



NEWBORN SURVIVAL GUIDE

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Thank you for choosing Hinton Healthcare Group! Dr. Hancock and her staff are very excited to be a part of your journey. We will all do our best to help care for your newborn. The following are a few things about our office that you will find helpful. If at any time you have any questions, please feel free to contact my office at 314-291-0505.

OFFICE HOURS:

Monday-Thursday 9am-5pm

Closed for Lunch 12-1

Fridays 9am-4pm

Closed for lunch 1-2

Emergencies:

Should a life threatening emergency arise, CALL 911.

For urgent illness call our office immediately during the day. Whenever I am out of town or otherwise unavailable, another staff member will help you. During the night, or on weekends and holidays, emergencies are handled by the office staff. The answer machine at the office will have these numbers for you.

During the next few days, most of your time will be spent resting and regaining your strength. You can put this time to good use by getting to know some of the simple things which will help make life with your new baby easy and fuss free.

Your Child is an individual from the day he/she is born. Follow your common sense and my advice. Do not depend on friends and relatives. I will be happy to give you guidance and answer your questions.

When your baby regularly takes 4 ounces at most feeding, you may put 5 or 6 ounces in each bottle. Total daily formula intake should not exceed 32 ounces.

It is not necessary to sterilize bottles and nipples unless you live beyond the supplies of city water. However, it is necessary that the baby's bottles and nipples be thoroughly and vigorously cleaned with hot water and a good detergent and rinsed.

The temperature of the formula should not be warmer than body temperature and may be cooler. The baby should be held in the arms while feeding since propping bottles is dangerous. Hold the bottle so that the nipple and the whole neck of the bottle are filled with milk. Always test the nipple before feeding. The hole should be large enough that the drops fall at an even pace, one by one. The bottle should not have to be shaken to get milk out. If necessary, nipple holes may be enlarged with a needle which has been sterilized by heat. If the nipple hole is too large, the milk runs out. Boiling for a couple of minutes will shrink the hole. If it is an old nipple and the hole is too big, throw it away.

Signs of Illness

Signs of illness which should be reported to me:

1. An underarm temperature over 99.4
2. Vomiting (not just spitting up)
3. Refusal of food several times in a row.
4. Excessive crying
5. Listlessness
6. Watery stools (mucus and foul odor)
7. Any unusual rash.

Friends and Relatives

Friends and relatives are all interested in your baby and want to hold and hug the child. Unfortunately, you may not know who has a cold, sore throat, sinus trouble, cough or dirty hands. Do your utmost to keep visitors and especially children from too much contact with your baby during the first few weeks. If you do have visitors, make sure they wash their hands often to prevent the spread of infections. Hand sanitizers are also useful.

Care of the Skin

It has been shown that babies have fewer skin infections if baby oils and lotions are not routinely used. A milk soap is recommended for bathing baby. If dry skin is present, Eucerin lotion or cream may be used. Ointments such as A & D Ointment are helpful in the diaper area when used regularly, but just keeping baby clean and dry may be enough to avoid diaper rash.

Rashes

Almost all babies develop occasional rashes. The most common is probably diaper rash. This is secondary to irritation from urine, or the use of strong soap in laundering the diapers. Frequent changing and protective ointments usually clear this without too much trouble. Do not use powder containing talc.

The small pinpoint white rash which appears around the nose and forehead of small babies is nothing more than small plugged sebaceous glands. These should be left alone. They will soon disappear.

The rash that appears in the skin folds of the neck and groin is usually due to excessive moisture and indicates the need for careful drying following bathing.

Excessive clothing on a warm day may cause a red pin point rash over areas covered by clothes. This is merely a heat rash and is easily remedied by keeping the baby cooler.

Bathing

Sponge bathe the baby daily until the umbilical cord falls off and the navel heals. The infant may be bathed in a tub of lukewarm water when the navel and circumcision have healed. Pat the skin dry, checking creases, with a soft towel.

Hair

The hair and scalp may be washed as often as necessary. Once or twice a week is usual. Do not add lotions, oils, creams or moisturizers to the scalp.

Cradle Cap

Cradle cap, or dry scales or flakes on the scalp, is common in infants, and responds well to a vigorous washing three times weekly with a medicated Shampoo. Dry the scalp thoroughly after washing, comb through to remove any flakes. DO NOT add oils, lotions, creams or moisturizers to scalp, whether baby has cradle cap or not.

Nails

So that your baby will not scratch his/her face or eyes, keep growing nails neatly trimmed with infant clipper or small scissors.

Eyes

Do not put any drops in the eyes unless advised.

Ears

The outer part of the ear may be washed with a soft cloth or cotton. A cotton tip applicator dipped in water may be used in the creases. The ear canal should never be cleaned. Never insert any cotton tip applicators into ear canals.

Nose

Clean gently, if necessary, with a cotton tip application dipped in water; oil should not be used. An infant nasal aspirator (bulb syringe) may be used to clear mucus. Saline drops such as Ocean nose drops may be used as well along with a bulb syringe.

Cord

The cord will drop off in one to three weeks. It should be kept dry. Clean the base of the cord with rubbing alcohol on a cotton ball after each diaper change. When the cord separated, it may ooze for up to two weeks. This should not alarm you unless it is excessive or there is red skin around the navel. Band-aids are unnecessary and dangerous. Until the cord is healed (around two weeks of age), sponge bathe your baby.

Stools and Hygiene

Your baby may have a bowel movement after each feeding or may have one or two stools a day. Some babies may go 48 hours without a stool and be normal. Your baby may strain when having a stool, but unless the stool is hard and pellet-like, this is perfectly normal. Breast-fed babies have frequent loose, seedy, yellow stools. If the stools are excessively watery or contain blood, phone me.

Do not use syrups for constipation. Syrups have been associated with food poisoning.

Care of Diaper Area

Change your baby's diaper as soon as possible after bowel movements or wetting. Wash diaper area with a clean, soft cloth. Routine use of ointments like A & D or Vaseline may help reduce rashes.

Washing Diapers

In an automatic machine, normal washing procedures may be used with either soap or detergent. A special diaper rinse may be helpful. A diaper service or disposable diapers are acceptable options.

Genitals

Males (Circumcised): Apply Vaseline to circumcision with a cotton swab after each diaper change until healed; sponge bathe baby's body until circumcision is healed.

(Uncircumcised): External washing and rinsing is all that is needed. Retraction of the foreskin is unnecessary.

Females: Rinse each day with clear water. Clean the genital area with a wash cloth or cotton ball dipped in water. Do not soap. Always wipe from front to back.

Comfort

Room temperature: Try to keep an even comfortable temperature in baby's room. On hot days provide ventilation. On cold days check your baby occasionally to see that your infant is covered for warmth and comfort. It is not necessary to turn up the thermostat for baby's sake.

Sleeping

You may expect your new baby to do a lot of sleeping. Recent studies suggest that though there has been little evidence that inhaling vomit is a major problem, there is a slight increased risk of SIDS (Sudden Infant Death Syndrome) when babies sleep on their tummies. This information has prompted the American Academy of Pediatrics to recommend that healthy, full-term babies be put to sleep on their backs or side.

Bassinet or Bed: The baby's mattress should be firm and flat. No pillow should be used. Protect the mattress with a waterproof

cover. Next comes a soft baby sheet and one or two cotton blanket. Do not wrap the baby in a blanket because this interferes with the infant's freedom to kick. The mattress should fit snugly and bedside slats should be no more than 2-3/8" apart. A baby should not be left unattended on a bed without sides.

Clothing

Your baby does not require any more or less clothing than an adult, so don't over clothe or over cover the child. Dress your infant according to the temperature. Some babies are allergic to certain materials, so watch for rashes in clothing contact areas.

Outdoors

A fairly good rule to follow is to take your baby out whenever the weather is pleasant. Babies born in the summer may be taken out on a nice day after they are a week old. Babies born in other seasons should be kept indoors for three to four weeks unless the weather is particularly balmy.

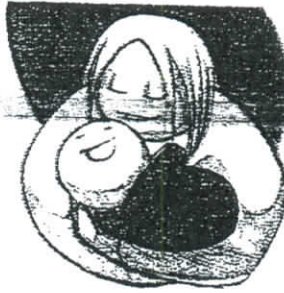


Illustration by
Billy Nuñez, age 16

WELCOME TO THE WORLD OF PARENTING!

NEWBORNS ARE DELIGHTFUL—AND TIRING

- Newborns may sleep only a few hours at a time.
- A newborn's ability to hear, see, smell, and feel grows every day.
- Parents can help crying babies calm down by making them feel warm, close, and comfortable—just like it was in the womb.
- Since all parents can get upset from crying babies, it's important to know when and how to ask for help.
- Friends and family can share the delight and the work of caring for newborns.

Your baby is finally here.
Congratulations!

BABY'S SLEEP AND MOTHER'S REST

Newborns usually sleep 16 to 17 hours a day, but they may sleep for only a couple of hours at a time.

- Many babies wake up every 2 to 4 hours, day or night.
- New mothers need plenty of rest after childbirth to get their strength and energy back.
- Mother and baby can take a nap at the same time.
- As the new father supports mom during her recovery, he can enjoy getting to know this new addition to the family!

INFORMATION FOR DADS

It's a new life for you.

Your role as a father will bring about some big changes in your life. The physical, emotional, and financial demands of being a dad can cause stress. You also may feel a little left out during the first few weeks, since much of the attention is on your new baby and the mom. By becoming actively involved with your new baby, feelings of stress and being left out will decrease. You will begin to:

- Enjoy the pleasure of being a dad.
- Strengthen your relationship with your baby's mother.
- Contribute to the well-being of your baby.

Ways for you to be involved.

Your baby already knows who you are from hearing your voice before birth.

- As you hold your baby in your arms, enjoy the feeling of your baby cuddling up to you.
- Have fun as you spend time talking to your new baby.
- If you have older children, they will need your support now while their mother is tired and focused on the new baby.

WHEN YOUR BABY CRIES A LOT

Sometimes, we just don't know why babies are crying! So, what can you do? Think about what it was like when your baby was in the womb, and try to create a similar experience.

- Calmly hold your baby close to your shoulder or chest—inside the womb, it was warm and close.
- Swaddle (wrap) your baby in a blanket—toward the end of pregnancy, it was very crowded.



- Quietly sing or talk to your baby, softly play calm music—voices heard through the womb were very comforting.
- Gently rock your baby or go for a quiet walk—before birth, your baby was used to quietly floating.

There will be a few times when babies will continue to cry until either sleep finally arrives or they become quiet yet alert.

Comforting babies when they cry does not spoil them. In fact, many babies learn how to calm themselves just by knowing that someone will calm them.

Sometimes, babies will continue to fuss after parents have tried everything! They are crying because they have had all the excitement that they can handle for now. This is when it's best to quietly hold your baby, or put your baby in a safe place, like the crib, and wait until all is calm.

CRYING BABIES UPSET PARENTS

All parents get upset when their baby cries. With all this crying, try to stay patient. Your baby can sense when you are upset or tense.

