

BRIGHT FUTURES HANDOUT ► PARENT

2 YEAR VISIT

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



✓ HOW YOUR FAMILY IS DOING

- Take time for yourself and your partner.
- Stay in touch with friends.
- Make time for family activities. Spend time with each child.
- Teach your child not to hit, bite, or hurt other people. Be a role model.
- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community resources can also provide confidential help.
- 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.
- Accept help from family and friends.
- 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.

✓ TALKING AND YOUR CHILD

- Use clear, simple language with your child. Don't use baby talk.
- Talk slowly and remember that it may take a while for your child to respond. Your child should be able to follow simple instructions.
- Read to your child every day. Your child may love hearing the same story over and over.
- Talk about and describe pictures in books.
- Talk about the things you see and hear when you are together.
- Ask your child to point to things as you read.
- Stop a story to let your child make an animal sound or finish a part of the story.

✓ YOUR CHILD'S BEHAVIOR

- Praise your child when he does what you ask him to do.
- Listen to and respect your child. Expect others to as well.
- Help your child talk about his feelings.
- Watch how he responds to new people or situations.
- Read, talk, sing, and explore together. These activities are the best ways to help toddlers learn.
- Limit TV, tablet, or smartphone use to no more than 1 hour of high-quality programs each day.
 - It is better for toddlers to play than to watch TV.
 - Encourage your child to play for up to 60 minutes a day.
- Avoid TV during meals. Talk together instead.

✓ TOILET TRAINING

- Begin toilet training when your child is ready. Signs of being ready for toilet training include
 - Staying dry for 2 hours
 - Knowing if she is wet or dry
 - Can pull pants down and up
 - Wanting to learn
 - Can tell you if she is going to have a bowel movement
- Plan for toilet breaks often. Children use the toilet as many as 10 times each day.
- Teach your child to wash her hands after using the toilet.
- Clean potty-chairs after every use.
- Take the child to choose underwear when she feels ready to do so.

Helpful Resources: National Domestic Violence Hotline: 800-799-7233 | Smoking Quit Line: 800-784-8669
 Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

2 YEAR 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. Once your child reaches these limits, it is time to switch the seat to the forward-facing position.
- Make sure the car safety seat is installed correctly in the back seat. The harness straps should be snug against your child's chest.
- Children watch what you do. Everyone should wear a lap and shoulder seat belt in the car.
- Never leave your child alone in your home or yard, especially near cars or machinery, without a responsible adult in charge.
- When backing out of the garage or driving in the driveway, have another adult hold your child a safe distance away so he is not in the path of your car.
- Have your child wear a helmet that fits properly when riding bikes and trikes.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.

WHAT TO EXPECT AT YOUR CHILD'S 2½ YEAR VISIT

We will talk about

- Creating family routines
- Supporting your talking child
- Getting along with other children
- Getting ready for preschool
- Keeping your child safe at home, outside, 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>.

American Academy of Pediatrics

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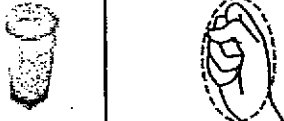
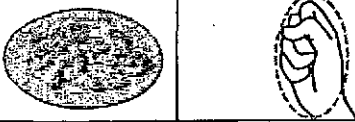
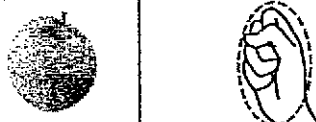
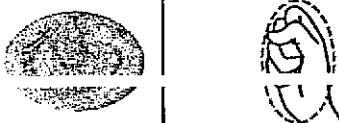
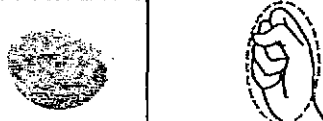
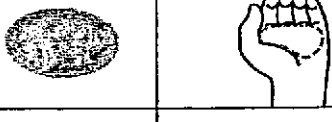
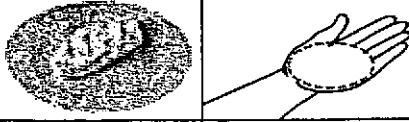
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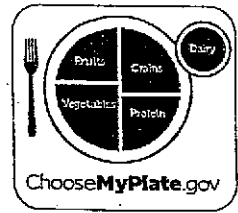
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Serving-Size Comparison Chart

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

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.

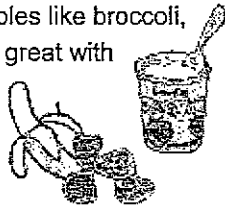
1 smoothie creations

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.

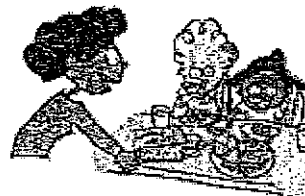


9 potato person

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.





