure the seat belt locks to keep a tight fit. In most newer cars, you can lock the seat belt by pulling it all the way out and then allowing it to retract to keep the seat belt tight around the car safety seat. Many car safety seats have built-in lock-offs to lock the belt. Check your vehicle owner's manual and car safety seat instructions to make sure you are using the seat belt correctly.
- Pull the belt tight. Apply weight into the seat with your hand while tightening the seat belt or LATCH strap. When the car safety seat is installed, be sure it does not move more than an inch side to side or toward the front of the car.

Has your child outgrown the forward-facing seat?

- All children whose weight or height is above the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle seat belt fits properly. While this is typically when they have reached at least 4 feet 9 inches in height and are 8 to 12 years of age, every kid is different. It is important to make sure to check how a seat belt fits your child in each car they will be riding in.
- A seat belt fits properly when the shoulder belt lies across the middle of the chest and shoulder, not the neck or throat; the lap belt is low and snug across the upper thighs, not the belly; and the child is tall enough to sit against the vehicle seat back with their knees bent over the edge of the seat without slouching and can comfortably stay in this position throughout the trip.

Has the car safety seat been recalled?

- You can find out by calling the manufacturer or the National Highway Traffic Safety Administration (NHTSA) Vehicle Safety Hotline at 888-327-4236 or by going to the NHTSA website at NHTSA.gov.
- Follow the manufacturer's instructions for making any repairs to your car safety seat.
- Be sure to fill in and mail in the registration card that comes with the car safety seat. It will be important in case the seat is recalled.

Do you know the history of your child's car safety seat?

- Do not use a used car safety seat if you do not know the history of the seat.
- Do not use a car safety seat that has been in a crash, has been recalled, is too old (check the expiration date or use 6 years from the manufacture date if there is no expiration date), has any cracks in its frame, or is missing parts.
- Make sure it has labels from the manufacturer and instructions. Keep the instructions with the car safety seat.
- Call the car safety seat manufacturer if you have questions about the safety of your seat.

Resources

If you have questions or need help installing your car safety seat, find a certified child passenger safety technician (CPST) by going to the National Child Passenger Safety Certification website at http://cert.safekids.org and clicking on "Find a Tech."

The American Academy of Pediatrics (AAP) offers more information in the brochure *Car Safety Seats: A Guide for Families.* Ask your pediatrician about this brochure or visit the official AAP website for parents, www.HealthyChildren.org/carseatguide.

Figure 1 adapted from US Department of Transportation, National Highway Traffic Safety Administration. *LATCH Makes Child Safety Seat Installation as Easy as 1-2-3.* DOT HS publication 809 489. March 2011. Figures 2, 3, 4, 5, and 6 by Anthony Alex LeTourneau.

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Choking Prevention and First Aid for Infants and Children

When children begin crawling or eating table foods, parents must be aware of the dangers and risks of choking. Children younger than 5 years can easily choke on food and small objects.

Choking occurs when food or small objects get caught in the throat and block the airway. This can prevent oxygen from getting to the lungs and the brain. When the brain goes without oxygen for more than 4 minutes, brain damage or even death may occur.

Many children die from choking each year, and some children who survive a severe choking episode have permanent, life-changing brain injuries. Most children who choke to death are younger than 5 years. Two-thirds of choking victims are infants younger than 1 year. Balloons, balls, marbles, pieces of toys, and foods cause the most choking deaths.

Read more about choking prevention and first aid.

Dangerous Foods

Keep dangerous foods from children until 4 years of age or older, depending on each child's development and maturity level. However, round, firm foods, such as hot dogs or grapes, can be served if completely chopped into tiny pieces. When infants and young children do not grind or chew their food well, they may try to swallow it whole. Peanut butter and other nut butters should be spread thinly.