After trying all the ways that usually calm your baby, it's OK to let your baby cry. It's OK to place your baby, face up, in the crib to calm down. It's OK to let your baby cry sometimes and give yourself time to calm down. Do something that you enjoy and find calming—have a cup of tea or coffee, listen to music, call a friend or spouse, read, or meditate. These feelings of stress are natural and will pass.

If your baby's crying is getting to be too much—and it does get to this point for many parents—reach out for help. Talk with a friend or relative who has been through this, or call your pediatrician.

Never yell at, hit, or shake your baby!

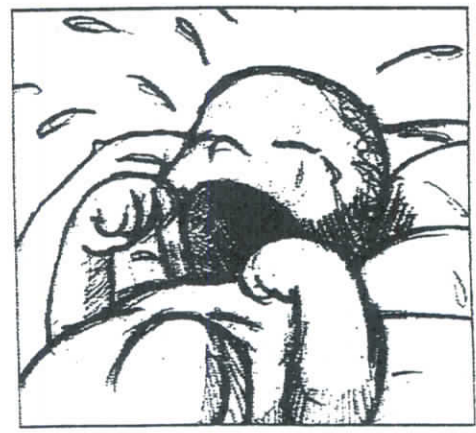
INFORMATION FOR MOMS

Becoming a parent brings big changes to your life—more than you might have imagined!

You may feel tired much of the time.
Your body is recovering from pregnancy and childbirth. At times, you may wonder if you will be able to make it through the first month. This is common and normal. Let family and friends help out with meals, shopping, cleaning, and if you have other children, taking care of them. Don't feel that you need to entertain visitors as well!

You may have wild mood swings.
As your body begins to adjust, you may go from great highs to hopeless lows. This is common during the first weeks after giving birth, but please let people know if you feel down or overwhelmed. Your feelings deserve attention and support from your family and friends, and from your doctors. If you think you need help, ask for it. Taking care of your emotional and physical health also helps your baby.

You may feel lonely.
Some of your links to family and friends will get stronger, while others may get weaker. Some people will understand what you are going through, and others won't. Your baby needs and will demand much of your attention, time, and energy. If you are a mom who also works outside of the home, chances are you are not seeing friends from work at this time. Try reaching out to family and friends, or find other new mothers who live near you.



BABY BEHAVIOR

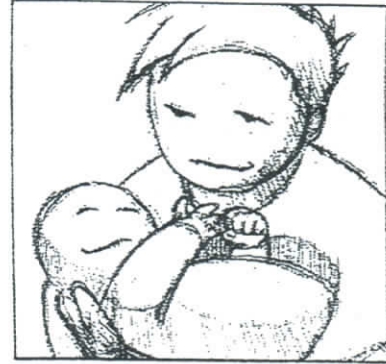
Most babies are born able to hear, see, smell, and feel the people and objects that are near them. When your baby is awake, you will notice how the ability to follow people and sounds grows every day.

After a few weeks, babies can stay awake longer. They begin to do everything longer, including fussing and crying. By the time babies are 1 month old, many will cry for 2 or more hours every day. This is completely normal. Between ages 2 and 4 months, most babies will start to cry a lot less—as little as 1 hour for the whole day.

Babies cry the most from ages 2 to 10 weeks.

Babies love the people who care for them. Don't take your baby's crying personally. Babies may cry because they are:

- Tired
- Hungry
- Hot or cold
- In need of a diaper change
- Overstimulated



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Connected Kids are Safe, Strong, and Secure

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

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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Illustration by
Emily Nuñez, age 16

PARENTING YOUR INFANT

PARENTING AN INFANT COMES WITH BIG REWARDS AND CHALLENGES

All infants:

- Love to explore the world around them, so you have to make your home safe.
- Have their own personalities, which may be different from their parents'.
- Put new and stressful demands on parents, so parents may need to ask for help.
- Need routines that match their unique abilities, and parents may need to adjust their schedules to fit this new individual.

Your baby is now smiling and cooing and will soon start to move around more. These are signs of your baby's personality and the start of a lifelong learning process.

INFANTS DO TALK

When infants begin to babble, they like the people around them to talk back. Have fun talking with your baby.

- Make silly noises.
- Play peek-a-boo games.
- Sing songs.
- Show and talk about simple picture books.

This is the way your baby learns how to talk.

Enjoy playing and talking
with your baby
and watching your baby
learn about the world!

INFANTS LOVE TO EXPLORE

You may have noticed that your baby is becoming interested in everything within reach, especially simple toys with bright colors and ones that make noise. It seems that whatever infants grab, it finds its way into their mouths.

By age 3 or 4 months, infants are drooling and chewing on the things they put into their mouths. This is how they learn about the world around them.

Make sure that you never give infants a toy so small that it fits entirely in their mouths or a toy with parts that can break off easily. This can lead to choking!

INFANTS HAVE PERSONALITIES

Even very tiny infants act in very individual ways. Some are loud and active, others are quiet and passive. Some are easygoing and cuddly, others are very serious. Some are relaxed, others are more high-strung. As a parent, you already know your baby's unique personality.

Think about this personality when you are caring for your baby.

- If your baby is naturally fussy and has difficulty calming down, avoid too much stimulation.
- If your baby is sensitive to changes in routines, make sure that your days are not too busy or filled with lots of changes.



~~If your baby's personality is different from yours,~~
remember that what makes your baby comfortable and happy may not feel right for you.

INDEPENDENCE IS STARTING

As infants get older, they:

- Begin to roll over.
- Reach for toys, spoons, and other objects.
- Want to sit up.

This is the beginning of independence, but babies do not know what might put them in danger. Keeping your baby in a safe place, such as in a crib or in a playpen, will prevent falls, burns, poisoning, choking, and other injuries. Childproofing your home can also help keep your baby safe.

SOME COMMON PROBLEMS

Most infants will go through the following difficulties, which can be very frustrating for parents, but they will soon outgrow them.

- Colic. This is not caused by anything you have done. This usually goes away at about age 4 to 5 months.
- Trouble sleeping. Some infants will have trouble either falling asleep or waking up often during the night.
- Clinging to parents. When infants don't see certain people (even close friends and grandparents) very often, they may become afraid of them.

Even though these problems will go away, it can be very upsetting while they are occurring. Talk with your pediatrician about ideas that will work for you and your baby until these problems go away.

Babies are not trying to be a pain or difficult on purpose; they are just exploring and trying to talk with you in the only way they know!

Never yell at, hit, or shake your baby!

INFANTS THRIVE IN HAPPY FAMILIES

Just like adults, infants do best with happy and healthy people around them. Look for parent/baby groups, support groups, or organizations in your community where parents with common interests can meet and get to know each other.

If things are not going well in your family, if you need help finding groups in your neighborhood, or if you are worried about your baby, talk with your pediatrician. You are not alone; many other parents have these same concerns.

STARTING NEW ROUTINES

Now that you are beginning to know your baby's patterns, your family, like many others, may be starting new routines. Here are some tips to help you.

Taking care of yourself is important.

Even though infants usually are lovable, most parents have moments of frustration, and even anger, with their baby. Feeling this way is common and normal. What is important is how you deal with these feelings. When this happens to you, place your baby in a safe place like a crib or playpen and do something to relax and calm down—have a cup of tea or coffee, listen to music, call a friend or spouse, read, or meditate. These feelings of stress are natural and will pass.

Reach out to family and friends, or make new friends with other parents.

Having other adults to share the experience of raising a child can make all the difference in the world. If you are at home with your baby every day, it is a good idea to leave your baby with another trusted adult once in a while. Use this time to take care of yourself or be with your partner. Babies are delightful, but all parents need a break!



Let your baby learn about being with other people early on.

Besides helping you out, having other adults in your baby's life will teach your baby how to relate with others. As infants get a little older, they begin to cry and feel restless when left with another adult. Developing a relationship with an adult other than you early on will help your baby have less of this discomfort later on.

If you need child care, find a setting where the same 1 or 2 adults will be caring for your baby every day.

Find a place that is safe and nurturing, where the adults really enjoy being with infants. Your pediatrician can help you think about what to look for in child care.



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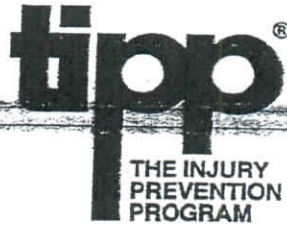
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BIRTH TO 6 MONTHS

Safety for Your Child

Did you know that hundreds of children younger than 1 year die every year in the United States because of injuries — most of which could be prevented?

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

Car Injuries

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

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

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



Falls

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

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

Do not use a baby walker. Your baby may tip the walker over, fall out of it, or fall down stairs and seriously injure his head. Baby walkers let children get to places where they can pull heavy objects or hot food on themselves.

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



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Birth to 6 Months

Burns

At 3 to 5 months, babies will wave their fists and grab at things. **NEVER carry your baby and hot liquids, such as coffee, or foods at the same time. Your baby can get burned. You can't handle both!** To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120° F. In many cases you can adjust your water heater.

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

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

Choking and Suffocation

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

To prevent possible suffocation and reduce the risk of sudden infant death syndrome (SIDS), **your baby should always sleep on his or her back. NEVER put your baby on a water bed, bean bag, or anything that is soft enough to cover the face and block air to the nose and mouth.**

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



From Your Doctor

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Prevent Shaken Baby Syndrome



Taking care of a baby can be a most rewarding and exciting experience. However, it also can be frustrating when the baby gets fussy, especially when an end to the crying seems to be nowhere in sight. Too often, parents or other caregivers lose control and shake, jerk, or jolt a baby in an effort to stop the crying.

Most people know the dangers of hitting an infant or child. But did you know that shaking your baby also is very dangerous? Your pediatrician and the American Academy of Pediatrics want you to be aware of the dangers of shaking a baby. If you ever have felt frustrated when taking care of a fussy baby, read on to find out why shaking a baby can be deadly.

What is shaken baby syndrome?

Shaken baby syndrome is a serious type of head injury that happens when an infant or toddler is severely or violently shaken. Babies are not able to fully support their heavy heads. As a result, violent and forceful shaking causes a baby's brain to be injured. Too often, this leads to the death of a baby. It also can lead to

- Bleeding around the brain
- Blindness
- Hearing loss
- Speech or learning disabilities
- Chronic seizure disorder
- Brain damage
- Mental retardation
- Cerebral palsy

Shaken baby syndrome usually occurs when a parent or other caregiver shakes a baby out of anger or frustration, often because the baby will not stop crying. Shaken baby syndrome is a serious form of child abuse. Remember, it is *never* okay to shake a baby.

What are the signs and symptoms of shaken baby syndrome?

When a baby is violently shaken, brain cells are destroyed and the brain cannot get enough oxygen. As a result, a victim of shaken baby syndrome may show one or all of the following signs and symptoms:

- Irritability
- Lethargy (difficulty staying awake)
- Difficulty breathing
- Tremors (shakiness)
- Vomiting
- Seizures
- Coma
- Death

Spread the word!

Parents, if other people help take care of your baby, make sure they know about the dangers of shaken baby syndrome. This includes child care providers, older siblings, grandparents, and neighbors — *anyone* who cares for your baby. Make sure they know it is *never* okay to shake a baby.

What do I do if my baby is shaken?

