



BRIGHT FUTURES HANDOUT ► PARENT

1 MONTH VISIT

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

✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Ask us for help if you have been hurt by your partner or another important person in your life. Hotlines and community agencies can also provide confidential help.
- Tobacco-free spaces keep children healthy. Don't smoke or use e-cigarettes. Keep your home and car smoke-free.
- Don't use alcohol or drugs.
- Check your home for mold and radon. Avoid using pesticides.

✓ HOW YOU ARE FEELING

- Take care of yourself so you have the energy to care for your baby. Remember to go for your post-birth checkup.
- If you feel sad or very tired for more than a few days, let us know or call someone you trust for help.
- Find time for yourself and your partner.

✓ FEEDING YOUR BABY

- Feed your baby only breast milk or iron-fortified formula until she is about 6 months old.
- Avoid feeding your baby solid foods, juice, and water until she is about 6 months old.
- Feed your baby when she is hungry. Look for her to
 - Put her hand to her mouth.
 - Suck or root.
 - Fuss.
- Stop feeding when you see your baby is full. You can tell when she
 - Turns away
 - Closes her mouth
 - Relaxes her arms and hands
- Know that your baby is getting enough to eat if she has more than 5 wet diapers and at least 3 soft stools each day and is gaining weight appropriately.
- Burp your baby during natural feeding breaks.
- Hold your baby so you can look at each other when you feed her.
- Always hold the bottle. Never prop it.

If Breastfeeding

- Feed your baby on demand generally every 1 to 3 hours during the day and every 3 hours at night.
- Give your baby vitamin D drops (400 IU a day).
- Continue to take your prenatal vitamin with iron.
- Eat a healthy diet.

If Formula Feeding

- Always prepare, heat, and store formula safely. If you need help, ask us.
- Feed your baby 24 to 27 oz of formula a day. If your baby is still hungry, you can feed her more.

✓ CARING FOR YOUR BABY

- Hold and cuddle your baby often.
- Enjoy playtime with your baby. Put him on his tummy for a few minutes at a time when he is awake.
- Never leave him alone on his tummy or use tummy time for sleep.
- When your baby is crying, comfort him by talking to, patting, stroking, and rocking him. Consider offering him a pacifier.
- *Never hit or shake your baby.*
- Take his temperature rectally, not by ear or skin. A fever is a rectal temperature of 100.4°F/38.0°C or higher. Call our office if you have any questions or concerns.
- Wash your hands often.

Helpful Resources: National Domestic Violence Hotline: 800-799-7233 | Smoking Quit Line: 800-784-8669

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

1 MONTH VISIT—PARENT

SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- Make sure your baby always stays in her car safety seat during travel. If she becomes fussy or needs to feed, stop the vehicle and take her out of her seat.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Always put your baby to sleep on her back in her own crib, not in your bed.
 - Your baby should sleep in your room until she is at least 6 months old.
 - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
 - Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and toys in the crib.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Keep hanging cords or strings away from your baby. Don't let your baby wear necklaces or bracelets.
- Always keep a hand on your baby when changing diapers or clothing on a changing table, couch, or bed.
- Learn infant CPR. Know emergency numbers. Prepare for disasters or other unexpected events by having an emergency plan.

WHAT TO EXPECT AT YOUR BABY'S 2 MONTH VISIT

We will talk about

- Taking care of your baby, your family, and yourself
- Getting back to work or school and finding child care
- Getting to know your baby
- Feeding your baby
- Keeping your baby safe at home and in the car

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

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

American Academy of Pediatrics

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

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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 you and your baby will get, 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), asthma, eczema, colitis, 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 at daytime and nighttime 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 (increase in milk production) 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 water, 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 or football 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

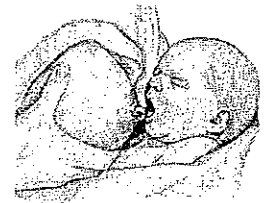
- Makes milk flow better
- Prevents sore nipples
- Keeps your baby satisfied
- Stimulates a good milk supply for baby's weight gain
- Helps to prevent engorged (overly full) breasts

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.