Right From the Start:

ABCs of Good Nutrition for Young Children

As a parent, you are interested in your child's health. Your role is to provide healthy food in appropriate portions, and your child's role is to decide how much to eat. That is why it is important to understand how to provide healthy choices for your child.

Read on for information from the American Academy of Pediatrics about making healthful choices. If you have specific questions about your child's nutrition, talk with your child's doctor or a registered dietitian.

For Starters

Child-sized portions help children accept new foods. Two tips for parents include

1. Serve one-fourth to one-third of the adult portion size, or 1 measuring tablespoon of each food for each year of your child's age.
2. Give less than you think your child will eat. Let your child ask for more if she is still hungry.

How do I know when my child is eating enough?

Children eat when they are hungry and usually stop when they are full. Some parents worry because young children appear to eat very small amounts of food, especially when compared with adult portions. To check your child's eating pattern, pay attention to his food choices.

- Offer all food groups at every meal. Make sure no one food group is completely left out. If this happens for a few days, don't worry. However, missing out on a food group for a long time could keep your child from getting enough nutrients.
- Encourage your child to eat a variety of foods within the food groups by modeling good eating yourself. Even within a food group, different foods provide different nutrients.
- A child who is growing well is getting enough to eat.

Food Groups

There is a variety of foods from each food group (see *Sample List of Food Choices*). The next time you shop for groceries, try something new.

Keep dangerous foods from children until 4 years of age or older depending on each child's development and maturity. However, round, firm food, such as hot dogs or grapes, can be served if completely chopped into tiny pieces. Peanut butter and other nut butters should be spread thinly. Choking hazards include 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 apples; popcorn; chunks of peanut butter or other nut butters; marshmallows; meat sticks/sausages; chunks of meat; and chunks of cheese or string cheese.

If your child has food allergies or is diagnosed as having peanut or tree nut allergies, avoid nuts and any food that contains or is made with nut products.

Building a Healthy Plate

Over the years, various tools have been created to provide guidance on the type and amount of food Americans should eat. MyPlate recommends

- **Balancing calories.** Enjoy your food, but eat less. Avoid oversized portions.
- **Foods to increase.** Make half your plate fruits and vegetables. Switch to nonfat (skim) or low-fat (1%) milk (see *Milk Choices*).
- **Foods to reduce.** Limit foods that contain saturated fats and sodium. Check the Nutrition Facts label. Drink water instead of sugary drinks.

Snacks Count Too

Snacks make up an important part of childhood nutrition and are an opportunity to encourage healthy eating. Children must eat frequently. With their small stomachs, they cannot eat enough at meals alone for their high-energy needs. Three meals and 2 or 3 healthy snacks a day help children to meet their daily nutrition needs.

To make the most of snacks, parents and caregivers should offer healthy snack choices and be consistent with the time snacks are served. Schedule snacks around normal daily events, and space them at least 2 hours before meals. Children should not feel full all the time. A feeling of hunger between meals and snacks encourages children to eat well when healthy foods are offered.

Milk Choices

Here are guidelines about what type of milk to give your child.

- **Children younger than 12 months** — Human (breast) milk is best. Give iron-fortified formula if breast milk is not available.
- **Children 12 to 24 months** — Whole milk. Your child's doctor may recommend reduced-fat (2%) or low-fat (1%) milk if your child is obese or overweight, or if there is a family history of high cholesterol or heart disease. Check with your child's doctor or a registered dietitian before switching from whole to reduced-fat milk. (Breastfeeding can continue after 12 months of age as long as is desired by mom and baby.)
- **Children older than 24 months** — Low-fat or nonfat (skim) milk.

Don't forget active play!

Physical activity, along with proper nutrition, promotes lifelong health. Active play is the best exercise for kids! Parents can join their children and have fun while being active too. Some fun activities for parents and kids to do together include playing on swings, riding tricycles or bicycles, jumping rope, flying a kite, making a snowman, swimming, or dancing. The daily recommendation for exercise for children (adults also) is at least 1 hour per day. This takes commitment from parents, but the rewards are time together and better health.