If you think your baby might have been injured from violent shaking, the most important step is to get medical care right away. Call your pediatrician or take your baby to the nearest emergency department. If your baby's brain is damaged or bleeding inside from severe shaking, it will only get worse without treatment. Getting medical care right away may save your baby's life and prevent serious health problems from developing.

Be sure to tell your pediatrician or the doctor in the emergency room if your baby was shaken. Do not let embarrassment, guilt, or fear get in the way of your baby's health or life. Without the correct information, your pediatrician or the doctor may assume your baby has an illness. Mild symptoms of shaken baby syndrome are very similar to colic, feeding problems, and fussiness. Your baby may not get the right treatment if the doctor does not have all the facts.

When babies cry

It is not always easy to figure out why babies cry. They may be hungry or overtired. They may be cold or need their diapers changed. Sometimes it seems like they cry for no reason. The following are a few ideas to try when your baby does not stop crying:

- Check to see if your baby's diaper needs changing.
- Wrap your baby in a warm, soft blanket.
- Feed your baby slowly, stopping to burp often.
- Offer your baby a pacifier.
- Hold your baby against bare skin, like on your chest, or cheek-to-cheek.
- Rock your baby using slow, rhythmic movements.
- Sing to your baby or play soft, soothing music.
- Take your baby for a walk in a stroller.
- Go for a ride with your baby in the car (remember to always use a car seat).

If you have tried all of these and your baby continues to cry, go back and try them again. Most babies get tired after crying for a long time and eventually will fall asleep.

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When your baby cries, take a break – don't shake!

If you have tried to calm your crying baby but nothing seems to work, it is important to stay in control of your temper. Remember, it is never okay to shake, throw, or hit your baby — and it never solves the problem! If you feel like you are getting angry and might lose control, try the following:

- Take a deep breath and count to 10.
- Place your baby in a safe place, leave the room, and let your baby cry alone.
- Call someone close to you for emotional support.
- Call your pediatrician. There may be a medical reason why your baby is crying.

Be patient. Colicky and fussy babies eventually grow out of their crying phase. Keeping your baby safe is the most important thing you can do. Even if you feel frustrated, stay in control and never shake your baby.

From your doctor

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SIDS: Important Information for Parents

Sudden infant death syndrome (SIDS) is the sudden, unexplained death of a baby younger than 1 year. To lower the risk of SIDS, all healthy infants should sleep on their backs—at nap time and at night. Here's how you can lower your baby's risk.

The safest position to sleep

- Place your baby on his back to sleep; it's the safest position.
- Babies who sleep on their stomachs are at a higher risk for SIDS.
- Side sleeping is not as safe as back sleeping and is not advised.

The safest place to sleep

- Place your baby in a safety-approved crib with a firm mattress and a fitted sheet.
- Never put your baby to sleep on a chair, sofa, water bed, cushion, or sheepskin.
- The safest place for your baby to sleep is in the room where you sleep, but not in your bed.
- Place your baby's crib or bassinet near your bed (within an arm's reach) to make breastfeeding easier and help you watch over your baby.
- If bumper pads are used, they should be thin, firm, well secured, and not "pillow-like."
- Blankets, if used, should be tucked in around the crib mattress. They should not reach any higher than your baby's chest. Try using sleep sacks or sleep clothing instead of a blanket to avoid the risk of overheating.
- Keep pillows, quilts, comforters, sheepskins, and stuffed toys out of your baby's crib. They can cover your infant's face—even if she is lying on her back.

Other ways to reduce the risk

- Do not let your baby get too warm during sleep. Use light sleep clothing. Keep the room at a temperature that feels comfortable for an adult.
- Do not smoke during pregnancy. Also, do not allow smoking around your baby. Infants have a higher risk of SIDS if they are exposed to secondhand smoke. One of the most important things parents and caregivers who smoke can do for their own health and the health of their children is to stop smoking.
- Pacifiers may help reduce the risk of SIDS. However, if your baby doesn't want it or if it falls out of his mouth, don't force it. If you are breastfeeding, wait until your baby is 1 month old before using a pacifier.

- Avoid products that claim to prevent SIDS. Most have not been tested for safety. None have been shown to reduce the risk of SIDS.
- Home monitors should also be avoided. While they can be helpful for babies with breathing or heart problems, they have not been found to reduce the risk of SIDS.
- Give your baby plenty of "tummy time" when he is awake. This will help strengthen neck muscles and avoid flat spots on his head.
- Share this information with anyone who cares for your baby, including babysitters, grandparents, and other caregivers.

These recommendations are for healthy infants. A very small number of infants with certain medical conditions may need to be placed to sleep on their stomachs. Your pediatrician can advise you if a position other than the back is needed.

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Crying and Your Baby: How to Calm a Fussy or Colicky Baby



Babies cry for different reasons. Crying is one way babies try to tell us what they need. They may be hungry, have a soiled diaper, or just want a little attention. (See checklist at the bottom.) If a crying baby cannot be comforted, the cause may be colic. Read on about colic and ways to calm a crying baby.

What is colic?

Colic is a word used to describe healthy babies who cry a lot and are hard to comfort. No one knows for sure what causes colic, but it may be an immaturity of the digestive system. In general, babies with colic will be fussy but will continue to gain weight and develop normally. If you are concerned, it is best to check with your child's doctor to make sure there is not another medical cause.

Who gets colic?

About 1 out of every 5 babies develops colic. Each baby is different, but in general

- Colic starts when a baby is 2 to 4 weeks old and usually peaks around 6 weeks.
- Colic usually starts to get better when babies are cooing and smiling sociably, around 8 weeks.
- Colic usually resolves by 3 to 4 months but can last until 6 months.

How can I tell if my baby has colic?

The following are different ways babies with colic may act:

- Crying is intense, sometimes up to 3 to 5 hours a day. Between crying episodes babies act normal.
- Crying is often predictable, often at the same time each day. It usually occurs in the late afternoon to evening.
- When crying, babies often pass gas, pull their legs up, or stretch their legs out.

Ways to calm a fussy or colicky baby

The following are ways you can try to comfort a crying baby. It may take a few tries, but with patience and practice you'll find out what works and what doesn't for your baby.

- **Swaddle your baby** in a large, thin blanket (ask your nurse or child's doctor to show you how to do it correctly) to help her feel secure.
- **Hold your baby** in your arms and place her body either on her left side to help digestion or on her stomach for support. Gently rub her back. If your baby goes to sleep, remember to always lay her down in her crib on her back.
- **Turn on a calming sound.** Sounds that remind babies of being inside the womb may be calming, such as a white noise device, the humming sound of a fan, or the recording of a heartbeat.

- **Walk your baby in a body carrier or rock her.** Calming motions remind babies of movements they felt in the womb.
- **Avoid overfeeding your baby** because this may also make her uncomfortable. Try to wait at least 2 to 2½ hours from the beginning of one feeding to the beginning of the next.
- If it is not yet time to feed your baby, offer the pacifier or help your baby find her thumb or finger. Many infants are calmed by sucking.
- If food sensitivity is the cause of discomfort, a change in diet may help.
 - For breastfed babies, moms may try changing their own diet. See if your baby gets less fussy if you cut down on milk products or caffeine. If there is no difference after making the dietary changes, then resume your usual diet. Avoiding spicy or gassy foods like onions or cabbage has worked for some moms, but this has not been scientifically proven.
 - For bottle-fed babies, ask your child's doctor if you should try a different formula. This has been shown to be helpful for some babies.
- **Keep a diary of when your baby is awake, asleep, eating, and crying.** Write down how long it takes your baby to eat or if your baby cries the most after eating. Talk with your baby's doctor about these behaviors to see if her crying is related to sleeping or eating.
- **Limit each daytime nap to no longer than 3 hours a day.** Keep your baby calm and quiet when you feed or change her during the night by avoiding bright lights and noises such as the TV.

What your baby may need checklist

The following are some other reasons why your baby may cry and tips on what you can try to meet that need.

If your baby is...

Hungry. Keep track of feeding times and look for early signs of hunger, like lip-smacking or moving fists to his mouth.

Cold or hot. Dress your baby in about the same layers of clothing that you are wearing to be comfortable.

Wet or soiled. Check the diaper. In the first few months babies wet and soil their diapers a lot.

Spitting up or vomiting a lot. Some babies have symptoms from gastroesophageal reflux (GER) and the fussiness can be confused with colic. Contact your child's doctor if your baby is fussy after feeding, has excessive spitting or vomiting, and is losing or not gaining weight.

Sick (has a fever or other illness). Check your baby's temperature. If your baby is younger than 2 months and has a fever, call your child's doctor right away.

Overstimulated. See "Ways to calm a fussy or colicky baby."

Bored. Quietly sing or hum a song to your baby. Go for a walk.

Important information for moms and dads

If you are feeling stressed and ready to cry or scream, put the baby down in a safe place and take a break. Ask a family member or a friend to watch your baby for a short time. You need time to yourself, even if it's only an hour to refresh yourself. Remember: NEVER shake your baby.

Also, remember that it is OK to place the baby down in her crib for awhile, maybe 10 or 15 minutes, if she continues to cry, as long as you have made sure that she has been fed, burped, and changed and that everything is all right with her. Sometimes both you and your baby need a break.

Let your own health care provider know if you are experiencing depression or are having a very difficult time with your emotions.

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Breastfeeding Your Baby: Getting Started

Getting ready for the birth of your baby is an exciting and busy time. One of the most important decisions you will make is how to feed your baby.

Deciding to breastfeed can give your baby the best possible start in life. Breastfeeding benefits you and your baby in many ways. It also is a proud tradition of many cultures.

The following are excerpts from the American Academy of Pediatrics' (AAP) booklet *Breastfeeding Your Baby: Answers to Common Questions*.

Benefits of Breastfeeding

In general, the longer you breastfeed, the greater the benefits will be to you and your baby, and the longer these benefits will last.

Why is breastfeeding so good for my baby?

Breastfeeding is good for your baby because

1. **Breastfeeding provides warmth and closeness.** The physical contact helps create a special bond between you and your baby.
2. **Human milk has many benefits.**
 - It's easier for your baby to digest.
 - It doesn't need to be prepared.
 - It's always available.
 - It has all the nutrients, calories, and fluids your baby needs to be healthy.
 - It has growth factors that ensure the best development of your baby's organs.
 - It has many substances that formulas don't have that help protect your baby from many diseases and infections. In fact, breastfed babies are less likely to have
 - Ear infections
 - Diarrhea
 - Pneumonia, wheezing, and bronchiolitis
 - Other bacterial and viral infections, such as meningitis

Research also suggests that breastfeeding may help protect against obesity, diabetes, sudden infant death syndrome (SIDS), and some cancers.

Why is breastfeeding good for me?

Breastfeeding is good for your health because it helps

- Release hormones in your body that promote mothering behavior.
- Return your uterus to the size it was before pregnancy more quickly.
- Burn more calories, which may help you lose the weight you gained during pregnancy.
- Delay the return of your menstrual period to help keep iron in your body.
- Provide contraception, but only if these 3 conditions are met: (1) you are exclusively breastfeeding and not giving your baby any other supplements, (2) it is within the first 6 months after birth, (3) your period has not returned.
- Reduce the risk of ovarian cancer and breast cancer.
- Keep bones strong, which helps protect against bone fractures in older age.