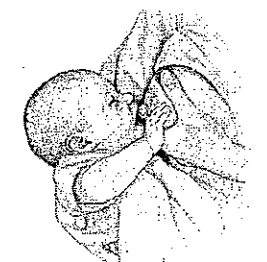
Touch your nipple to the center of your baby's lower lip. This will cause your baby to open his mouth widely. This is called the *rooting reflex*. As this occurs, pull your baby onto the nipple and areola. Keep in mind that when your baby is correctly positioned, or latched on, your nipple and much of 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 should be touching your breast and his nose should be close to the 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.



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.

Beyond the First Feedings

How often should I nurse?

Newborns feed often and will give cues or signs when they are ready to feed. The length of each feeding varies and your baby will show signs when she is finished. Newborns are hungry at different times, with a long cluster of feedings 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 more than 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 the corner of your baby's mouth and cheek 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.

While in the hospital keeping your baby with you skin to skin will make it easier for you to recognize hunger cues and also will make it easier for your baby to be alert and feed often. 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".)

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.
- Milk is visible during feedings (leaking or dripping).
- Your baby is gaining weight after the first 4 to 5 days of life.

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. 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. Remember, newborns feed often and will give cues or signs when they are ready to feed. The length of each feeding varies and your baby will show signs when she is finished.

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.

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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Safe Sleep and Your Baby:

How Parents Can Reduce the Risk of SIDS and Suffocation

About 3,500 babies die each year in the United States during sleep because of unsafe sleep environments.

Some of these deaths are caused by entrapment, suffocation, or strangulation. Some infants die of sudden infant death syndrome (SIDS). However, there are ways for parents to keep their sleeping baby safe.

Read on for more information from the American Academy of Pediatrics (AAP) on how parents can create a safe sleep environment for their babies. This information should also be shared with anyone who cares for babies, including grandparents, family, friends, babysitters, and child care center staff.

NOTE: These recommendations are for healthy babies up to 1 year of age. A very small number of babies with certain medical conditions may need to be placed to sleep on their stomach. Your baby's doctor can tell you what is best for your baby.

What You Can Do

• Place your baby to sleep on his back for every sleep.

- ° Babies up to 1 year of age should always be placed on their back to sleep during naps and at night. However, if your baby has rolled from his back to his side or stomach on his own, he can be left in that position if he is already able to roll from tummy to back and back to tummy.
- ° If your baby falls asleep in a car safety seat, stroller, swing, infant carrier, or infant sling, he should be moved to a firm sleep surface as soon as possible.
- ° Swaddling (wrapping a light blanket snugly around a baby) may help calm a crying baby. However, if you swaddle your baby before placing him on his back to sleep, stop swaddling him as soon as he starts trying to roll.

• Place your baby to sleep on a firm sleep surface.

- ° The crib, bassinet, portable crib, or play yard should meet current safety standards. Check to make sure the product has not been recalled. Do not use a crib that is broken or missing parts or that has drop-side rails. For more information about crib safety standards, visit the Consumer Product Safety Commission Web site at www.cpsc.gov.
- ° Cover the mattress with a fitted sheet.
- ° Do not put blankets or pillows between the mattress and fitted sheet.
- ° Never put your baby to sleep on an armchair, a sofa, a water bed, a cushion, or a sheepskin. (Parents should also make sure not to fall asleep on an armchair or a sofa while holding a baby.)

• Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation out of the crib.

- ° Pillows, quilts, comforters, sheepskins, bumper pads, and stuffed toys can cause your baby to suffocate.

NOTE: Research has not shown us when it's 100% safe to have these objects in the crib; however, most experts agree that these objects pose little risk to healthy babies after 12 months of age.

• Place your baby to sleep in the same room where you sleep but not the same bed.