Here are foods that can be choking hazards:

- Hot dogs
- Hard, gooey, or sticky candy
- Chewing gum
- Nuts and seeds
- Whole grapes
- Raw vegetables, such as carrot sticks
- Raw fruit chunks, such as apple chunks
- Popcorn
- Chunks of peanut butter or other nut butters
- Marshmallows
- Meat sticks/sausages
- Chunks of meat
- Chunks of cheese or string cheese

Dangerous Household Items

Keep the following household items away from infants and children:

- Balloons
- Coins
- Marbles
- Toys with small parts
- Toys that can be squeezed to fit entirely into a child's mouth
- Small balls
- Pen or marker caps
- Small button-type batteries
- Medicine syringes

What You Can Do To Prevent Choking

- Learn CPR (cardiopulmonary resuscitation) (basic life support).
- Be aware that balloons pose a choking risk to children up to 8 years of age.
- Keep dangerous foods from children until 4 years of age or older, depending on each child's development and maturity level.
- Insist that children eat at the table or sit down when they eat. They should never run, walk, play, or lie down with food in their mouths.
- Cut food for infants and young children into pieces no larger than one-half inch, and teach them to chew their food well.
- Supervise mealtime for infants and young children.
- Be aware of older children's actions. Many choking incidents occur when older brothers or sisters give dangerous foods, toys, or small objects to a younger child.
- Avoid toys with small parts, and keep other small household items out of the reach of infants and young children.
- Follow the age recommendations on toy packages. Age guidelines reflect the safety of a toy, which is based on any possible choking hazard, as well as the child's physical and mental abilities at various ages.
- Check under furniture and between cushions for small items that children could find and put in their mouths.
- Do not let infants and young children play with coins.

First Aid for the Child Who Is Choking

Make it a point to learn the instructions on the following pages of this publication. Post the chart in your home. However, these instructions should not take the place of an approved class in basic first aid, CPR, or emergency prevention. Contact your local American Red Cross (www.redcross.org) or the American Heart Association (www.heart.org) to find out about classes offered in your area. Most of the classes teach basic first aid, CPR, and emergency prevention, along with what to do for a choking infant or child. Your child's doctor also can help you understand these steps and talk with you about the importance of supervising mealtime and identifying dangerous foods and objects.

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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.

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/unresponsive. (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 CHILDREN 1 TO 8 YEARS OF AGE

CHILD CHOKING (HEIMLICH MANEUVER)

Have someone call 911. If the child is choking and is unable to breathe, cough, cry, or speak, follow these steps.

1. Perform Heimlich maneuver.
   - Place hand, made into a fist, and cover with other hand just above the navel. Place 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.
   - Perform Heimlich maneuver until the object is expelled or the child becomes unconscious/unresponsive.
2. If the child becomes UNCONSCIOUS/UNRESPONSIVE, begin CPR. →

CHILD CPR

To be used when the child is UNCONSCIOUS/UNRESPONSIVE or when breathing stops. Place child on flat, hard surface.

1 START CHEST COMPRESSIONS.

- Place the heel of 1 or 2 hands over the lower half of the sternum.
- Compress chest at least ⅓ the depth of the chest, or about 5 cm (2 inches).
- After each compression, allow chest to return to normal position. Compress chest at a rate of at least 100 to 120 times per minute.
- Do 30 compressions.

1-hand technique

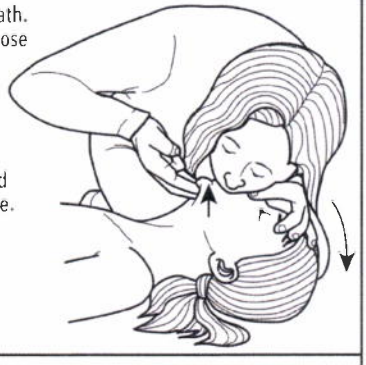
2-hand technique

2 OPEN AIRWAY.

- Open airway (head tilt-chin lift).
- If you see a foreign body, sweep it out with your finger. Do NOT do blind finger sweeps.

3 START RESCUE BREATHING.

- Take a normal breath.
- Pinch the child's nose closed, and cover child's mouth with your mouth.
- Give 2 breaths, each for 1 second. Each breath should make the chest rise.



4 RESUME CHEST COMPRESSIONS.

- Continue with cycles of 30 compressions to 2 breaths until the object is expelled.
- After 5 cycles of compressions and breaths (about 2 minutes), if no one has called 911 or your local emergency number, call it yourself.

If at any time an object is coughed up or the infant/child starts to breathe, stop rescue breaths and 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.

This American Academy of Pediatrics Choking/CPR chart (updated in 2016) was current at the time of publication.

CHOKING/CPR

LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION).

IF ALONE WITH A CHILD WHO IS CHOKING...