How Breastfeeding Works

When you become pregnant, your body begins to prepare for breastfeeding. Your breasts become larger and after your fourth or fifth month of pregnancy, your body is able to produce milk.

What is colostrum?

Colostrum is the first milk your body makes. It's thick with a yellow or orange tint. Colostrum is filled with all the nutrients your newborn needs. It also contains many substances to protect your baby against diseases and infections.

It's very important for your baby's health to get this early milk, though it may seem like a small amount. Your baby only needs less than 1 tablespoon per feeding on the first day and about 2 tablespoons per feeding on the second day.

What's the difference between milk coming in and let-down?

Milk coming in and **let-down** mean different things, but both are important.

- **Milk comes in** 2 to 5 days after your baby is born. This is when colostrum increases quickly in volume and becomes milky-white transitional milk. Signs that your milk is coming in include
 - Full and tender breasts
 - Leaking of milk
 - Seeing milk around your baby's mouth
 - Hearing your baby swallow when fedBreast milk changes daily and will adjust to your baby's needs for the rest of the time you breastfeed. Because the color or creaminess of the milk can change daily, don't worry about how your milk looks.
- **Let-down** is the reflex that creates the flow of milk from the back of the breast to the nipple. Let-down occurs each time the baby suckles. It is triggered when you are relaxed and your baby is latched on to your breast properly. Let-down may also happen between feedings, such as when the breasts are somewhat full or when you hear a baby's cry. The first few times you breastfeed, the let-down reflex may take a few minutes. Afterward, let-down occurs faster, usually within a few seconds. Let-down occurs in both breasts at the same time. It may occur several times during each feeding.

The signs of let-down are different for each woman. Some women feel nothing, even though breastfeeding is going fine. Other women feel

- Cramping in the uterus. This can be strong for the first few days after delivery but often goes away after breastfeeding is well-established.
- A brief prickle, tingle, or even slight pain in the breast.
- A sudden feeling that breasts are heavier.
- Milk dripping from the breast that's not being used.
- Their baby swallowing or gulping when fed.

What is demand and supply?

The more milk your baby takes from your breast, the more milk you make. This is called demand and supply because the more milk your baby demands the more you will supply. Many women with small breasts worry that they won't be able to make enough milk. However, because of demand and supply, there's no relationship between breast size and how much milk is produced.

Getting Started

Babies are very alert after they are born and ready to find the breast! The more relaxed and confident you feel, the faster your milk will flow to your baby. Getting comfortable will help you and your baby get started toward a better latch-on.

How soon can I breastfeed?

You can and should breastfeed within the first hour after birth if you and your baby are physically able to do so. After delivery, your baby should be placed on your chest or stomach, skin to skin. The early smell and taste of your milk helps your baby learn to nurse. Your breast milk is all your baby needs if your baby is healthy. Other liquids, including sugar water and formula, will only lessen the benefits your baby receives from the early breast milk. Try to stay with your baby as much as you can. Rooming in with your baby day and night during your hospital stay has been shown to help start breastfeeding and keep it going longer.

What are different breastfeeding positions?

Always take time to get comfortable. Don't be shy about asking for help during the first feedings. It may take a few tries but with a little patience, you and your baby will succeed. The following are 3 breastfeeding positions:

Cradle hold—the traditional breastfeeding position. Firmly support your baby's back and bottom. When feeding this way, make sure your baby's entire body is facing your body, not the ceiling.



Clutch hold—may be more comfortable if you've had a cesarean delivery because it keeps the baby's weight off of the stitches.

Reclining—feeding your baby while lying down

lets you relax and can be helpful if you've had a cesarean delivery or are tired.



How can I get comfortable while breastfeeding?

A few simple things can help you feel comfortable and relaxed.

- Sit on a comfortable chair with good back and arm support.
- Lie on your side in bed with your baby facing you. Place pillows to support your back and neck.
- Take deep breaths and picture yourself in a peaceful place.
- Listen to soothing music while sipping a healthy drink.
- Apply moist heat (such as warm, wet washcloths) to your breast several minutes before each feeding.
- If your home is very busy, find a quiet place where you won't be disturbed during feedings.
- If you had a cesarean delivery, use extra pillows to help position your baby.
- Try different breastfeeding positions.
- Make sure the baby is latched on correctly. (See next question.)

Early Signs of Hunger

Your baby starts to let you know when she's hungry by the following early signs or cues:

- Small movements as she starts to awaken
- Whimpering or lip-smacking
- Pulling up arms or legs toward her middle
- Stretching or yawning
- Waking and looking alert
- Putting hands toward her mouth
- Making sucking motions
- Moving fists to her mouth
- Becoming more active
- Nuzzling against your breast

Why is latch-on so important, and how is it done?

A good latch-on means that your baby has opened his mouth wide and is well back on the breast, taking both the areola and nipple far back into his mouth. Correct latch-on is very important because it

- Makes milk flow better
- Prevents sore nipples
- Keeps your baby satisfied
- Stimulates a good milk supply for baby's weight gain
- Helps to prevent engorged (overly full) breasts

You can help your baby latch on by holding your breast with your free hand. Place your fingers under your breast and with your thumb on top. Move your fingers well back from the areola so they don't get in the way. Position your baby with his entire body facing you.

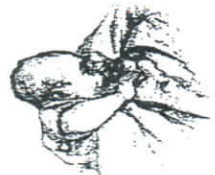
Touch your nipple to the center of your baby's lower lip. This will cause your baby to open his mouth widely. This is called the rooting reflex. As this occurs, pull your baby onto the nipple and areola. Keep in mind that when your baby is correctly positioned, or latched on, your nipple and much of the areola are pulled well into his mouth. Your baby's lips and gums should be around the areola and not just on the nipple. Your baby's chin and nose should be touching your breast.

Support your breast and tickle your baby's lower lip with your nipple to stimulate his rooting reflex

When your baby's mouth is wide open, bring him quickly, but gently, toward your breast.

At first you will feel a tugging sensation. You also may feel a brief period of pain. If breastfeeding continues to hurt, pinch, or burn, your baby may not be latched on properly. Break the latch by slipping your finger into the corner of your baby's mouth, reposition, and try again. It can take several tries.

Hospital staff should watch a feeding and make suggestions. If breastfeeding continues to hurt, you may need the help of a lactation specialist. Let your pediatrician know if there's a problem.



Beyond the First Feedings

How often should I nurse?

Some newborns need to nurse every 1½ hours, while others feed about every 3 hours. Newborns are hungry at different times, with a long cluster of feeding in the late afternoon or night. Most breastfed newborns feed 8 to 12 or more times per 24 hours (once the milk has come in). If your baby isn't waking on her own during the first few weeks, wake her if 3 to 4 hours have passed since the last feeding. If you are having a hard time waking up your baby for feedings, let your pediatrician know.

What's the best feeding schedule for a breastfed baby?

Feeding schedules are different for every baby, but it's best to start nursing your baby before crying starts. Crying is a late sign of hunger. Whenever possible, use your baby's cues instead of the clock to decide when to nurse. It can be less frustrating for you and your baby if you learn your baby's early hunger cues. Frequent feedings help stimulate the breasts to produce milk more efficiently.

During a growth spurt (rapid growth), babies will want to nurse all the time. Remember, this is normal and temporary, usually lasting about 4 to 5 days. Keep on breastfeeding, and don't give any other liquids or foods.

How long does breastfeeding take?

Each baby feeds differently: some slower, some faster. Some feedings may be longer than others depending on your baby's appetite and the time of day. Some babies may be nursing even though they appear to be sleeping. While some infants nurse for only 10 minutes on one breast, it's quite common for others to stay on one side for much longer. It's generally good to allow your baby to decide when the feeding is over—he will let go and pull back when he is done.

If your baby has fallen asleep at your breast, or if you need to stop a feeding before your baby is done, gently break the suction with your finger. Do this by slipping a finger into your baby's mouth while he is still latched on. Never pull the baby off the breast without releasing the suction.

To stimulate both breasts, alternate which breast you offer first. Some women like to keep a safety pin on their bra strap to help remember. While you should try to breastfeed evenly on both sides, many babies seem to prefer one side over the other and nurse longer on that side. When this happens, the breast adapts its milk production to your baby's feedings.

How can I tell if my baby is hungry?

You will soon get to know your baby's feeding patterns. In addition, babies may want to breastfeed for reasons other than hunger. It's OK for you to offer these "comfort feedings" as another way of meeting your baby's needs. Nearly all newborns are alert for about 2 hours after delivery and show interest in feeding right away. Let the hospital staff know that you plan to take advantage of this opportunity—it's very important to the breastfeeding process. After 2 hours, many newborns are sleepy and hard to wake for the next day or so.

Watch for the early signs of hunger. This is the time to pick your baby up, gently awaken her, check her diaper, and try to feed her. (See "Early Signs of Hunger" on page 2.)

How can I tell if my baby is getting enough milk?

There are several ways you can tell whether your baby is getting enough milk.

They include the following:

- Your baby has frequent wet and dirty diapers.
- Your baby appears satisfied after feeding.
- Your baby is gaining weight.

Your baby should have several wet or dirty diapers each day for the first few days after delivery. Beginning around the time that your milk comes in, the wet diapers should increase to 6 or more per day. At the same time, stools should start turning green, then yellow. There should be 3 or more stools per 24 hours. Typically, once breastfeeding is going well, breastfed babies have a yellow stool during or after each feeding. As your baby gets older, stools may occur less often, and after a month, may even skip a number of days. If stools are soft, and your baby is feeding and acting well, this is quite normal.

Your baby's feeding patterns are an important sign that he is feeding enough. A newborn may nurse every 1½ to 3 hours around the clock. If you add up all the feedings over the course of the day, your baby should feed at least 8 to 12 times a day.

When feeding well with good latch-on, the infant will suckle deeply, you will hear some swallowing, and the feeding won't be painful. The baby should appear satisfied and/or sleep until time for the next feeding. If your baby sleeps for stretches of longer than 4 hours in the first 2 weeks, wake him for a feeding. If your baby will not waken enough to eat at least 8 times per day, call your pediatrician.

Your child will be weighed at each doctor's visit. This is one of the best ways to tell how much milk your baby is getting. The AAP recommends that babies be seen for an office visit (or home visit) between 3 to 5 days of age to check on breastfeeding and baby's weight. During the first week, most infants lose several ounces of weight, but they should be back up to their birth weight by the end of the second week. Once your milk supply is established, your baby should gain between ½ and 1 ounce per day during the first 3 months.

Breastfeeding: A Natural Gift

Breast milk gives your baby more than just good nutrition. It also provides important substances to fight infection. Breastfeeding has medical and psychological benefits for both of you. For many mothers and babies, breastfeeding goes smoothly from the start. For others, it takes a little time and several attempts to get the process going effectively. Like anything new, breastfeeding takes some practice. This is perfectly normal. If you need help, ask the doctors and nurses while you are still in the hospital, your pediatrician, a lactation specialist, or a breastfeeding support group.

Once breastfeeding is going smoothly, it is simple and convenient. Breastfeeding is the most natural gift that you can give your baby.

