



BRIGHT FUTURES HANDOUT ► PARENT

6 MONTH VISIT

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

✓ HOW YOUR FAMILY IS DOING

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

✓ YOUR BABY'S DEVELOPMENT

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

✓ FEEDING YOUR BABY

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

Starting New Foods

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

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

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

6 MONTH VISIT—PARENT



HEALTHY TEETH

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



SAFETY

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

WHAT TO EXPECT AT YOUR BABY'S 9 MONTH VISIT

We will talk about

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

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

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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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Your Baby at 6 Months



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 6 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by this Age:

Social/Emotional

- Knows familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people's emotions and often seems happy
- Likes to look at self in a mirror

Language/Communication

- Responds to sounds by making sounds
- Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- Responds to own name
- Makes sounds to show joy and displeasure
- Begins to say consonant sounds (jabbering with "m," "b")

Cognitive (learning, thinking, problem-solving)

- Looks around at things nearby
- Brings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other

Movement/Physical Development

- Rolls over in both directions (front to back, back to front)
- Begins to sit without support
- When standing, supports weight on legs and might bounce
- Rocks back and forth, sometimes crawling backward before moving forward

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- Is missing milestones
- Doesn't try to get things that are in reach
- Shows no affection for caregivers
- Doesn't respond to sounds around him
- Has difficulty getting things to mouth
- Doesn't make vowel sounds ("ah", "eh", "oh")
- Doesn't roll over in either direction
- Doesn't laugh or make squealing sounds
- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.
Acting early can make a real difference!



www.cdc.gov/ActEarly
1-800-CDC-INFO (1-800-232-4636)



Download CDC's
Milestone Tracker App



Learn the Signs. Act Early.

Help Your Baby Learn and Grow



You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 6-month-old baby today.

What You Can Do for Your 6-Month-Old:

- Play on the floor with your baby every day.
- Learn to read your baby's moods. If he's happy, keep doing what you are doing. If he's upset, take a break and comfort your baby.
- Show your baby how to comfort herself when she's upset. She may suck on her fingers to self soothe.
- Use "reciprocal" play—when he smiles, you smile; when he makes sounds, you copy them.
- Repeat your child's sounds and say simple words with those sounds. For example, if your child says "bah," say "bottle" or "book."
- Read books to your child every day. Praise her when she babbles and "reads" too.
- When your baby looks at something, point to it and talk about it.
- When he drops a toy on the floor, pick it up and give it back. This game helps him learn cause and effect.
- Read colorful picture books to your baby.
- Point out new things to your baby and name them.
- Show your baby bright pictures in a magazine and name them.
- Hold your baby up while she sits or support her with pillows. Let her look around and give her toys to look at while she balances.
- Put your baby on his tummy or back and put toys just out of reach. Encourage him to roll over to reach the toys.

Milestones adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

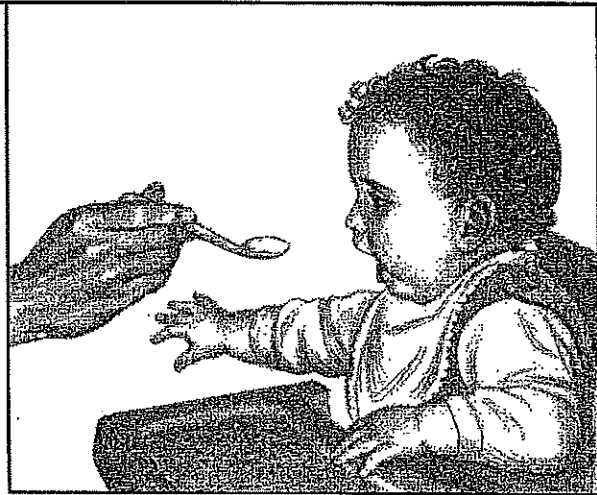
www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

How to feed your older baby solid foods

How is feeding going?
What do you like about feeding?
What don't you like?
Is there anything you would like to be different?
What and how are you feeding your baby?



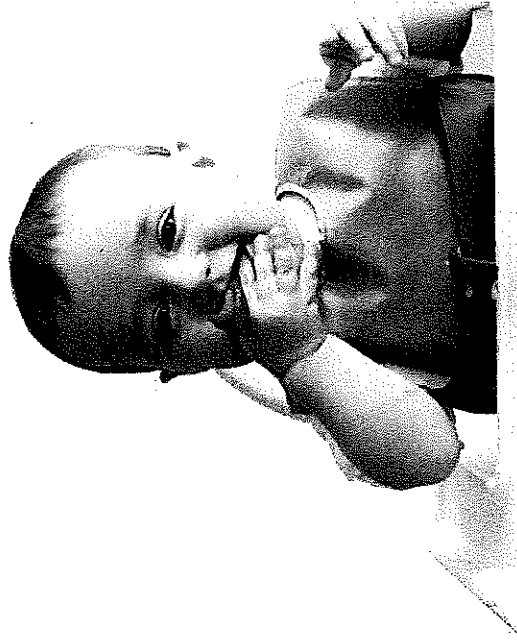
Your baby will eat solid foods best when he feels he has a say in the matter. It gives him a say when you wait to start solids until he can sit up. Then he can open his mouth and lean forward when he wants to eat and turn away and lean back when he doesn't. Let him touch his food and suck off his fingers, even if it makes a mess. That keeps him in control and lets him learn to feed himself.