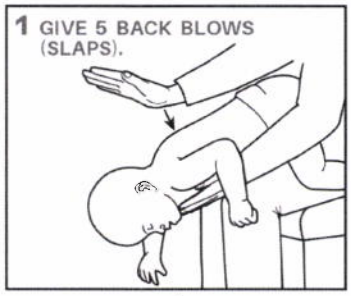
1. SHOUT FOR HELP. 2. START RESCUE EFFORTS. 3. CALL 911 OR YOUR LOCAL EMERGENCY NUMBER.

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/unresponsive. (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.



ALTERNATING WITH

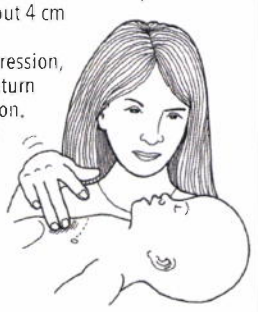
Alternate back blows (slaps) and chest compressions until the object is dislodged or the infant becomes unconscious/unresponsive. If the infant becomes unconscious/unresponsive, begin CPR.

INFANT CPR

To be used when the infant is UNCONSCIOUS/UNRESPONSIVE or when breathing stops. Place infant on flat, hard surface.

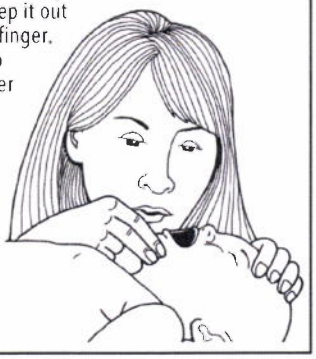
1 START CHEST COMPRESSIONS.

- Place 2 fingers of 1 hand on the breastbone just below the nipple line.
- Compress chest at least ⅓ the depth of the chest, or about 4 cm (1.5 inches).
- After each compression, allow chest to return to normal position. Compress chest at rate of at least 100 times per minute.
- Do 30 compressions.



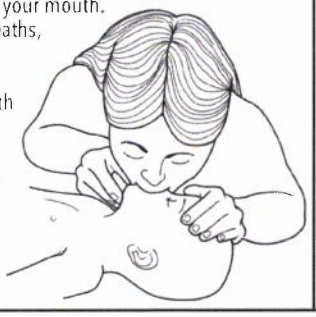
2 OPEN AIRWAY.

- Open the airway (head tilt-chin lift).
- If you see a foreign body, sweep it out with your finger. Do NOT do blind finger sweeps.



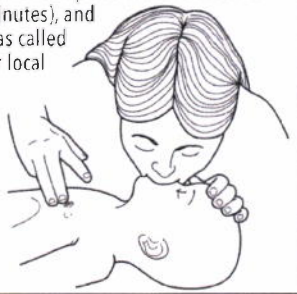
3 START RESCUE BREATHING.

- Take a normal breath.
- Cover infant's mouth and nose with your mouth.
- Give 2 breaths, each for 1 second. Each breath should make the chest rise.



4 RESUME CHEST COMPRESSIONS.

- Continue with cycles of 30 compressions to 2 breaths.
- After 5 cycles of compressions and breaths (about 2 minutes), and if no one has called 911 or your local emergency number, call it yourself.



If at any time an object is coughed up or the infant/child starts to breathe, stop rescue breaths and 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.

This American Academy of Pediatrics Choking/CPR chart (updated in 2016) was current at the time of publication.

Your child needs vaccines as they grow!

2025 Recommended Immunizations for Birth Through 6 Years Old

Want to learn more?
Scan this QR code to find out which vaccines your child might need. Or visit **www2.cdc.gov/vaccines/childquiz/**

VACCINE OR PREVENTIVE ANTIBODY	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19 MONTHS	20–23 MONTHS	2-3 YEARS	4-6 YEARS
RSV antibody	Depends on mother's RSV vaccine status						Depends on child's health status							
Hepatitis B	Dose 1	Dose 2			Dose 3									
Rotavirus			Dose 1	Dose 2	Dose 3									
DTaP			Dose 1	Dose 2	Dose 3				Dose 4					Dose 5
Hib			Dose 1	Dose 2	Dose 3			Dose 4						
Pneumococcal			Dose 1	Dose 2	Dose 3			Dose 4						
Polio			Dose 1	Dose 2	Dose 3									Dose 4
COVID-19	At least 1 dose of the current COVID-19 vaccine													
Influenza/Flu	Every year. Two doses for some children													
MMR								Dose 1						Dose 2
Chickenpox								Dose 1						Dose 2
Hepatitis A								2 doses separated by 6 months						

KEY

- ALL children should be immunized at this age
- SOME children should get this dose of vaccine or preventive antibody at this age

Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection.
2. Your child is traveling outside the United States. Visit **wwwnc.cdc.gov/travel** for more information.
3. Your child misses a vaccine recommended for their age.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

FOR MORE INFORMATION
Call toll-free: **1-800-CDC-INFO (1-800-232-4636)**
Or visit: **www2.cdc.gov/vaccines/childquiz/**

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What diseases do these vaccines protect against?