For more information about breastfeeding, read the AAP book *New Mother's Guide to Breastfeeding*.

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Illustrations by Anthony Alex LeTourneau.

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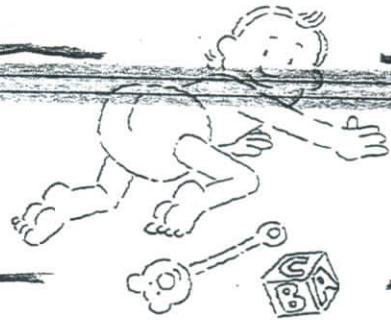
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Diaper Rash



Most babies get diaper rash, but it is usually not serious. Read on to find out more about what causes diaper rash and how to treat it.

What is diaper rash?

Diaper rash is any rash that develops inside the diaper area. In mild cases, the skin might be red. In more severe cases, there may be painful open sores. It is usually seen around the groin and inside the folds of the upper thighs and buttocks. Mild cases clear up within 3 to 4 days with treatment.

What causes diaper rash?

Over the years diaper rash has been blamed on many causes, such as teething, diet, and ammonia in the urine. However, we now believe it is caused by any of the following:

- Too much moisture
- Chafing or rubbing
- When urine, stools, or both touch the skin for long periods of time
- Yeast infection
- Bacterial infection
- Allergic reaction to diaper material

When skin stays wet for too long, it starts to break down. When wet skin is rubbed, it also damages more easily. Moisture from a soiled diaper can harm your baby's skin and make it more prone to chafing. When this happens, a diaper rash may develop.

More than half of babies between 4 and 15 months of age develop diaper rash at least once in a 2-month period. Diaper rash occurs more often when

- Babies get older—mostly between 8 to 10 months of age.
- Babies are not kept clean and dry.
- Babies have frequent stools, especially when the stools stay in their diapers overnight.
- Babies begin to eat solid foods.
- Babies are taking antibiotics, or in nursing babies whose mothers are taking antibiotics.

When to call the pediatrician

Sometimes a diaper rash needs medical attention. Talk with your pediatrician if

- The rash does not look like it's going away or gets worse 2 to 3 days after treatment. (See "What can I do if my baby gets diaper rash?")
- The rash includes blisters or pus-filled sores.
- Your baby is taking an antibiotic and has a bright red rash with red spots at its edges. This might be a yeast infection.

- Your baby has a fever along with a rash.
- The rash is very painful. Your baby might have a skin condition called cellulitis.

What can I do if my baby gets diaper rash?

If your baby gets a diaper rash (and to prevent future diaper rashes) it's important to keep the area as clean and dry as possible. Change wet or soiled diapers right away. This helps cut down how much moisture is on the skin.

- Gently clean the diaper area with water and a soft washcloth. Use soap and water only if the stool does not come off easily. If the rash is severe, use a squirt bottle of water so you can clean and rinse without rubbing.
- Pat dry; do not rub. Allow the area to air-dry fully.
- Apply a thick layer of protective ointment or cream (such as one that contains zinc oxide or petroleum jelly). These ointments are usually thick and pasty and do not have to be completely removed at the next diaper change. Remember, heavy scrubbing or rubbing will only damage the skin more.
- Avoid using wipes that can dry out the skin. The alcohol or perfume in many of these products can further irritate your baby's skin.
- Do not put the diaper on too tight, especially overnight. Keep the diaper loose so that the wet and soiled parts do not rub against the skin as much.
- Use creams with steroids only if your pediatrician recommends them. They are rarely needed and may be harmful.
- Check with your pediatrician if the rash
 - Has blisters or pus-filled sores.
 - Does not go away within 2 to 3 days.
 - Gets worse.

Which type of diaper should I use?

Diapers are made of either cloth or disposable materials. Cloth diapers can be washed after they get soiled and used again. Disposable diapers are thrown away after each use.

If you choose not to wash cloth diapers yourself, you can have a diaper service clean them. If you do your own washing, you will need to presoak heavily soiled diapers. Keep and wash soiled diapers separate from other clothes. Use hot water and double-rinse each wash. Do not use fabric softeners or antistatic products on the diapers because they may cause rashes in sensitive skin.

Research suggests that diaper rash is less common with the use of disposable diapers. However, what is more important than the type of diaper is how often it is changed. Whether you use cloth diapers, disposable both, always change diapers as needed to keep your baby clean, dry, and healthy.

Remember—never leave your baby alone on the changing table or on any other surface above the floor. Even a newborn can make a sudden turn and fall to the floor.

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From your doctor

Hinton Healthcare

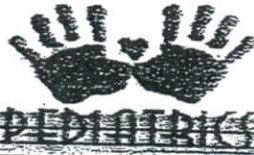
**American Academy
of Pediatrics**



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.
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CRADLE CAP

What is cradle cap?

Cradle cap is a common skin condition in babies. Cradle cap appears as red patches with oily, yellow scales or crusts on the scalp. It often begins in the first weeks of life. With treatment it will clear up in a few weeks. Without treatment it will go away on its own after several months.

What is the cause?

Cradle cap is probably caused by hormones from the mother that crossed the placenta before birth. The hormones cause the oil glands in the skin to become overactive and release more oil than normal. This causes the dead skin cells that normally fall off to "stick" to the skin and form yellow crusts and scales.

How can I take care of my child?

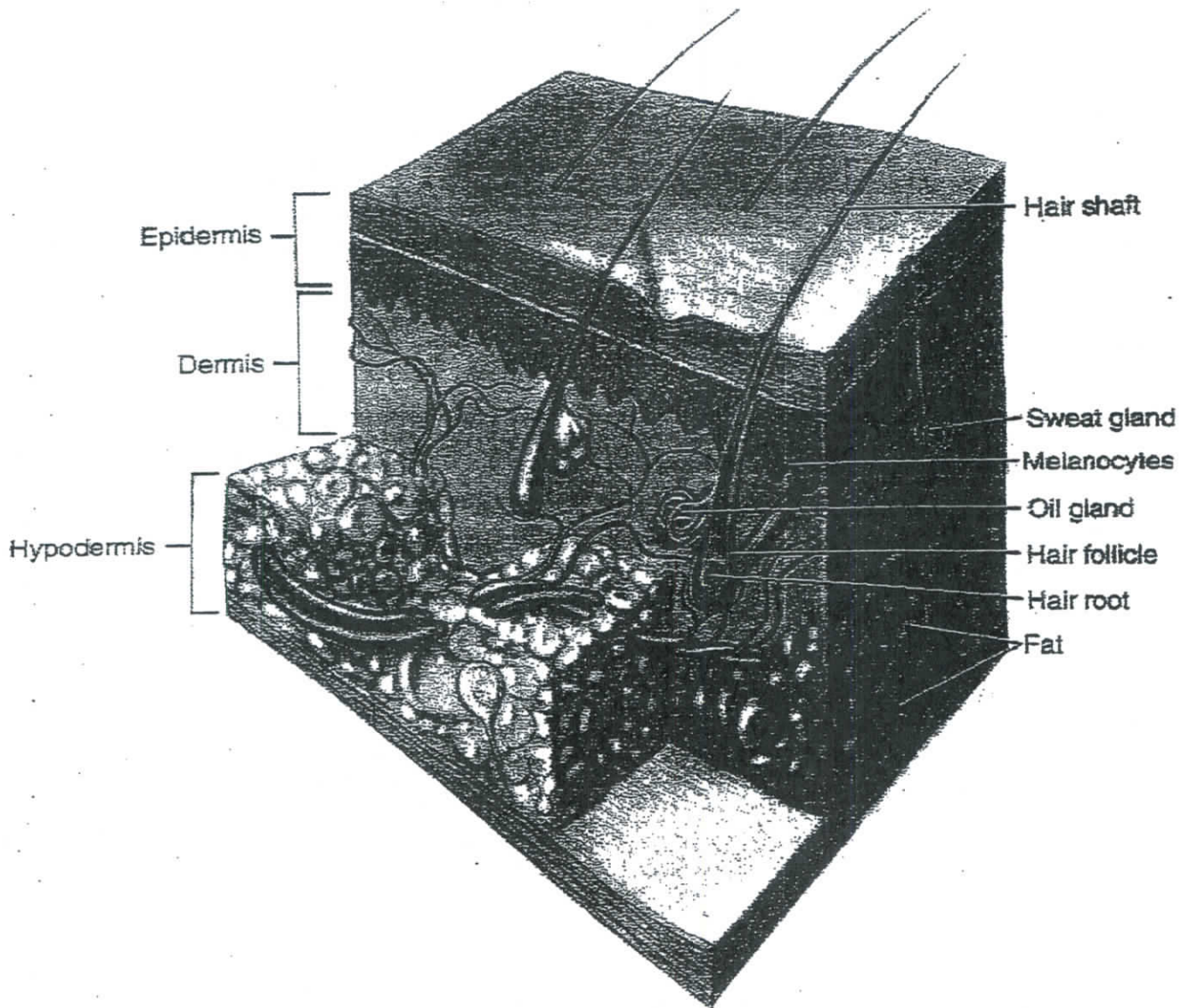
- **Softly scratch the scalp**
- **Antidandruff shampoo** – Buy an antidandruff shampoo (nonprescription) at the drugstore. Wash your baby's hair with it once a day. While the hair is lathered, massage your baby's scalp with a soft brush or rough washcloth. Don't worry about hurting the soft spot. Do not use any oils or lotions on the scalp.

When should I call my child's healthcare provider?

Call during office hours if:

- The Cradle cap lasts more than 2 weeks with treatment
- The rash spreads beyond the scalp
- You have other concerns or questions

Skin: Cross Section



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Circumcision

Information for Parents



Circumcision is a surgical procedure in which the skin covering the end of the penis is removed. Scientific studies show some medical benefits of circumcision. However, these benefits are not sufficient for the American Academy of Pediatrics (AAP) to recommend that all infant boys be circumcised. Parents may want their sons circumcised for religious, social, or cultural reasons.

Because circumcision is not essential to a child's health, parents should choose what is best for their child by looking at the benefits and risks. The following are answers to common questions about circumcision.

What is circumcision?

At birth, boys have skin that covers the end of the penis, called the foreskin. Circumcision surgically removes the foreskin, exposing the tip of the penis. Circumcision is usually performed by a doctor in the first few days of life. An infant must be stable and healthy to safely be circumcised. Because circumcision may be more risky if done later in life, parents should decide before or soon after their son is born if they want it done.

Is circumcision painful?

Yes. However, there are pain medicines that are safe and effective. The AAP recommends that they be used to reduce pain from circumcision.

What should I expect for my son after circumcision?

After the circumcision, the tip of the penis may seem raw or yellowish. If there is a bandage, it should be changed with each diapering to reduce the risk of infection. Use petroleum jelly to keep the bandage from sticking. Sometimes a plastic ring is used instead of a bandage. This should drop off within 5 to 8 days. The penis should be fully healed in about 1 week to 10 days after circumcision.

Are there any problems that can happen after circumcision?