- ° Keep the crib or bassinet within an arm's reach of your bed. You can easily watch or breastfeed your baby by having your baby nearby.
- ° The AAP cannot make a recommendation for or against the use of bedside sleepers or in-bed sleepers until more studies are done.
- ° Babies who sleep in the same bed as their parents are at risk of SIDS, suffocation, or strangulation. Parents can roll onto babies during sleep, or babies can get tangled in the sheets or blankets.

• Breastfeed as much and for as long as you can. This helps reduce the risk of SIDS.

- ° The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months. You can continue to breastfeed after 12 months if you and your baby desire.

• Schedule and go to all well-child visits. Your baby will receive important immunizations.

- ° Recent evidence suggests that immunizations may have a protective effect against SIDS.

• Keep your baby away from smokers and places where people smoke. This helps reduce the risk of SIDS.

- ° If you smoke, try to quit. However, until you can quit, keep your car and home smoke-free. Don't smoke inside your home or car, and don't smoke anywhere near your baby, even if you are outside.

• Do not let your baby get too hot. This helps reduce the risk of SIDS.

- ° Keep the room where your baby sleeps at a comfortable temperature.
- ° In general, dress your baby in no more than one extra layer than you would wear. Your baby may be too hot if she is sweating or if her chest feels hot.
- ° If you are worried that your baby is cold, use a wearable blanket, such as a sleeping sack, or warm sleeper that is the right size for your baby. These are made to cover the body and not the head.

• Offer a pacifier at nap time and bedtime. This helps reduce the risk of SIDS.

- ° If you are breastfeeding, wait until breastfeeding is going well before offering a pacifier. This usually takes 3 to 4 weeks. If you are not breastfeeding, you can start a pacifier as soon as you like.

- ° It's OK if your baby doesn't want to use a pacifier. You can try offering a pacifier again, but some babies don't like to use pacifiers.
- ° If the pacifier falls out after your baby falls asleep, you don't have to put it back in.
- ° Do not use pacifiers that attach to infant clothing.
- ° Do not use pacifiers that are attached to objects, such as stuffed toys and other items that may be a suffocation or choking risk.
- **Do not use home cardiorespiratory monitors to help reduce the risk of SIDS.**
- ° Home cardiorespiratory monitors can be helpful for babies with breathing or heart problems, but they have not been found to reduce the risk of SIDS.
- **Use caution when using products that claim to reduce the risk of SIDS.**
- ° Products such as wedges, positioners, special mattresses, and specialized sleep surfaces have not been shown to reduce the risk of SIDS.

- ° Remember to hold your newborn skin to skin while breastfeeding. If you can, do this as soon as you can after birth. Skin-to-skin contact is also beneficial for bottle-fed newborns.

Remember Tummy Time

Give your baby plenty of "tummy time" when she is awake. This will help strengthen neck muscles and help prevent flat spots on the head. Always stay with your baby during tummy time, and make sure she is awake.

From Your Doctor



What Expectant Moms Can Do

- ° Schedule and go to all prenatal doctor visits.
- ° Do not smoke, drink alcohol, or use drugs while pregnant or after the birth of your newborn. Stay away from smokers and places where people smoke.

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Car Safety Seat Checkup

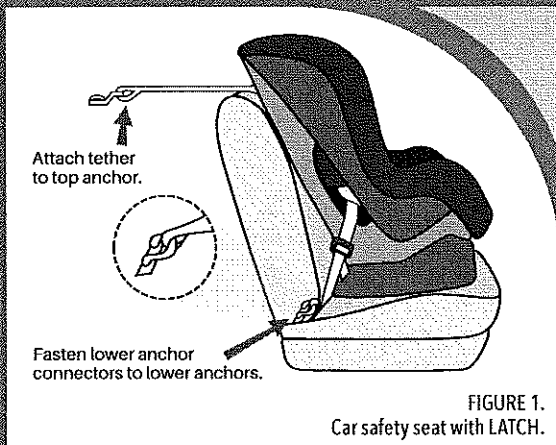


FIGURE 1.
Car safety seat with LATCH.