BIRTH–6 YEARS OLD

VACCINE-PREVENTABLE DISEASE	DISEASE COMPLICATIONS
RSV (Respiratory syncytial virus) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact	Infection of the lungs (pneumonia) and small airways of the lungs; especially dangerous for infants and young children
Hepatitis B Contagious viral infection of the liver; spread through contact with infected body fluids such as blood or semen	Chronic liver infection, liver failure, liver cancer, death
Rotavirus Contagious viral infection of the gut; spread through the mouth from hands and food contaminated with stool	Severe diarrhea, dehydration, death
Diphtheria* Illness caused by a toxin produced by bacteria that infects the nose, throat, and sometimes skin	Swelling of the heart muscle, heart failure, coma, paralysis, death
Pertussis (Whooping Cough)* Contagious bacterial infection of the lungs and airway; spread through air and direct contact	Infection of the lungs (pneumonia), death; especially dangerous for babies
Tetanus (Lockjaw)* Bacterial infection of brain and nerves caused by spores found in soil and dust everywhere; spores enter the body through wounds or broken skin	Seizures, broken bones, difficulty breathing, death
Hib (Haemophilus influenzae type b) Contagious bacterial infection of the lungs, brain and spinal cord, or bloodstream; spread through air and direct contact	Depends on the part of the body infected, but can include brain damage, hearing loss, loss of arm or leg, death
Pneumococcal Bacterial infections of ears, sinuses, lungs, or bloodstream; spread through direct contact with respiratory droplets like saliva or mucus	Depends on the part of the body infected, but can include infection of the lungs (pneumonia), blood poisoning, infection of the lining of the brain and spinal cord, death
Polio Contagious viral infection of nerves and brain; spread through the mouth from stool on contaminated hands, food or liquid, and by air and direct contact	Paralysis, death
COVID-19 Contagious viral infection of the nose, throat, or lungs; may feel like a cold or flu. Spread through air and direct contact	Infection of the lungs (pneumonia); blood clots; liver, heart or kidney damage; long COVID; death
Influenza (Flu) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact	Infection of the lungs (pneumonia), sinus and ear infections, worsening of underlying heart or lung conditions, death
Measles (Rubeola)† Contagious viral infection that causes high fever, cough, red eyes, runny nose, and rash; spread through air and direct contact	Brain swelling, infection of the lungs (pneumonia), death
Mumps† Contagious viral infection that causes fever, tiredness, swollen cheeks, and tender swollen jaw; spread through air and direct contact	Brain swelling, painful and swollen testicles or ovaries, deafness, death
Rubella (German Measles)† Contagious viral infection that causes low-grade fever, sore throat, and rash; spread through air and direct contact	Very dangerous in pregnant women; can cause miscarriage or stillbirth, premature delivery, severe birth defects
Chickenpox (Varicella) Contagious viral infection that causes fever, headache, and an itchy, blistering rash; spread through air and direct contact	Infected sores, brain swelling, infection of the lungs (pneumonia), death
Hepatitis A Contagious viral infection of the liver; spread by contaminated food or drink or close contact with an infected person	Liver failure, death

*DTaP protects against tetanus, diphtheria, and pertussis

†MMR protects against measles, mumps, and rubella

Last updated April 2025

Hepatitis A Vaccine:
What You Need to Know

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

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

1. Why get vaccinated?

Hepatitis A vaccine can prevent **hepatitis A**.

Hepatitis A is a serious liver disease. It is usually spread through close, personal contact with an infected person or when a person unknowingly ingests the virus from objects, food, or drinks that are contaminated by small amounts of stool (poop) from an infected person.

Most adults with hepatitis A have symptoms, including fatigue, low appetite, stomach pain, nausea, and jaundice (yellow skin or eyes, dark urine, light-colored bowel movements). Most children less than 6 years of age do not have symptoms.