Problems after a circumcision are very rare. However, call your pediatrician right away if

- Your baby does not urinate normally within 6 to 8 hours after the circumcision.
- Bleeding doesn't stop.
- The redness around the tip of the penis gets worse after 3 to 5 days.
- Yellow discharge lasts longer than a week. It is normal to have a little yellow discharge or coating around the head of the penis in the first week.

What if I choose not to have my son circumcised?

If you choose not to have your son circumcised, talk with your pediatrician about how to keep your son's penis clean. Keep in mind that the foreskin will

not fully retract for several years and should never be forced. When your son is old enough, he can learn how to keep his penis clean just as he will learn to keep other parts of his body clean.

Reasons parents may choose circumcision

There are a variety of reasons why parents choose circumcision.

- Medical benefits, including
 - A slightly lower risk of urinary tract infections (UTIs). A circumcised infant boy has about a 1 in 1,000 chance of developing a UTI in the first year of life; an uncircumcised infant boy has about a 1 in 100 chance of developing a UTI in the first year of life.
 - A lower risk of getting cancer of the penis. However, this type of cancer is very rare in all males.
 - A slightly lower risk of getting sexually transmitted infections (STIs), including HIV, the virus that causes AIDS.
 - Prevention of foreskin infections.
 - Prevention of phimosis, a condition in uncircumcised males that makes foreskin retraction impossible.
 - Easier genital hygiene.
- Social reasons. Many parents choose to have it done because "all the other men in the family" had it done or because they do not want their sons to feel "different."
- Religious or cultural reasons. Some groups such as followers of the Jewish and Islamic faiths practice circumcision for religious and cultural reasons.

Reasons parents may choose not to circumcise

The following are reasons why parents may choose NOT to have their son circumcised:

- Fear of the risks. Complications are rare and usually minor but may include bleeding, infection, cutting the foreskin too short or too long, and improper healing.
- Belief that the foreskin is needed. Some people feel the foreskin is needed to protect the tip of the penis. Without it, the tip of the penis may become irritated and cause the opening of the penis to become too small. This can cause urination problems that may need to be surgically corrected.
- Belief it can affect sex. Some feel that circumcision makes the tip of the penis less sensitive, causing a decrease in sexual pleasure later in life.
- Belief that proper hygiene can lower health risks. Boys can be taught proper hygiene that can lower their chances of getting infections, cancer of the penis, and STIs.

Female "circumcision"

Female genital mutilation, sometimes called female circumcision, is common in many cultures. It involves removing part or all of a female's clitoris. It may also include sewing up the opening of the vagina. It is often done without any pain medicine. The purpose of this practice is to prove that a female is a virgin before she gets married, reduce her ability to experience sexual pleasure, and promote marital fidelity. There are many serious side effects, including

- Pelvic and urinary tract infections
- Negative effects on self-esteem and sexuality
- Inability to deliver a baby vaginally

The AAP is absolutely opposed to this practice in all forms because it is disfiguring and has no medical benefits.

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Dangers of Secondhand Smoke



Even if you don't smoke, breathing in someone else's smoke can be deadly, too. Secondhand smoke causes about 3,000 deaths from lung cancer and tens of thousands of deaths from heart disease to nonsmoking adults in the United States each year.

Millions of children are breathing in secondhand smoke in their own homes. Secondhand smoke can be especially harmful to your children's health because their lungs still are developing. If you smoke around your children or they are exposed to secondhand smoke in other places, they may be in more danger than you realize.

Read more to learn about the dangers of secondhand smoke and how to create a smoke-free environment for your children.

What is secondhand smoke?

Secondhand smoke (also known as environmental tobacco smoke) is the smoke a smoker breathes out and that comes from the tip of burning cigarettes, pipes, and cigars. It contains about 4,000 chemicals. Many of these chemicals are dangerous; more than 50 are known to cause cancer. Anytime children breathe in secondhand smoke they are exposed to these chemicals.

Smoking and your developing baby

If you smoke when you're pregnant, your baby is exposed to harmful chemicals, too. Smoking when you're pregnant may lead to many serious health problems for your baby, including

- Miscarriage
- Premature birth (born not fully developed)
- Lower birth weight than expected (possibly meaning a less healthy baby)
- Sudden infant death syndrome (SIDS)
- Learning problems and attention-deficit/hyperactivity disorder (ADHD)

The health risks go up the longer a pregnant woman smokes and the more she smokes. Quitting anytime during pregnancy helps—of course, the sooner the better. All pregnant women should stay away from secondhand smoke and ask smokers not to smoke around them.

Secondhand smoke and your children's health

Infants have a higher risk of SIDS if they are exposed to secondhand smoke. Children, especially those younger than 2 years, have a higher risk of serious health problems, or problems may become worse. Children who breathe secondhand smoke can have more

- Ear infections
- Upper respiratory infections
- Respiratory problems such as bronchitis and pneumonia
- Tooth decay

Children of smokers cough and wheeze more and have a harder time getting over colds. Secondhand smoke can cause other symptoms including stuffy nose, headache, sore throat, eye irritation, and hoarseness.

Children with asthma are especially sensitive to secondhand smoke. It may cause more asthma attacks and the attacks may be more severe, requiring trips to the hospital.

Long-term effects of secondhand smoke

Children who grow up with parents who smoke are themselves more likely to smoke. Children and teens who smoke are affected by the same health problems that affect adults. Secondhand smoke may cause problems for children later in life including

- Lung cancer
- Heart disease
- Cataracts (an eye disease)

Secondhand smoke is everywhere

Children can be exposed to secondhand smoke in many places. Even if there are no smokers in your home, your children can still be exposed to secondhand smoke. Places include

- In a car or on a bus
- At child care or school
- At a babysitter's house
- At a friend's or relative's house
- In a restaurant
- At the mall
- At sporting events or concerts

Fire safety

Children can be burned or start fires when they play with lit cigarettes, lighters, or matches. Many of these fires are caused by children younger than 5 years. Cigarette lighters are especially dangerous. Although butane cigarette lighters have to be made child-resistant, they are *not* childproof.

Keep your children safe from injury by following these guidelines:

- Never allow anyone to smoke while holding a child.
- Never leave a lit cigarette, cigar, or pipe inside or outside.
- Keep matches and lighters out of your children's reach.
- Remember that child-resistant doesn't mean childproof.

Creating a smoke-free environment

The following tips may help keep your children from being exposed to secondhand smoke:

- **Set the example.** If you smoke, quit today! If your children see you smoking, they may want to try it, and they may grow up smoking as well. If there are cigarettes at home, children are more likely to experiment with smoking—the first step in developing the habit.
- **Make your home and car smoke-free.** Until you can quit, don't smoke around your children or in your home and car.
- **Remove your children from places where there are smokers.** Sit in nonsmoking sections in public places. Eat at smoke-free restaurants.
- **Ask people not to smoke in your home.** Don't put out any ashtrays. Remember, air flows throughout a house, so smoking in even one room allows smoke to go everywhere.
- **Ask people not to smoke in your car.** Opening windows isn't enough to clear the air.
- **Choose a babysitter who doesn't smoke.** If your babysitter does smoke, ask her not to smoke when she's caring for your children. Consider changing babysitters to find a smoke-free environment for your children.
- **Encourage smoke-free child care and schools.** Help your children's child care or school, including outdoor areas and teachers' lounges, become smoke-free. Get your children involved in the effort to make schools smoke-free!

An important choice

If you smoke, one of the most important things you can do for your own health and the health of your children is to stop smoking. Quitting is the best way to prevent your children from being exposed to secondhand smoke.

It may be hard to quit. Talk with your doctor if you need help. There are many over-the-counter and prescription medicines that may help you quit. Also, you may find it helpful to join a stop-smoking class. Contact the American Lung Association, American Heart Association, or American Cancer Society for more information about support groups where you live.

Parents need to make every effort to keep their children away from smokers and secondhand smoke. Parents who smoke should quit for their health and the health of their children.

Resources

For more information about tobacco use, read *Tobacco: Straight Talk for Teens* and *The Risks of Tobacco* (AAP). Other sources include

AAP Julius B. Richmond Center of Excellence
www.aap.org/richmondcenter

American Legacy Foundation
www.becomeanex.org

Centers for Disease Control and Prevention
Office on Smoking and Health
www.cdc.gov/tobacco

American Cancer Society
800/ACS-2345 (800/227-2345)
www.cancer.org

American Heart Association
800/AHA-USA-1 (800/242-8721)
www.americanheart.org

American Lung Association
800/LUNG-USA (800/586-4872)
www.lungusa.org

The Quitline
(free quit smoking counseling service)
800/QUITNOW (800/784-8669)
<http://1800quitnow.cancer.gov>

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 brochure. Phone numbers and Web site addresses are as current as possible, but may change at any time.

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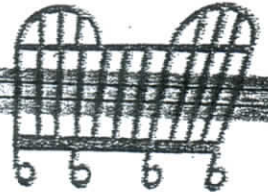
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Infant Furniture: Cribs

CHOOSING A CRIB

As you look at a crib, make sure you check the following:

- Special care is required if you choose a used crib that may have been built before current crib safety standards were set.
- When purchasing a crib, look for Juvenile Product Manufacturer's Association (JPMA) certification.
- The slats should be no more than 2-3/8 inches apart. Widely spaced slats can trap an infant's head.
- All joints and parts should fit tightly, and the wood must be smooth and free of splinters.
- Check for cracked and peeling paint. All surfaces should be covered with lead-free paint safe for nursery furniture.
- The end panels should be solid, without decorative cutouts. Cutout areas on panels can trap an infant's head.
- Corner posts should be flush with the end panels or else be very, very tall (such as posts on a canopy bed). Clothing and ribbons can catch on tall corner posts and strangle an infant.
- The lowered crib sides should be at least 9 inches above the mattress support to prevent the infant from falling out. Raised crib sides should be at least 26 inches above the mattress support in its lowest position.
- The drop sides should have a locking, hand-operated latch that will not release by accident.
- The mattress should be the same size as the crib so there are no gaps to trap arms, body, or legs. If you can fit 2 fingers between the mattress and the side of the crib, the crib should not be used.

USING A CRIB

- Read the directions to set up, use, and care for the crib.
- Never use a crib with loose or missing attachments or support hardware.
- Never leave the crib sides down when the baby is in the crib.
- Hanging crib toys (mobiles, crib gyms) should be out of the baby's reach. Any hanging crib toy must be removed when your baby first begins to push up on his or her hands and knees or when the baby is 5 months old, whichever occurs first. These toys can strangle a baby.
- Bumper pads should be used around the entire crib until the baby begins to stand. Then they should be removed so that they can't be used as steps.
- The crib mattress should be lowered before the baby can sit alone. The mattress should be at its lowest point before the baby can stand.
- Children should be taken out of a crib by the time they are 35 inches tall.
- Never place a crib near cords from a hanging window blind or drapery. Children can get caught in the cords and strangle.
- Be sure to inspect every crib your child uses for safety — those at the grandparent's home, the baby-sitter's home, or the day care center.
- Hammocks and other swinging devices should not be installed onto a crib because the baby may be strangled.
- If missing, contact the crib manufacturer for replacement hardware.

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SAFE BEDDING PRACTICES FOR INFANTS

Place baby on his or her back on a firm tight-fitting mattress in a crib that meets current safety standards.