Sample List of Food Choices

Food Group	Types of Foods
Fruit: Whole fruits provide many essential vitamins and minerals, together with a variety of disease-fighting substances, like those in vegetables, and fiber. Fruits are the most important source of vitamin C. Vitamin C is needed to produce collagen, the connective substance that holds cells together and helps maintain blood vessels, bones and cartilage, and teeth.	Apples, apricots, bananas, berries (blueberries, raspberries, or strawberries), grapefruit, grapes, kiwifruit, mangoes, melons (cantaloupe, honeydew, or watermelon), nectarines, oranges, papayas, peaches, pears, pineapple, plums, prunes, raisins, tangerines, or 100% unsweetened fruit juice. Fruits may be fresh, canned, frozen, or dried. Fruits may also be whole, cut up, or pureed. (The American Academy of Pediatrics recommends that juice be limited to 4 ounces per day for children 1 to 3 years of age, 4 to 6 ounces per day for children 4 to 6 years of age, and 8 ounces per day for children 7 to 18 years of age.)
Vegetables: Vegetables are the most important source of beta-carotene and many other vitamins and phytochemicals. Vegetables also provide plenty of fiber. Our bodies convert beta-carotene to vitamin A for healthy skin, glands, immune system, and eye function. Phytochemicals are naturally occurring plant compounds believed to fight cancer and other diseases. Vegetables may be fresh, canned, or frozen.	Dark-green vegetables: bok choy, broccoli, collard greens, kale, or spinach Red and orange vegetables: acorn, squash, butternut squash, carrots, pumpkin, red peppers, sweet potatoes, tomatoes, or tomato juice Starchy vegetables: corn, green peas, lima beans, or potatoes Other vegetables: artichokes, asparagus, avocado, bean sprouts, beets, brussels sprouts, cabbage, cauliflower, celery, cucumbers, eggplant, green beans, green peppers, jicama, mushrooms, okra, onions, snow peas, tomatoes, or zucchini
Grains: Foods from grains are packed with starches (complex carbohydrates). Carbohydrates are the best source of energy for active, growing bodies. However, consuming too many carbohydrates, especially sugars and processed starches, can be unhealthy.	Whole grains: brown rice; buckwheat; bulgur (cracked wheat); oatmeal; popcorn; whole-grain barley or cornmeal; whole rye; whole-wheat bread, cereal flakes, crackers, pasta, or tortillas; or wild rice Other products, mostly made from refined grains: cornbread, corn tortillas, couscous, crackers, flour tortillas, pasta, pitas, pretzels, or ready-to-eat cereals (However, some of these may be made from whole grains; check the ingredients for <i>whole grain</i> or <i>whole wheat</i> .)
Protein foods: Protein is needed for growth as well as to maintain muscle, bone and cartilage, teeth, and every system in the body.	Meats: lean cuts of beef, ham, lamb, pork, or veal Poultry: skinless or ground chicken or turkey Seafood: fish such as catfish, cod, herring, salmon, trout, or tuna, or shellfish such as clams, crab, lobster, mussels, oysters, scallops, squid (calamari), or shrimp Beans and peas: black beans, black-eyed peas, chickpeas (garbanzo beans), kidney beans, lentils, or pinto beans Processed soy products: tofu (bean curd made from soybeans), veggie "burgers," tempeh, or texturized vegetable protein (TVP for short) Nuts and seeds: almonds, cashews, peanuts, almond or peanut butter, sunflower seeds, or walnuts Eggs: chicken or duck eggs
Dairy: Milk is children's best source of calcium and an important source of protein, riboflavin (vitamin B ₂), and many other nutrients.	Nonfat (skim) or low-fat (1%) milk; yogurt; cheese such as cheddar, mozzarella, Swiss, parmesan, or cottage cheese; pudding; frozen yogurt; or ice milk. Calcium-fortified soy milk (soy beverage) is also part of the dairy group.

Adapted from US Department of Agriculture. <http://ChooseMyPlate.gov>. Accessed April 26, 2016.

For More Information

American Academy of Pediatrics

www.aap.org and www.HealthyChildren.org

Academy of Nutrition and Dietetics

www.eatright.org and www.kidseatright.org

US Department of Agriculture Food and Nutrition Service

www.fns.usda.gov (includes information on SNAP [Supplemental Nutrition Assistance Program] and WIC [Special Supplemental Nutrition Program for Women, Infants, and Children] benefits)

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Feeding Kids Right Isn't Always Easy:

Tips for Preventing Food Hassles

Young children need nutrients from a variety of foods to stay healthy. But what if your child eats only macaroni and cheese or will not eat any vegetables?

Read on for information from the American Academy of Pediatrics on how to encourage positive eating habits and prevent food hassles. If you have specific questions about your child's nutrition, talk with your child's doctor or a registered dietitian.