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



FIGURE 3.
Convertible car safety seat used rear facing.

Using a car safety seat correctly makes a big difference. Even the right seat for your child's size must be used correctly to properly protect your child in a crash. Here are car safety seat tips from the American Academy of Pediatrics.

Does your car have airbags?

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

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

- All infants and toddlers should ride in a rear-facing car safety seat until they are at least 2 years of age or reach the highest weight or height allowed by their car safety seat manufacturer.
- Any child who has outgrown the rear-facing weight or height limit for his car safety seat should use a forward-facing seat with a harness for as long as possible, up to the highest weight or height allowed by his car safety seat manufacturer.

Is the harness snug?

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

Does the car safety seat fit correctly in your vehicle?

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

Can you use the LATCH system?

- LATCH (lower anchors and tethers for children) is a car safety seat attachment system that can be used instead of the seat belt to install the seat. These systems are equally safe, but in some cases, it may be easier to install the car safety seat using LATCH.
- Vehicles with the LATCH system have anchors located in the back seat, where the seat cushions meet. All car safety seats have attachments that fasten to these anchors. Nearly all passenger vehicles made on or after September 1, 2002, and all car safety seats are equipped to use LATCH. All lower anchors are rated for a maximum weight of 65 pounds (total weight includes car safety seat and child). Check the car safety seat manufacturer's recommendations for the maximum weight a child can be to use lower anchors. New car safety seats have the maximum weight printed on their label.
- The top tether improves safety provided by the seat. Use the tether for all forward-facing seats. Check your vehicle owner's manual for the location of tether anchors. Always follow both the car safety seat and vehicle manufacturer instructions, including weight limits, for lower anchors and tethers. Remember, weight limits are different for different car safety seats and different vehicles.

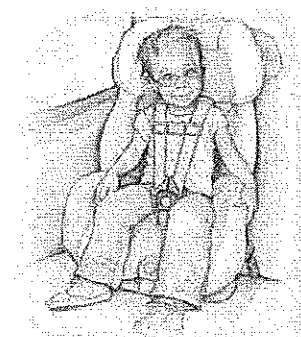


FIGURE 4.
Forward-facing car safety seat with harness.

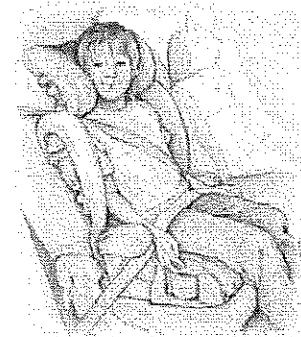


FIGURE 5.
Belt-positioning booster seat.

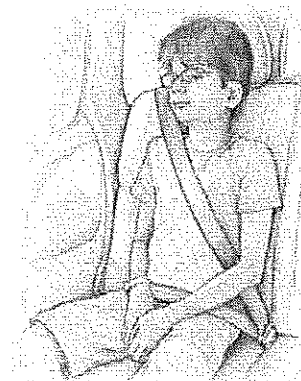


FIGURE 6.
Lap and shoulder seat belt.

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

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

Has your child outgrown the forward-facing seat?

- All children whose weight or height is above the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are 8 through 12 years of age.
- A seat belt fits properly when the shoulder belt lies across the middle of the chest and shoulder, not the neck or throat; the lap belt is low and snug across the upper thighs, not the belly; and the child is tall enough to sit against the vehicle seat back with her knees bent over the

edge of the seat without slouching and can comfortably stay in this position throughout the trip.

Do you have the instructions for the car safety seat?

- Follow them and keep them with the car safety seat.
- Keep your child in the car safety seat until she reaches the weight or height limit set by the manufacturer. Follow the instructions to determine whether your child should ride rear facing or forward facing and whether to install the seat using LATCH or the vehicle seat belt.