A person infected with hepatitis A can transmit the disease to other people even if he or she does not have any symptoms of the disease.

Most people who get hepatitis A feel sick for several weeks, but they usually recover completely and do not have lasting liver damage. In rare cases, hepatitis A can cause liver failure and death; this is more common in people older than 50 years and in people with other liver diseases.

Hepatitis A vaccine has made this disease much less common in the United States. However, outbreaks of hepatitis A among unvaccinated people still happen.

2. Hepatitis A vaccine

Children need 2 doses of hepatitis A vaccine:
- First dose: 12 through 23 months of age
- Second dose: at least 6 months after the first dose

Infants 6 through 11 months old traveling outside the United States when protection against hepatitis A is recommended should receive 1 dose of hepatitis A vaccine. These children should still get 2 additional doses at the recommended ages for long-lasting protection.

Older children and adolescents 2 through 18 years of age who were not vaccinated previously should be vaccinated.

Adults who were not vaccinated previously and want to be protected against hepatitis A can also get the vaccine.

Hepatitis A vaccine is also recommended for the following people:
- International travelers
- Men who have sexual contact with other men
- People who use injection or non-injection drugs
- People who have occupational risk for infection
- People who anticipate close contact with an international adoptee
- People experiencing homelessness
- People with HIV
- People with chronic liver disease

In addition, a person who has not previously received hepatitis A vaccine and who has direct contact with someone with hepatitis A should get hepatitis A vaccine as soon as possible and within 2 weeks after exposure.

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

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

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

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

Pregnant or breastfeeding women should be vaccinated if they are at risk for getting hepatitis A. Pregnancy or breastfeeding are not reasons to avoid hepatitis A vaccination.

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

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness or redness where the shot is given, fever, headache, tiredness, or loss of appetite can happen after hepatitis A vaccination.

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

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

5. What if there is a serious problem?

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

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

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

6. The National Vaccine Injury Compensation Program

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

7. How can I learn more?

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

MMR Vaccine (Measles, Mumps, and Rubella): *What You Need to Know*

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

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

1. Why get vaccinated?

MMR vaccine can prevent **measles, mumps**, and **rubella**.

- **MEASLES (M)** causes fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body. It can lead to seizures (often associated with fever), ear infections, diarrhea, and pneumonia. Rarely, measles can cause brain damage or death.
- **MUMPS (M)** causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and/or spinal cord covering, painful swelling of the testicles or ovaries, and, very rarely, death.
- **RUBELLA (R)** causes fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in up to half of teenage and adult women. If a woman gets rubella while she is pregnant, she could have a miscarriage or the baby could be born with serious birth defects.

Most people who are vaccinated with MMR will be protected for life. Vaccines and high rates of vaccination have made these diseases much less common in the United States.

2. MMR vaccine

Children need 2 doses of MMR vaccine, usually:

- First dose at age 12 through 15 months
- Second dose at age 4 through 6 years

Infants who will be traveling outside the United States when they are between 6 and 11 months of age should get a dose of MMR vaccine before travel. These children should still get 2 additional doses at the recommended ages for long-lasting protection.

Older children, adolescents, and **adults** also need 1 or 2 doses of MMR vaccine if they are not already immune to measles, mumps, and rubella. Your health care provider can help you determine how many doses you need.

A third dose of MMR might be recommended for certain people in mumps outbreak situations.

MMR vaccine may be given at the same time as other vaccines. Children 12 months through 12 years of age might receive MMR vaccine together with varicella vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of MMR or MMRV vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant** or thinks she might be pregnant—pregnant women should not get MMR vaccine
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**
- Has ever had a **condition that makes him or her bruise or bleed easily**
- Has recently **had a blood transfusion or received other blood products**
- Has **tuberculosis**
- Has **gotten any other vaccines in the past 4 weeks**

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

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

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

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Sore arm from the injection or redness where the shot is given, fever, and a mild rash can happen after MMR vaccination.
- Swelling of the glands in the cheeks or neck or temporary pain and stiffness in the joints (mostly in teenage or adult women) sometimes occur after MMR vaccination.
- More serious reactions happen rarely. These can include seizures (often associated with fever) or temporary low platelet count that can cause unusual bleeding or bruising.
- In people with serious immune system problems, this vaccine may cause an infection that may be life-threatening. People with serious immune system problems should not get MMR vaccine.