Face Each Food Challenge One Meal at a Time

The Feeding Challenge	What You Can Try
Food jags: eats only one food, meal after meal	• Make sure your child is hungry when mealtime comes. Offer only healthy snacks, and do not offer snacks too close to mealtime. • Let your child eat what he wants if the jag food is healthy. • Offer other foods at each meal before the jag food. • Be patient. After a few days, your child will likely try other foods. Food jags rarely last long enough to cause any harm.
Food strikes: refuses to eat what's served, which can lead to "short-order cook syndrome"	• Make sure your child is hungry when mealtime comes. Offer only healthy snacks, and do not offer snacks too close to mealtime. • Have whole-grain bread and rolls as well as fruit available at each meal, so there are usually choices your child likes. You shouldn't prepare separate meals for each child, unless you want to be a short-order cook. • Don't be afraid to let your child go hungry if she won't eat what is served.
"The TV habit": wants to watch TV at mealtime	• Turn off the TV during meals. Watching TV during meals is a distraction that prevents family interaction and interferes with a child's eating. Mealtime is often the only time during the day that families can be together. Remember, cell phone and other digital devices should be put away during mealtimes too.
The complainer: whines or complains about the food served	• If your child whines and complains about the food offered, encourage her to eat what she can. If she continues to whine and complain, have her go to her room or sit quietly away from the table until the meal is finished. She can return and finish her meal only if she promises not to complain. • If your child is hungry and wants to come back to finish eating, let her know it's good to have her rejoin the family. • Avoid letting her take food away from the table to eat, return for dessert, or snack until the next planned mealtime or snack time.
"The great American white food diet": eats only white bread, potatoes, macaroni, and milk	• Encourage your child to eat what he can. Do not force your child to eat other foods. Giving more attention to finicky eating habits only reinforces a child's demands to limit foods. • Offer a variety of foods from all the food groups. • Be patient. Eventually your child will move on to other foods.
Fear of new foods: refuses to try new foods	• Model eating and enjoyment of new foods yourself by introducing new foods at each meal. • Encourage your child to allow a small portion of the new food to sit on her plate instead of forcing her to try new foods. • Be patient. It may take many tries before a child is ready to taste a new food...and a lot of tastes before a child likes a new food.

^a Keep dangerous foods from children until 4 years of age or older depending on each child's development and maturity. However, round, firm food, such as hot dogs or grapes, can be served if completely chopped into tiny pieces. Peanut butter and other nut butters should be spread thinly. Choking hazards include 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 apples; popcorn; chunks of peanut butter or other nut butters; marshmallows; meat sticks/sausages; chunks of meat; and chunks of cheese or string cheese.

How to Encourage Positive Eating Habits

When children learn positive eating habits at a young age, they will make healthy food choices as an adult. Parents can

- **Set a good example.** The best predictor of a child with a healthy weight and lifestyle is parents with a healthy weight who make wise food choices and exercise regularly.
- **Get your child involved in meal planning.** Read recipe books together. Put your child in charge of writing down a grocery list and go shopping together. During trips to the grocery store, you can introduce new foods and also teach your child how to make healthy and nutritious choices. Ask your child to help with measuring out ingredients.
- **Try to serve snacks and meals around the same time each day.**
- **Schedule at least one meal together as a family.** Research suggests that having dinner together as a family on a regular basis has positive effects on the development of children. And time spent together can be fun and bring family members closer. Remember to turn off the TV and put away cell phones and other digital devices.
- **Give your children a 5-minute warning before mealtime.** It will give them a moment to calm down, wash their hands, and get ready to eat. (Encouraging your children to wash their hands thoroughly before meals will help prevent foodborne illness.)
- **Set up mealtime rules.** Children who are anxious, excited, or tired may have trouble settling down to eat. Sometimes a simple “food rules” chart on the refrigerator helps keep things in order. Examples of food rules include come to the table with clean hands, help when asked, and do not comment badly about food served or what others are eating.

Don't forget active play!

Physical activity, along with proper nutrition, promotes lifelong health. Active play is the best exercise for kids! Parents can join their children and have fun while being active too. Some fun activities for parents and kids to do together include playing on swings, riding tricycles or bicycles, jumping rope, flying a kite, making a snowman, swimming, or dancing. The daily recommendation for exercise for children (adults also) is at least 1 hour per day. This takes commitment from parents, but the rewards are time together and better health.

What to Do When Mealtime Is a Hassle: Keep the Big Picture in Mind

Well-meaning adults often view a child's odd food and eating behaviors as a problem. However, childhood food jags, a fear of new foods, and other feeding challenges are usually a part of normal development.

There's no need to worry if a child skips a meal or won't eat the vegetables on his or her plate. Keep the big picture in mind. Offer a variety of healthy, nourishing foods. Be creative! A variety of colors,

kid-friendly shaped foods, and foods arranged on the plate in an appealing manner can entice children to try foods they might otherwise avoid. Provide nutritious snacks to help round out picky eating habits during meals. Over time, a child will get everything needed to grow and develop normally.