Has the car safety seat been recalled?

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

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

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

Resources

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

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

Figure 1 adapted from US Department of Transportation, National Highway Traffic Safety Administration. *LATCH Makes Child Safety Seat Installation as Easy as 1-2-3*. DOT HS publication 809 489. Published March 2011.

Figures 2, 3, 4, 5, and 6 by Anthony Alex LeTourneau.

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication.

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.

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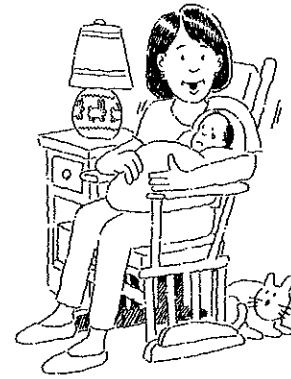


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Crying and Your Baby: How to Calm a Fussy or Colicky Baby



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 end of this brochure.) If a crying baby cannot be comforted, the cause may be colic. Read on for more information from the American Academy of Pediatrics 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 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 of age 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?

Here 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

Here 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 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 next.
- **If it is not yet time to feed your baby, offer the pacifier or help your baby find her thumb or finger.** Many babies 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, 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 child's doctor about these behaviors to see if her crying is related to sleeping or eating.

Baby's Daily Log		
Date:		
Time	Description	Notes

- **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

Here 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, such as 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.

Parents and caregivers need breaks from crying babies

If you have tried to calm your crying baby but nothing seems to work, you may need to take a moment for yourself. Crying can be tough to handle, especially if you're physically tired and mentally exhausted.

1. Take a deep breath and count to 10.
2. Place your baby in a safe place, such as crib or playpen without blankets and stuffed animals; leave the room; and let your baby cry alone for about 10 to 15 minutes.
3. While your baby is in a safe place, consider some actions that may help calm you down.
 - Listen to music for a few minutes.
 - Call a friend or family member for emotional support.
 - Do simple household chores, such as vacuuming or washing the dishes.
4. If you have not calmed after 10 to 15 minutes, check on your baby but *do not* pick up your baby until you feel you have calmed down.
5. When you have calmed down, go back and pick up your baby. If your baby is still crying, retry soothing measures.
6. Call your child's doctor. There may be a medical reason why your baby is crying.

Try to be patient. Keeping your baby safe is the most important thing you can do. It is normal to feel upset, frustrated, or even angry, but it is important to keep your behavior under control. Remember, **it is never safe to shake, throw, hit, slam, or jerk any child**—and it never solves the problem!

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

From your doctor

American Academy
of Pediatrics



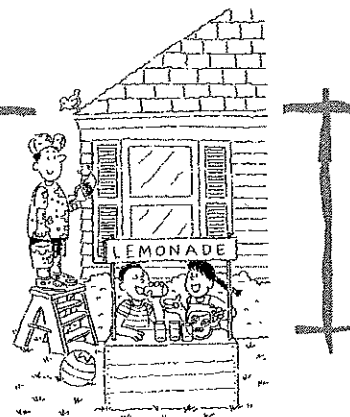
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American Academy of Pediatrics
Web site—www.HealthyChildren.org

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Lead is a Poison: What You Need To Know



Lead in the body can affect child development and behavior. Lead is a metal that is found in a lot of places. Though you can't usually see it, there are things you can do to prevent your child from being exposed to lead. No safe level of lead has been identified for children. Children are at highest risk because they often put their hands and objects in their mouths, and their growing bodies tend to easily absorb what they eat. This publication was written by the American Academy of Pediatrics to help parents understand how lead can be harmful, where it may be found, and what they can do to keep their children safe.

How is lead harmful?