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

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

5. What if there is a serious problem?

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

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

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

6. The National Vaccine Injury Compensation Program

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

7. How can I learn more?

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

Polio Vaccine:
What You Need to Know

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1. Why get vaccinated?

Polio vaccine can prevent **polio**.

Polio (or poliomyelitis) is a disabling and life-threatening disease caused by poliovirus, which can infect a person's spinal cord, leading to paralysis.

Most people infected with poliovirus have no symptoms, and many recover without complications. Some people will experience sore throat, fever, tiredness, nausea, headache, or stomach pain.

A smaller group of people will develop more serious symptoms that affect the brain and spinal cord:
- Paresthesia (feeling of pins and needles in the legs),
- Meningitis (infection of the covering of the spinal cord and/or brain), or
- Paralysis (can't move parts of the body) or weakness in the arms, legs, or both.

Paralysis is the most severe symptom associated with polio because it can lead to permanent disability and death.

Improvements in limb paralysis can occur, but in some people new muscle pain and weakness may develop 15 to 40 years later. This is called "post-polio syndrome."

Polio has been eliminated from the United States, but it still occurs in other parts of the world. The best way to protect yourself and keep the United States polio-free is to maintain high immunity (protection) in the population against polio through vaccination.

2. Polio vaccine

Children should usually get 4 doses of polio vaccine at ages 2 months, 4 months, 6–18 months, and 4–6 years.

Most **adults** do not need polio vaccine because they were already vaccinated against polio as children. Some adults are at higher risk and should consider polio vaccination, including:
- People traveling to certain parts of the world
- Laboratory workers who might handle poliovirus
- Health care workers treating patients who could have polio
- Unvaccinated people whose children will be receiving oral poliovirus vaccine (for example, international adoptees or refugees)

Polio vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

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

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

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

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

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

Not much is known about the risks of this vaccine for pregnant or breastfeeding women. However, polio vaccine can be given if a pregnant woman is at increased risk for infection and requires immediate protection.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- A sore spot with redness, swelling, or pain where the shot is given can happen after polio vaccination.

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

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

5. What if there is a serious problem?

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

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

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  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**.

Pneumococcal Conjugate Vaccine: *What You Need to Know*

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

1. Why get vaccinated?

Pneumococcal conjugate vaccine can prevent **pneumococcal disease**.

Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Pneumococcal bacteria are one of the most common causes of pneumonia.

Besides pneumonia, pneumococcal bacteria can also cause:

- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (infection of the blood)

Anyone can get pneumococcal disease, but children under 2 years old, people with certain medical conditions or other risk factors, and adults 65 years or older are at the highest risk.

Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

2. Pneumococcal conjugate vaccine

Pneumococcal conjugate vaccine helps protect against bacteria that cause pneumococcal disease. There are three pneumococcal conjugate vaccines (PCV13, PCV15, and PCV20). The different vaccines are recommended for different people based on age and medical status. Your health care provider can help you determine which type of pneumococcal conjugate vaccine, and how many doses, you should receive.

Infants and young children usually need 4 doses of pneumococcal conjugate vaccine. These doses are recommended at 2, 4, 6, and 12–15 months of age.

Older children and adolescents might need pneumococcal conjugate vaccine depending on their age and medical conditions or other risk factors if they did not receive the recommended doses as infants or young children.

Adults 19 through 64 years old with certain medical conditions or other risk factors who have not already received pneumococcal conjugate vaccine should receive pneumococcal conjugate vaccine.

Adults 65 years or older who have not previously received pneumococcal conjugate vaccine should receive pneumococcal conjugate vaccine.

Some people with certain medical conditions are also recommended to receive pneumococcal polysaccharide vaccine (a different type of pneumococcal vaccine, known as PPSV23). Some adults who have previously received a pneumococcal conjugate vaccine may be recommended to receive another pneumococcal conjugate vaccine.

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

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any type of pneumococcal conjugate vaccine (PCV13, PCV15, PCV20, or an earlier pneumococcal conjugate vaccine known as PCV7), or to any vaccine containing diphtheria toxoid** (for example, DTaP), or has any **severe, life-threatening allergies**

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

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

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness (irritability), feeling tired, headache, muscle aches, joint pain, and chills can happen after pneumococcal conjugate vaccination.

Young children may be at increased risk for seizures caused by fever after a pneumococcal conjugate vaccine if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

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

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

5. What if there is a serious problem?

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

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