Do not force your children to eat. While parents are the best judges of what children should eat and when, children are the best judges of how much they should eat. Food should be used as nourishment, not a reward or punishment. In the long run, food rewards or bribes usually create more problems than they solve.

Children often use the table as a stage for showing their independence. Sometimes food is not the issue at all. The eating process is just one more way children learn about the world. See *Face Each Food Challenge One Meal at a Time*.

For More Information

American Academy of Pediatrics

www.aap.org and www.HealthyChildren.org

Academy of Nutrition and Dietetics

www.eatright.org and www.kidseatright.org

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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.

- 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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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.

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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2 of 2

Toilet Training

One skill children need to learn is when and how to use the toilet. Here are general toilet training tips from the American Academy of Pediatrics to help parents and children begin the process. If your children have special health care needs, some tips may need to be modified. Contact your children's doctor if you need specific guidance. Also, in this publication, urine may be called pee, and bowel movements may be called poop or stools.

Learning to Use the Toilet

Toilet training is a process that involves the body and the mind.

- First, children need to be aware of their own bladder and bowel signals. They need to learn when their bodies are signaling them that it's time to urinate or have a movement. In general, children show signs of bladder and bowel control between 18 and 24 months of age.
- Second, children need to learn how to use the toilet. Children must be able to understand instructions and follow them. For instance, they have to be able to sit or stand comfortably. They have to be able to pull down their pants and underpants, as well as pull them back up.
- Third, once children have bladder and bowel control and they know how to use the toilet, they need to be willing to use it. Toilet training struggles happen when children choose not to use the toilet. It's important to remember that children can succeed at using the toilet but in their own time.

When to Start Toilet Training

Toilet training may come up during children's 18-month, 2-year, 2½-year, and 3-year well-child visits. The average age toilet training begins in the United States is between 2 and 3 years of age. Most children in the United States are bowel and bladder trained by 4 years of age. However, toilet training can begin as soon as parents and children want to start.

In general, here are signs a child may be developmentally ready to begin the toilet training process. If you have any questions or concerns, talk with your child's doctor.

- Is dry at least 2 hours at a time during the day or is dry after naps
- Shows signs they are about to pee or poop, like grunting, freezing, or squatting
- Can follow simple instructions
- Can walk to and from the bathroom and help undress themselves
- Does not like to be in wet diapers and wants to be changed
- Asks to use the toilet or potty-chair
- Asks to wear "big-kid" underwear

Toilet Training Tips

Here are toilet training tips to help start the process. Parents can help empower their children to be in control of their own toilet training.

1. **Keep the process positive.** Choose the words your family will use to describe body parts, urine, and bowel movements. Avoid words that are negative, like dirty, naughty, or stinky.
2. **Pick a potty-chair.** A potty-chair is a child-sized seat with an opening in the seat and a removable container underneath to collect pee and poop. Children's feet should be able to reach the floor. Books or toys for "potty time" may help make this time more fun.
3. **Be a role model.** Let your children see you use the toilet and wash your hands afterward.
4. **Know the signs.** When your children feel the urge to poop, you might notice grunting, squatting, or freezing. Children's faces may turn red while pooping. Explain briefly to your children that these signs mean a poop is about to come. If your children tell you about a wet diaper, praise them for "using their words." It may take longer for children to notice the need to pee than the need to poop.

5. **Think of toilet training as toilet mastery.** Invite your child to take over their toileting. Talk with them about how they will now be in charge of their pee and poop. Read children's books about using the toilet to help the process make sense and seem inviting and exciting. When you start the process, try to turn as much of the care of toileting as possible over to your child. Remember, if parents are in charge, there is less room for children to step in and take charge.
6. **Make trips to the potty-chair a routine.** Routines are important, and practicing the steps is helpful. Make a habit of seating your children onto the potty-chair first thing in the morning. Boys can urinate by sitting down first and can stand up to urinate when better at it.
7. **Expect hesitancy.** Taking over toileting is a big step. Many children want their parents to take care of their pee and poop and may seek ways to keep parents involved, such as peeing and pooping into their pants. Gently help them overcome their hesitation. Then help them stay in charge by having them be in charge of the cleanup.
8. **When toilet training starts, switch to big-kid underwear.** Talk with your children about taking control and toileting into the toilet and not their underwear. Some parents may use cloth training pants, which are a little thicker, to protect children's clothing. (Diapers and disposable training pants send a message to children that they are not taking over and do not need to learn to use the toilet.)
9. **Teach your children proper hygiene habits.** Show your children how to wipe carefully. Girls should spread their legs apart when wiping. They should wipe thoroughly from front to back to prevent bringing germs from their rectum to their vagina or bladder. Make sure both boys and girls learn to wash their hands well after using the toilet.
10. **A word on praise.** Taking over toileting is something all healthy children do. Achieving mastery is the best reward for toilet training success. Avoid treats and punishments. Because this is an adventure for your children—a reach for new responsibility—treats and punishments distract rather than encourage. When your children succeed, be specific about why you are proud—"I am so proud you are able to use the toilet so well," for example.
11. **Avoid a power struggle.** Children at toilet training ages are becoming aware of their individuality. They look for ways to test their limits. Some children may do so by holding back bowel movements. Try to stay calm about toilet training. Remember that children control when and where they pee and poop. So power struggles, begging, pleading, rewarding, and punishing keep children from managing their own toileting.
12. **Understand their fear.** Some children believe that their pee and poop are part of their bodies. They may be scared the toilet will flush parts of them away. Some may also fear they will be sucked into the toilet if it is flushed while they are sitting on it. To give your children a feeling of control, let them flush the toilet.
13. **Watch for a desire to move up.** Most of the time, your children will let you know when they are ready to move from the potty-chair to the "big toilet." Provide a stool to brace their feet.