- Remove pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products from the crib.
- Consider using a sleeper or other sleep clothing as an alternative to blankets, with no other covering.
- If using a blanket, put baby with feet at the foot of the crib. Tuck a thin blanket around the crib mattress, reaching only as far as the baby's chest.
- Make sure your baby's head remains uncovered during sleep.
- Do not place baby on a water bed, sofa, soft mattress, pillow, or other soft surface.

From Your Doctor

Hinton Healthcare

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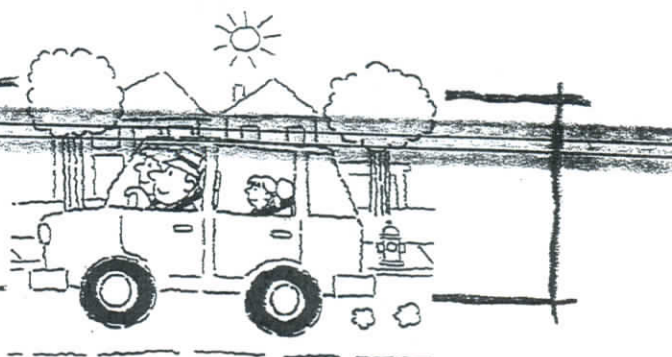
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Car Safety Seats:

A Guide for Families

Part I 2009 Safety Information



One of the most important jobs you have as a parent is keeping your child safe when riding in a vehicle. Each year thousands of young children are killed or injured in car crashes. Proper use of car safety seats helps keep children safe. But with so many different car safety seats on the market, it's no wonder many parents find this overwhelming.

The type of seat your child needs depends on several things, including your child's size and the type of vehicle you have. To be sure your child is using the most appropriate seat, read on.

Types of car safety seats at a glance

The chart below is a quick guide on where to start your search. However, it's important to read more about the features and how to use your car safety seat.

The right car safety seat

Infants—rear-facing

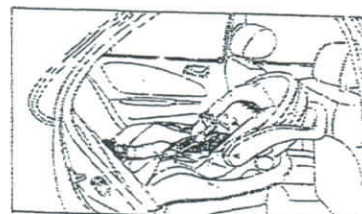
The American Academy of Pediatrics (AAP) recommends that all infants should ride rear-facing starting with their first ride home from the hospital. They should remain rear-facing until they reach the highest weight or height allowed by their car safety seat's manufacturer. At a minimum, children should ride rear-facing until they have reached at least 1 year of age *and* weigh at least 20 pounds.

There are 2 types of rear-facing car safety seats: infant-only seats and convertible seats.

Infant-only seats

- Are small and have carrying handles (and sometimes come as part of a stroller system).

- Are used only for travel (not for positioning outside the vehicle).
- Are used for infants up to 22 to 32 pounds, depending on the model.
- May come with a base that can be left in the car. The seat clicks into and out of the base so you don't have to install the base each time you use it. Parents can buy more than one base for additional vehicles.

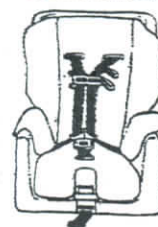


Infant-only car safety seat

Convertible seats (used rear-facing)

- Can be used rear-facing, then "converted" to forward-facing for older children. This means the seat can be used longer by your child. They are bulkier than infant seats, however, and do not come with carrying handles or a separate base.
- Have higher rear-facing weight and height limits than infant-only seats, which makes them ideal for bigger babies.
- Have 2 types of harnesses.
 - 5-point harness—attach at the shoulders, at the hips, and between the legs
 - Overhead shield—a padded tray-like shield that swings down over the child

5-point harness



Overhead shield



Age	Type of Seat	General Guideline	Features	How to Use It	Other Questions
Infants	Infant seats and rear-facing convertible seats	All infants should <i>always</i> ride rear-facing until they are at least 1 year of age <i>and</i> weigh at least 20 pounds.	Page 1	Page 2	Page 2
Toddlers/ Preschoolers	Convertible seats	It is best to ride rear-facing as long as possible. Children 1 year of age <i>and</i> at least 20 pounds can ride forward-facing.	Page 2	Page 2	Page 3
School-aged children	Booster seats	Booster seats are for older children who have outgrown their forward-facing car safety seats. Children should stay in a booster seat until adult belts fit correctly (usually when a child reaches about 4' 9" in height and is between 8 and 12 years of age).	Page 3	Page 3	Page 3
Older children	Seat belts	Children who have outgrown their booster seats should ride in a lap and shoulder belt in the back seat until 13 years of age.	Page 3	Page 4	Page 4

Installation tips for rear-facing seats

When using a rear-facing seat, keep the following in mind:

- Make sure the car safety seat is installed tightly in the vehicle and that the harness fits the child snugly.
- Never place a rear-facing car safety seat in the front seat of a vehicle that has an active front passenger air bag. If the air bag inflates, it will hit the back of the car safety seat, right where your baby's head is, and could cause serious injury or death.
- If your rear-facing seat has more than one set of harness slots, make sure the harnesses are in the slots at or below your baby's shoulders.
- Be sure you know what kind of seat belts your vehicle has. Some seat belts need locking clips. Locking clips come with all new car safety seats. If you're not sure, check the owner's manual that came with your vehicle. Locking clips are not needed in most newer vehicles.
- If you are using a convertible seat in the rear-facing position, make sure the seat belt is routed through the correct belt path. Check the instructions that came with the car safety seat to be sure.
- If your vehicle was made after 2002, it may come with the LATCH system, which is used to secure car safety seats. See page 4 for information on using LATCH.
- Make sure the seat is at the correct angle so your infant's head does not flop forward. Many seats have angle indicators or adjusters that can help prevent this. If your seat does not have an angle adjuster, tilt the car safety seat back by putting a rolled towel or other firm padding (such as a pool noodle) under the base near the point where the back and bottom of the vehicle seat meet.
- Be sure the car safety seat is installed tightly. If you can move the seat more than an inch side to side or front to back, it's not tight enough.
- Still having trouble? There may be a certified Child Passenger Safety (CPS) Technician in your area who can help. If you need installation help, see page 4 for information on how to locate a CPS Technician.

Common questions

Q: What if my baby weighs more than 20 pounds but is not 1 year old yet?

A: Use a seat that can be used rear-facing by children who weigh more than 20 pounds and keep your baby rear-facing as long as possible into the second year of life, or at least until he has reached his first birthday.

Q: What do I do if my baby slouches down or to the side in his car safety seat?

A: Pad *around* your child (never *under* or *behind*) with rolled-up cloth diapers or blankets. Do not use any sort of car safety seat insert unless it came with the seat or was made by the manufacturer of the seat.

Q: Can I adjust the straps when my baby is wearing thicker clothing, like in the winter?

A: Yes, but make sure the harnesses are still snug. Also remember to tighten the straps again after the thicker clothes are no longer needed. Dress your baby in thinner layers instead of a bulky coat or snowsuit, and tuck a blanket around your baby over the buckled harness straps if needed.

Q: Are rear-facing convertible seats OK to use for preemies?

A: Premature infants should be tested while still in the hospital to make sure they can ride safely in a reclined position. Babies who need to lie flat during travel should ride in a crash-tested car bed. Very small infants who can ride safely in a reclined position usually fit better in infant-only seats; however, if you need to use a convertible seat, choose one without a tray-shield harness. The shields often are too big and too far from the body to fit correctly.

Toddlers and preschoolers—forward-facing

Once your child has reached the highest weight or height allowed by the manufacturer of the convertible seat, it is best for her to ride rear-facing to the highest weight or height allowed by the manufacturer of her car safety seat. She should ride in a forward-facing seat with a harness until she outgrows it (usually at around 4 years of age and about 40–65 pounds).

There are 5 types of car safety seats that can be used forward-facing.

- **Convertible seats**—seats that "convert" from rear-facing to forward-facing seats.
- **Forward-facing toddler seats**—these seats can be used forward-facing with a harness for children who weigh up to 40 to 80 pounds (depending on the model).
- **Combination forward-facing/booster seats**—these seats can be used forward-facing with a harness for children who weigh up to 40 to 65 pounds (depending on the model) or without the harness as a booster (up to 80 to 120 pounds).
- **Built-in seats**—some vehicles come with forward-facing seats built in. Weight and height limits vary. Read your vehicle owner's manual or contact the manufacturer for details about how to use these seats.
- **Travel vests**—these can be worn by children between 20 and 168 pounds and can be an alternative to traditional forward-facing seats. They are also useful for when a vehicle has lap-only seat belts in the rear.



Forward-facing car safety seat

Installation tips for forward-facing seats

Make sure the car safety seat is installed tightly in the vehicle and that the harness fits the child snugly.

To switch a convertible seat from rear-facing to forward-facing,

- Move the shoulder straps to the slots that are at or above your child's shoulders. On some convertible seats, the top harness slots must be used when facing forward. Check the instructions that came with the seat to be sure.
- You may have to adjust the recline angle of the seat. Check the instructions to be sure.
- Make sure the seat belt runs through the forward-facing belt path. When making these changes, always follow the car safety seat instructions.
- If your vehicle was made after 2002, it should come with the LATCH system, which is used to secure car safety seats. See page 4 for information on using LATCH.

A **tether** is a strap that attaches to the top of a car safety seat and to an anchor point in your vehicle (see your vehicle owner's manual to find where the tether anchors are in your vehicle). Tethers give important extra protection by keeping the car safety seat and the child's head from moving too far forward in a crash or sudden stop. All new cars, minivans, and light trucks have been required to have tether anchors since September 2000. New forward-facing car safety seats come with tethers. For older seats, or if your tether is missing, tether kits are available. Check with the car safety seat manufacturer to find out how you can get a tether if your seat does not have one.

Common questions

Q: What if I have more children than can be buckled safely in the back seat?

A: It's best to avoid this, especially if your vehicle has air bags in the front seat.

All children younger than 13 years should ride in the back seat. If absolutely necessary, a child in a forward-facing car safety seat with a harness may be the best choice to ride in front. Just be sure the vehicle seat is moved as far back away from the dashboard (and the air bag) as possible.

Q: What do I need to know if my child will be driven by someone else, such as for child care or school?

A: If your child is being driven by someone else, make sure

- The car safety seat your child will be using is appropriate for the vehicle used for transport.
- The car safety seat being used is appropriate for the age and size of your child.
- The person in charge of transporting your child knows how to install and use the car safety seat correctly.

Child care programs and schools should have written guidelines for transporting children. These guidelines should include the following:

- All drivers must have a valid driver's license. In some states, school bus drivers need to have a special type of license.
- Staff-to-child ratios for transport should meet or exceed those required for the classroom.
- Every child should be supervised during transport by school staff or a parent volunteer, so the driver can focus on driving.
- School staff, teachers, and drivers should know what to do in an emergency, know how to properly use car safety seats and seat belts, and be aware of other safety requirements.
- For more information on written transportation guidelines for schools and child care programs, visit www.healthykids.us/chapters/transportation_main.htm and www.healthychildcare.org.

Q: Should my child ride in a car safety seat on an airplane?