- Lead can interfere with normal growth and development and have an impact on almost every system of the body, including the brain.
- Most children with lead in their blood show no symptoms. However, lead can harm development in ways that are easily seen in a child.
- Some children show learning and behavior problems. These may be seen first during preschool years or later.
- Physical symptoms may include stomach pain, headaches, vomiting, and feeling weak. Very high levels of lead in the body may cause seizures, coma, and death.

Where lead can be found

- **Homes and buildings.** Lead was added to indoor and outdoor paint until 1978. That is why it is found in so many homes. When lead-based paint surfaces rub together (like when a window is opened or a door closed) or when paint begins to peel or chip, the lead can get into the dust and dirt in and around the home.
- **Hobby materials** (stained glass, paints, solders, fishing weights, and buckshot).
- **Folk or home health remedies** (azarcon and greta, which are used for upset stomach or indigestion; pay-loo-ah, which is used for rash or fever).
- **Workplaces** (foundries, smelters, battery recycling plants, and auto repair shops).
- **Food bowls painted with lead glazes** (especially if made in another country or they are old).
- **Sometimes in products** like toys, jewelry, or furniture (especially if made in another country).
- **Water that has been in contact with lead pipes, lead solder, or older plumbing fixtures** (especially hot water pipes because hot water absorbs lead more quickly than cold water).

What you can do

- **Test your home for lead.** If your home was built before 1978, talk with your local health department about getting your home tested for lead. If you don't know how old your home is, assume there is lead. In the United States, lead is in paint in 87% of homes built before 1940, 69% of homes built from 1940–1959, and 24% of homes built from 1960–1977. Homes in the Northeast and Midwest are most likely to have lead in paint. Ask the landlord about lead before you sign a lease. Before you buy a home, have it inspected for lead.
- **Before any work is done on your home, learn about safe ways to make repairs.** When repairs are being done, seal off the area until the job is done and keep your child away until everything is cleaned up. Be sure to use a certified contractor. Removing lead paint on your own can often make the condition worse. If work is not done the safe way, you and your child can be harmed by increased exposure to lead in dust.
- **Keep your children away from old windows, old porches, and areas with chipping or peeling paint.** If it is in your home, cover it with duct tape or contact paper until it can be completely removed. If you rent your home, let your landlord know about any peeling or chipping paint. Landlords are legally required to repair lead problems found on their property.
- **Do not allow your child to play in the dirt next to your old home.** Plant grass over bare soil or use mulch or wood chips.
- **Clean your home regularly.** Wipe down floors and other level surfaces with a damp mop or sponge. Taking shoes off at the door can help reduce tracking in dirt.
- **Teach your children to wash their hands, especially before eating.** Wash pacifiers and toys regularly.
- **Keep clean.** If your work or hobbies involve lead, change your clothes and shoes and shower when finished. Keep your clothes at work or wash your work clothes as soon as possible.
- **Use cold flushed tap water for mixing formula, drinking, or cooking.** If you are in an older home, run the water for several minutes before using it in the morning and start with cold water for drinking or cooking.
- **Eat healthy.** Give your child a well-balanced diet that includes breakfast and food high in calcium and iron. A good diet can help your child absorb less lead.

Treatment for lead poisoning

The first action is to identify the source of exposure and prevent further exposures to lead. Some children with high levels of lead in their blood need to take a medicine that helps the body get rid of it faster. If your child's lead level is too high, it can take months to years for it to come down; close follow-up is needed. Children with development or behavior problems should be evaluated and, if needed, receive services to help them improve.

Lead screening

The only way to know for sure if your child has been exposed to lead is with a blood test. Lead screening tests sometimes take blood from the finger, but it is better and more accurate to take the blood from a vein in the arm. The test measures the amount of lead in the blood. If you think that your child has been exposed to lead, talk with your pediatrician about getting a blood test to check for lead.

For more information

CDC Childhood Lead Poisoning Prevention Program

770/488-3300

www.cdc.gov/nceh/lead

National Lead Information Center

800/424-LEAD (800/424-5323)

www.epa.gov/lead/nlic.htm

US Department of Housing and Urban Development

202/755-1785

www.hud.gov/offices/lead

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication.