When Toilet Training Should Be Put on Hold

Major changes in the home may make toilet training more difficult. Sometimes it is a good idea to delay toilet training if

- Your family has just moved or will move in the near future.
- There is a major illness, a recent death, or some other family crisis.
- You are expecting a baby or have recently had a baby.

Remember

If any concern comes up before, during, or after toilet training, talk with your child's doctor. Often, the problem is minor and can be resolved quickly. Sometimes, physical or emotional causes will require treatment. Getting professional help can make the process easier. If your child needs additional care, your child's doctor may suggest another pediatric health care specialist who can address the specific pediatric needs of your child.

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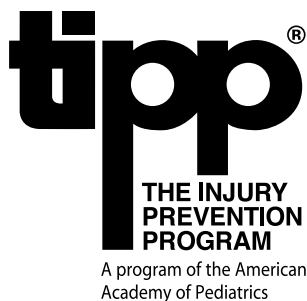
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1 to 2 years



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.

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2 TO 4 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. Children *learn quickly*, and before you know it your child will be *jumping, running, riding* a tricycle, and *using tools*. Your child is at special risk for injuries from falls, drowning, poisons, burns, and car crashes. Your child doesn't understand dangers or remember "no" while playing and exploring.

Falls

Because your child's abilities are so great now, he or she will find an endless variety of dangerous situations at home and in the neighborhood.

Your child can fall off play equipment, out of windows, down stairs, off a bike or tricycle, and off anything that can be climbed on. **Be sure the surface under play equipment is soft enough to absorb a fall.** Use safety-tested mats or loose-fill materials (shredded rubber, sand, wood chips, or bark) maintained to a depth of at least 9 inches underneath play equipment. Install the protective surface at least 6 feet (more for swings and slides) in all directions from the equipment.

Lock the doors to any dangerous areas. **Use gates on stairways and install operable window guards** above the first floor. Fence in the play yard. **If your child has a serious fall or does not act normally after a fall, call your doctor.**

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. If you keep a gun, keep it unloaded and in a locked place, with the ammunition locked separately. **Handguns are especially dangerous.** Ask if the homes where your child visits or is cared for have guns and how they are stored.

Burns

The kitchen can be a dangerous place for your child, especially when you are cooking. If your child is underfoot, hot liquids, grease, and hot foods can spill on him or her and cause serious burns. Find something safe for your child to do while you are cooking.

Remember that kitchen appliances and other hot surfaces such as irons, ovens, wall heaters, and outdoor grills can burn your child long after you have finished using them. Also, when you use the microwave stay nearby to make sure your child does not remove the hot food.



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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.

Poisonings

Your child will be able to *open* any drawer and *climb* anywhere curiosity leads. Your child may *swallow anything* he or she finds. Use only household products and medicines that are absolutely necessary and keep them safely capped and out of sight and reach. Keep all products in their original containers. Use medications as directed and safely dispose of unused medicine as soon as you are done with it.

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



And Remember Car Safety

Car crashes are the **greatest danger** to your child's life and health. The crushing forces to your child's brain and body in a collision or sudden stop, even at low speeds, can cause injuries or death.

To prevent these injuries, correctly USE a car safety seat EVERY TIME your child is in the car. It is safest for children to ride rear facing as long as possible, until they reach the highest weight or height allowed by the manufacturer. Many convertible seats have limits that will permit children to ride rear facing for 2 years or more. When they outgrow rear facing, children should ride forward facing in a car safety seat with a harness. Many of these can be used up to 65 pounds or more, and this will help provide the most protection possible.