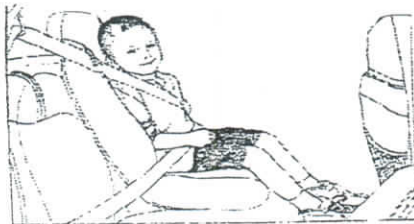
A: Most infant, convertible, and forward-facing seats can be used on airplanes, but booster seats and travel vests cannot. The Federal Aviation Administration (FAA) and the AAP recommend that when flying, children should be securely fastened in certified child restraints until 4 years of age, and then should be secured with the airplane seat belts. This will help keep them safe during takeoff and landing or in case of turbulence. Check the label on your car safety seat or call the car safety seat manufacturer before you travel to see if your seat is certified for use on an airplane. You can also consider using a restraint made only for use on airplanes and approved by the FAA.

School-aged children—booster seats

Booster seats are for older children who have outgrown their forward-facing car safety seats. It is best for children to ride in a harnessed seat as long as possible, at least to 4 years of age. If your child outgrows his seat before reaching 4 years of age, consider using a seat with a harness approved for higher weights and height.

A child has outgrown his forward-facing seat when any one of the following is true:

- He reaches the top weight or height allowed for his seat with a harness. (These limits are listed on the seat and are also included in the instruction booklet.)



Belt-positioning booster seat

- His shoulders are above the top harness slots.
- His ears have reached the top of the seat.

Booster seats are designed to raise the child up so that the lap and shoulder seat belts fit properly. High-back and backless booster seats are available. They do not come with harness straps but are used with the lap and shoulder seat belts in your vehicle, the same way an adult rides. Booster seats should be used until your child can correctly fit in lap and shoulder seat belts. Booster seats typically include a plastic clip or guide to help ensure the correct use of the vehicle lap and shoulder belts. See the instruction booklet that came with the booster seat for directions on how to use the guide or clip.

Installation tips for booster seats

Booster seats must be used with a lap and shoulder belt (never a lap-only belt). When using a booster seat, make sure

- The lap belt lies low and snug across your child's upper thighs.
- The shoulder belt crosses the middle of your child's chest and shoulder.

Common questions

Q: What if my car only has lap belts in the back seat?

A: Lap belts work fine with infant-only, convertible, and forward-facing seats. They cannot be used with booster seats. If your car only has lap belts, use a forward-facing car safety seat with a harness and higher weight limits. Other options are

- Check to see if shoulder belts can be installed in your vehicle.
- Use a travel vest (some can be used with lap belts).
- Consider buying another car with lap and shoulder belts in the back seat.

Q: Is there a difference between high-back and backless boosters?

A: Both types of boosters are designed to raise your child so the seat belts fit properly. High-back boosters are useful in vehicles that do not have head rests or have low seat backs. Many seats that look like high-back boosters are actually combination seats. They come with harnesses that can be used for smaller children and can then be removed for older children. Backless boosters are usually less expensive and are easier to move from vehicle to vehicle. Backless boosters can safely be used in vehicles with head rests and high seat backs.

Older children—seat belts

Seat belts are made for adults. Your child should stay in a booster seat until adult seat belts fit correctly (usually when the child reaches about 4'9" in height and is between 8 and 12 years of age). This means

- The shoulder belt lies across the middle of the chest and shoulder, not the neck or throat.
- The lap belt is low and snug across the upper thighs, not the belly.
- Your child is tall enough to sit against the vehicle seat back with her knees bent without slouching and can stay in this position comfortably throughout the trip.

Other points to keep in mind when using seat belts include

- Make sure your child does not tuck the shoulder belt under her arm or behind her back. This leaves the upper body unprotected, putting your child at risk of severe injury in a crash or with sudden braking.
- Never allow anyone to "share" seat belts. All passengers must have their own car safety seats or seat belts.

Common Questions

Q: I've seen products that say they can help make the seat belt fit better. Should we get one of these?

A: No, these products should not be used. In fact, they may actually interfere with proper seat belt fit by causing the lap belt to ride too high on the stomach and making the shoulder belt too loose. They can even damage the seat belt. This rule applies to car safety seats too; do not use any extra products unless they came with the seat. There are no federal safety standards for these products and until there are, the AAP does not recommend they be used. As long as children are riding in the correct restraint for their size and age, they should not need to use any additional devices.

Shopping for car safety seats

When shopping for a car safety seat, keep the following tips in mind:

- **No one seat is the "best" or "safest."** The best seat is the one that fits your child's age and size, is correctly installed, fits well in your vehicle, and can be used properly every time you drive.
- **Don't decide by price alone.** A higher price does not mean the seat is safer or easier to use.
- **Avoid used seats if you don't know the seat's history.** Never use a car seat that
 - Is too old. Look on the label for the date it was made. Check with the manufacturer to find out how long it recommends using the seat.
 - Has any visible cracks on it.
 - Does not have a label with the date of manufacture and model number. Without these, you cannot check to see if the seat has been recalled.
 - Does not come with instructions. You need them to know how to use the seat.
 - Is missing parts. Used car safety seats often come without important parts. Check with the manufacturer to make sure you can get the right parts.
 - Was recalled. You can find out by calling the manufacturer or the **National Highway Traffic Safety Administration (NHTSA) Vehicle Safety Hotline** at 888/327-4236. You can also visit the NHTSA Web site at www.odj.nhtsa.dot.gov/cars/problems/recalls/childseat.cfm.
- **Do not use seats that have been in a moderate or severe crash.** Seats that were in a minor crash may still be safe to use. The NHTSA considers a crash minor if all of the following are true:
 - The vehicle could be driven away from the crash.
 - The vehicle door closest to the car safety seat was not damaged.
 - No one in the vehicle was injured.
 - The air bags did not go off.
 - You can't see any damage to the car safety seat.

If you are unsure, call the manufacturer of the seat. See "Manufacturer phone numbers and Web sites" in Part II for manufacturer contact information.

Installing car safety seats correctly

What you should know about air bags

All new cars come with front air bags. When used with seat belts, air bags work very well to protect teenagers and adults. However, air bags can be very dangerous to children, particularly those riding in rear-facing car safety seats and to child passengers who are not properly positioned. If your vehicle has a front passenger air bag, infants in rear-facing seats *must ride in the back seat*. Even in a relatively low-speed crash, the air bag can inflate, strike the car safety seat, and cause serious brain and neck injury and death.

Vehicles with no back seat or a back seat that is not made for passengers are not the best choice for traveling with small children. However, the air bag can be harmful to a child passenger. See your vehicle owner's manual for more information.

Side air bags

Side air bags improve safety for adults in side-impact crashes. Read your vehicle owner's manual for more information about the air bags in your vehicle. Read your car safety seat manual for guidance on placing the seat next to a side air bag.

LATCH

LATCH (Lower Anchors and Tethers for Children) is an attachment system that improves safety by eliminating the need to use seat belts to secure the car safety seat. Vehicles with the LATCH system have anchors located in the back seat. Car safety seats that come with LATCH have attachments that fasten to these anchors. Nearly all passenger vehicles and all car safety seats made on or after September 1, 2002, come with LATCH. However, unless both your vehicle and the car safety seat have this anchor system, you will still need to use seat belts to install the car safety seat.

If you need installation help

If you have questions or need help installing your car safety seat, find a certified CPS Technician. Lists of certified CPS Technicians and Child Seat Fitting Stations are available on the NHTSA Web site at www.nhtsa.gov or at www.seatcheck.org. You can also get this information by calling 866/SEATCHECK (866/732-8243) or the NHTSA Vehicle Safety Hotline at 888/327-4236.

Important reminders

1. Be a good role model.

Make sure you always wear your seat belt. This will help your child form a lifelong habit of buckling up.

2. Never leave your child alone in or around cars.

Any of the following can happen when a child is left alone in or around a vehicle:

- Temperatures can reach deadly levels in minutes, and the child can die of heatstroke.
- He can be strangled by power windows, sunroofs, or accessories.
- He can knock the vehicle into gear, setting it in motion.
- He can be backed over when the vehicle backs up.
- He can become trapped in the trunk of the vehicle.

3. Always read and follow manufacturer's instructions.

If you do not have the manufacturer's instructions for your car safety seat, write or call the company's customer service department. They will ask you for the model number, name of seat, and date of manufacture. The manufacturer's address and phone number are on the label on the seat. Also be sure to follow the instructions in your vehicle owner's manual about using car safety seats.

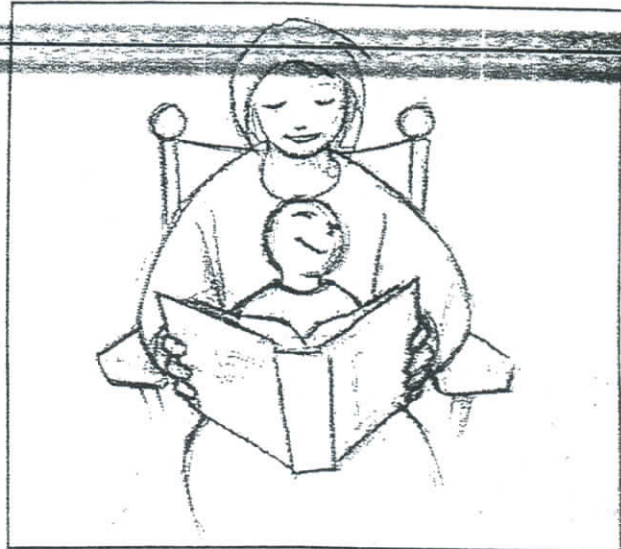
All products listed in Part II meet Federal Motor Vehicle Safety Standard 213 as of the date of publication. There may be car safety seats available that are not listed in this publication. The following information is current as of the date of publication. Before buying a car safety seat, check the manufacturer's instructions for important safety information about proper fitting and use.

Being curious is how infants learn.

What looks like just play—going through drawers, emptying wastebaskets, ransacking kitchen cabinets—is the way your child finds out how the world works. Infants are learning about shapes, textures, and sizes. They also are discovering that some things are safe to eat and others are not. Make sure nothing dangerous goes into your baby's mouth.

TV is not recommended for children younger than age 2 years.

Too much television is not good for early brain development—even educational TV isn't good for infants. The brain is developing rapidly at this age. Calmly watching TV does not help the brain grow. During the first 2 years of life, children need activities that stimulate their brains.



Hinton Healthcare

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

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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The NHTSA has put together an Ease of Use Ratings system to educate parents and caregivers about car safety seat features and to assist them in finding the appropriate seat for their needs. You can view this list at www.nhtsa.dot.gov/CPS/CSSRating/Index.cfm.

Although the American Academy of Pediatrics (AAP) is not a testing or standard-setting organization, this guide sets forth AAP recommendations based on the peer-reviewed literature available at the time of its publication, and sets forth some of the factors that parents should consider before selecting and using a car safety seat.

The appearance of the name American Academy of Pediatrics does not constitute a guarantee or endorsement of the products listed or the claims made. Phone numbers and Web site addresses are as current as possible, but may change at any time.

Prices are approximate and may vary.

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

Illustrations by Wendy Weay.

From your doctor

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Start Reading to Your Child Early

How to Help Your Child Learn to Read

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

Birth to Age 1

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

1 to 3 Years of Age

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



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

Reading Tips

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

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