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From your doctor

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Parent Resources for Babies up to 1 year

There are so many resources available online for parents. Who do you trust? Here are some links approved by your pediatrician, and the American Academy of Pediatrics.

<p>Healthy Children.org has a wealth of information for parents, including a Symptom checker, ideas for challenging your child to grow in development, and answers to questions about care of your child. https://www.healthychildren.org/English/Pages/default.aspx</p>	
<p>Care of Baby's Penis https://www.healthychildren.org/English/ages-stages/baby/bathing-skin-care/Pages/Caring-For-Your-Sons-Penis.aspx</p>	
<p>Post-Partum Depression - Speak Up When You're Down https://www.healthychildren.org/English/ages-stages/prenatal/delivery-beyond/Pages/Understanding-Motherhood-and-Mood-Baby-Blues-and-Beyond.aspx</p>	
<p>When Your Child Needs Emergency Care – What to do? https://www.healthychildren.org/English/health-issues/injuries-emergencies/Pages/When-Your-Child-Needs-Emergency-Medical-Services.aspx</p>	
<p>How and When to Introduce Solid Foods. The Baby-led Weaning website and pamphlet has helpful information on helping your baby move on to family meals. http://www.rapleyweaning.com/assets/blwleaflet2.pdf</p>	
<p>When does my baby need a new car seat? All the things you need to know about rear-facing car seats for infants and toddlers. https://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Rear-Facing-Car-Seats-for-Infants-Toddlers.aspx</p>	
<p>How do I safely take my baby for a bike ride? When are they old enough? https://www.healthychildren.org/English/safety-prevention/at-play/Pages/Baby-On-Board-Keeping-Safe-On-A-Bike.aspx</p>	

If you don't have a QR code reader on your phone, try these:

Apple iPhone: Go to the App Store and search for "QR Reader". It's free; no ads.

Android: Go to Google Play Store and search for "QR Code Reader". It's free; no ads.

Cowlitz County Resources for Postpartum Depression

Contact your medical provider, and ask to speak with their advice nurse.

Cowlitz County Crisis Hot Line – 24 Hour Crisis Line: 1-800-803-8833 and/or 360-425-6064

Perinatal Support – 888-404-7763

Baby Blues Connection – 800-557-8375 for 24 hour information/message line for one-on-one phone support, support groups, information and resources. For ongoing email support, send a message to support@babybluesconnection.org. There is also a BBC support group on Facebook.

Parent Trust Help Line 800-932-4673

Postpartum Support International – 800-944-4773

Speak Up When You're Down: PPD, support hotline – 888-404-7763

Websites for Postpartum Depression:

www.ppdmsupport.net

www.parenttrust.org

www.perinatalsupport.org

www.ppdsupportpage.com

www.postpartumstress.com

www.babybluesconnection.org



Clark County Resources for Postpartum Depression

Contact your medical provider, and ask to speak with their advice nurse.

Clark County Crisis Hot Line – 800-626-8137

Perinatal Support – 888-404-7763

Maternity Support Services – 360-852-9092, 5411 E. Mill Plain Suite 28, Vancouver, Washington

Baby Blues Connection – 800-557-8375 for 24 hour information/message line for one-on-one phone support, support groups, information and resources. For ongoing email support, send a message to support@babybluesconnection.org . There is also a BBC support group on Facebook.

Children's Home Society – 360-835-7802

Parent Trust Help Line – 800-932-4673

Postpartum Rehabilitation/Support Services – 503-830-8995

Postpartum Support International – 800-944-4773

Speak Up When You're Down: PPD, support hotline – 888-404-7763

Websites for Postpartum Depression:

www.ppdmsupport.net

www.parenttrust.org

www.perinatalsupport.org

www.ppdsupportpage.com

www.postpartumstress.com

www.babybluesconnection.org