The safest place for all children to ride is in the back seat. In an emergency, if a child **must** ride in the front seat, move the vehicle seat back as far as it can go, away from the airbag.

Do not allow your child to play or ride a tricycle in the street. **Your child should play in a fenced yard or playground.** Driveways are also dangerous. Walk behind your car before you back out of your driveway to be sure your child is not behind your car. You may not see your child through the rearview mirror.

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

From Your Doctor

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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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American Academy of Pediatrics

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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 B₁ 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.

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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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About Bicycle Helmets

How can I tell if a helmet will keep my child safe?

You should only buy a helmet that meets the bicycle helmet safety standards of the US Consumer Product Safety Commission (CPSC). Any helmet meeting these standards is labeled. Check the inside of the helmet for confirmation.

Do all helmets meet these standards?

All helmets manufactured or imported for use after March 1999 must comply with a mandatory safety standard issued by the CPSC.

Can other kinds of helmets be used for bicycling?

Each type of helmet is designed for protection in specific conditions and may not offer enough protection in bike crashes or falls. Bike helmets are very protective in headfirst falls at fairly high speeds and are light and well ventilated for comfort and acceptability. A multisport helmet, certified to meet the CPSC standard for bicycle helmets, is also acceptable.

Where can I get a helmet?

Helmets meeting CPSC safety standards are available at bicycle shops and at some discount, department, and toy stores in adult, children, and toddler sizes and styles. If you buy a helmet online, buy from a familiar retailer based in the United States and check the label to be sure it meets the CPSC standard. Do not resell, donate, or buy a used bike helmet because it may be too old to provide protection or may have been in a crash.

Which is better, hard-shell or soft-shell helmets?

The essential part of the helmet for impact protection is a thick layer of firm polystyrene, or plastic foam, that crushes on impact, absorbing the force of the blow. All helmets require a chin strap to keep them in place in a crash.

Hard-shell helmets also have a hard outer shell of plastic or fiberglass that provides a shield against penetration by sharp objects and holds the polystyrene together if it cracks in a fall or crash. These helmets are sturdier but tend to be heavier and warmer than the soft-shell models.

Soft-shell helmets have no hard outer shell but are made of an extra-thick layer of polystyrene covered with a cloth cover or surface coating. The cloth cover is an essential part of many soft-shell helmets. If the helmet comes with a cover, the cover must always be worn to hold the helmet together if the polystyrene cracks on impact.

Both types of helmets meet CPSC standards; the main difference is style and comfort. The soft-shell helmets are lighter than the hard-shell versions but may be less durable.

continued

How should a helmet fit?

A helmet should be worn squarely on top of the head, covering the top of the forehead. If it is tipped back, it will not protect the forehead. The helmet fits well if it doesn't move around on the head or slide down over the wearer's eyes when pushed or pulled. The chin strap should be adjusted to fit snugly.

Are there helmets for infants?

Yes. Many infant-sized helmets are of the soft-shell variety. They are light, an important consideration for small children whose necks may not be strong enough to comfortably hold up a hard-shell helmet. Babies younger than 1 year have relatively weak neck structure. Neither helmets nor bike traveling is recommended for them.

How long will a child's helmet fit?

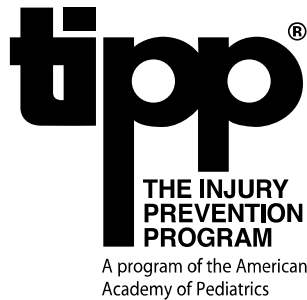
An infant's or child's helmet should fit for several years. Most models have removable fitting pads that can be replaced with thinner ones as the child's head grows.

Can a helmet be reused after a crash?

In general, a helmet that has been through a serious fall or crash should be retired with gratitude. It has served its purpose and may not provide adequate protection in another crash. If you are uncertain whether the helmet is still usable, throw it away.

From Your Doctor

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Safety Tips for Home Playground Equipment

- When purchasing home playground equipment, choose a set that is labeled as meeting safety standard ASTM F1148.
- Carefully supervise young children using playground equipment. Keep children from shoving, pushing, or fighting.
- The surface under playground equipment should be energy absorbent. Use safety-tested mats or loose-fill materials (such as shredded rubber, sand, wood chips, or bark) maintained to a depth of at least 9 inches.
- Install the protective surface at least 6 feet (more for swings and slides) in all directions from the equipment.
- Swing seats should be made of something soft, not wood or metal.
- Children should not twist swings, swing empty seats, or walk in front of moving swings.
- Put home playground equipment together correctly. It should sit on a level surface and be anchored firmly to the ground. You may need help from a professional to install the equipment properly.
- Cap all screws and bolts. Check periodically for loose nuts and bolts and broken, rusty, or sharp parts.
- Install playground equipment at least 6 feet from fences or walls.
- Check for hot metal surfaces on equipment, such as those on slides, which could cause burns.
- Never attach ropes, jump ropes, clotheslines, or pet leashes to playground equipment because children can strangle on them.
- Children should always wear shoes and should not wear helmets or clothing with drawstrings while playing.

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Trampolines: What You Need to Know

Trampolines are popular among children and teens and even among some adults. Though it may be fun to jump and do somersaults on a trampoline, landing wrong can cause serious, permanent injuries. Injuries can occur even when a trampoline has a net and padding *and* parents are watching. Read on for more information from the American Academy of Pediatrics (AAP) about common trampoline injuries and how they occur.

Common injuries

Thousands of people are injured on trampolines each year. Most of these injuries happen on home trampolines. Children younger than 6 years are at greatest risk of injury. Common injuries include

- Broken bones (Sometimes surgery is needed.)
- Concussions and other head injuries
- Sprains/strains
- Bruises, scrapes, and cuts
- Head and neck injuries (which can lead to permanent paralysis or death)

How injuries occur

Most trampoline injuries occur when there is more than one person using a trampoline. Children can get hurt when they

- Land wrong while jumping.
- Land wrong while flipping and doing somersaults (this should not be allowed because of the risk of head and neck injuries).
- Try stunts.
- Strike or are struck by another person.
- Fall or jump off the trampoline.
- Land on the springs or frame.

What you can do to keep your children safe

Don't buy a trampoline for your home! Trampolines may be popular and a fun way to get exercise, but there are safer ways to encourage your children to be physically active, such as playing catch, riding a bike (don't forget a bike helmet), or playing a team sport. The AAP recommends that mini and full-sized trampolines never be used at home, in routine gym classes, or on playgrounds. They should only be used in supervised training programs for gymnastics, diving, or other competitive sports. Only one person should be allowed on a trampoline at any given time.

If you choose to have a home trampoline, the AAP recommends the following safety precautions: adult supervision at all times, only one jumper on the trampoline at a time, and no somersaults should be performed. Also, trampolines should have adequate protective padding that is in good condition and appropriately placed. All equipment should be checked often and protective padding, the net enclosure, and any other parts should be repaired or replaced when damaged. Parents should check their homeowner's policy and obtain a rider to cover trampoline-related injuries if not included in the basic policy.

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From your doctor

American Academy
of Pediatrics

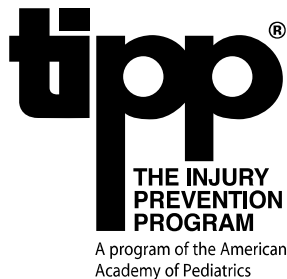


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Lawn Mower Safety

The power lawn mower is one of the most dangerous tools around the home. Each year, nearly 5,000 children are treated in emergency departments for injuries caused by power mowers. Older children and adolescents are most often hurt while cutting lawns as chores or as a way to earn money.

Lawn mower injuries include deep cuts, loss of fingers and toes, broken and dislocated bones, burns, and eye and other injuries. Some injuries are very serious. Both users of mowers and those who are nearby can be hurt.

To prevent lawn mower injuries to children, the American Academy of Pediatrics recommends the following:

- Try to use a mower with a control that stops the mower from moving forward if the handle is let go.
- Children and teens younger than 16 years should not be allowed to use ride-on mowers. Children younger than 12 years should not use walk-behind mowers.
- Make sure that sturdy shoes (not sandals or sneakers) are worn while mowing.
- Prevent injuries from flying objects, such as stones or toys, by picking up objects from the lawn before mowing begins. Use a collection bag for grass clippings or a plate that covers the opening where grass is released. Have anyone who uses a mower wear hearing and eye protection.
- Make sure that children are indoors or at a safe distance well away from the area that you plan to mow.
- Start and refuel mowers outdoors, not in a garage or shed. Mowers should be refueled with the motor turned off and cool.
- Make sure that blade settings (to set the wheel height or dislodge debris) are done by an adult, with the mower off and the spark plug removed or disconnected.
- Do not pull the mower backward or mow in reverse unless absolutely necessary, and carefully look for children behind you when you mow in reverse.
- Always turn off the mower and wait for the blades to stop completely before removing the grass catcher, unclogging the discharge chute, or crossing gravel paths, roads, or other areas.
- Do not allow children to ride as passengers on ride-on mowers.

From Your Doctor

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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.

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