Here is what to do—and not do—when you feed your older baby:

- **Have him sit up straight in a high chair, maybe propped up with pillows.**
Don't have him leaning back or lying down. Don't let his neck be crooked.
- **Sit right in front of him. Hold the spoon about a foot away from his mouth.**
Don't hold the spoon so close it feels pushy or so far away he can't see it well.
- **Wait for him to open his mouth. Put new food on his lip. Put familiar food in his mouth.**
Don't pry his lips open with the spoon. Don't surprise him with new food.
- **Feed the way he wants to eat: little or much, fast or slow.**
Don't make him hurry up or slow down. Don't take away the food before he is full.
- **Look at him. Talk to him kindly and quietly. Answer him.**
Don't talk a lot, play, sing, watch TV. On the other hand, don't just sit there.
- **Stop when he shows he's done, even after a taste on his lip or only one bite.**
Don't try to get him to eat more when he turns away, closes up or fusses.



Baby-led Weaning



Baby-led weaning is a common-sense, easy and enjoyable way to help your baby move on to family meals

What is baby-led weaning?

Baby-led weaning is a way of introducing solid foods that allows babies to feed themselves – there's no need for spoon feeding or purées. The baby sits with the family at mealtimes and joins in when he is ready, feeding himself first with his fingers and later with cutlery.

Baby-led weaning:

- * allows babies to explore taste, texture, colour and smell
- * encourages independence and confidence
- * helps to develop their hand-eye coordination and chewing skills
- * makes picky eating and mealtime battles less likely

All healthy babies can begin to feed themselves from about six months. They just need to be given the opportunity.

Why baby-led weaning makes sense

Baby-led weaning is based on the way babies develop in their first year.

Babies' immune and digestive systems aren't ready for other foods until they are about six months old – breastmilk (or infant formula) is all healthy babies need until then.

In the past, when babies were started on solid foods at three or four months, they had to be spoon fed with purées. At six months, most babies are able to sit upright, pick up pieces of food, take them to their mouth and chew them – in other words, they can feed themselves.

If you've waited until your baby is six months to introduce solid foods you've skipped the purée stage, so there's no need to start that way.

Won't he choke?

Even when weaning was recommended from four months, parents were encouraged to introduce finger foods at around six months to help their baby develop his chewing skills – the difference with baby-led weaning is that there's no spoon feeding alongside the finger foods. So, provided basic safety rules are observed, choking is no more likely with baby-led weaning than with the conventional method of introducing solids. In fact, allowing babies to control what goes into their mouths may actually help them learn to eat safely



How do we get started?

- * **Sit your baby upright**, facing the table, either on your lap or in a highchair. Make sure she is able to sit steadily and can use her hands and arms freely.
- * **Offer your baby food, rather than give it to her** – put it in front of her, or let her take it from your hand, so that the decision is hers.
- * **Start with foods that are easy to pick up** – thick sticks or long strips are best at first. Introduce new shapes and textures gradually so that your baby can work out how to handle them.
- * **Include your baby in your mealtimes** whenever you can. As far as possible – as long as it's suitable – offer her the same food as you are eating, so that she can copy you.
- * **Choose times when your baby is not tired or hungry**, so she can concentrate. Mealtimes at this stage are for play and learning – she will still be getting all her nourishment from her milk feeds.
- * **Carry on offering breast or formula feeds as before** – this is still your baby's main source of nutrition until she is a year old. When she needs less she will reduce her milk feeds herself.
- * **Offer your baby water** with her meals so she can drink if she needs to. If she chooses not to, that means she doesn't need to.
- * **Don't hurry your baby or distract her** while she is handling food – allow her to concentrate and take her time.
- * **Don't put food into your baby's mouth for her or try to persuade her to eat more than she wants.**

Which foods can I offer my baby?

You can share most healthy family foods with your baby. For example, fruit, cooked vegetables, meat, cheese, well-cooked eggs, bread (or toast), rice, pasta, and most fish are suitable. Start with foods that are easy to cut into sticks or large strips.

Offering your baby a variety of foods will give him the chance to discover different tastes and textures and ensure he gets all the nutrients he needs.

Foods to avoid

- * Added salt and sugar (read labels carefully – many foods, such as baked beans, pies, sauces and gravy, contain a lot of salt)
- * 'Fast foods' and ready meals
- * Honey, shellfish, shark, marlin and under-cooked eggs

Tips

- * Don't expect your baby to eat much at first. Many babies eat only small amounts for the first few months of baby-led weaning. For your baby these early mealtimes are about discovering and learning rather than eating.
- * Expect some mess! Spread a clean mat under your baby's chair to protect the floor – and so you can hand dropped pieces back to him.
- * Keep it enjoyable. That way your baby will be keen to try new foods and look forward to mealtimes.

Keep your baby safe

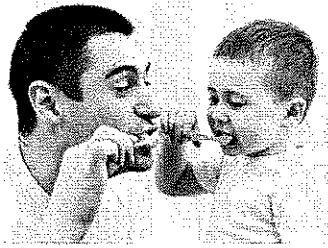
- * Make sure your baby is sitting upright to eat
- * Avoid nuts, whole or in pieces
- * Cut small fruits such as olives and cherries in half; remove any stones
- * Don't let anyone except your baby put food into his mouth
- * Explain how baby-led weaning works to anyone caring for your baby
- * NEVER leave your baby alone with food

Note

If you have a family history of food intolerance, allergies or digestive problems, or any other concerns about your baby's health or development, you may wish to discuss the introduction of solids with your health advisers.

The 'Baby-led' series of books, by Gill Rapley and Tracey Murkett, includes *Baby-led Weaning, Helping your baby to love good food, The Baby-led Weaning Cookbook, Baby-led Breastfeeding* and *Baby-led Parenting*.

For more information see www.baby-led.com and www.rapleyweaning.com



A Guide to Children's Dental Health

The road to a bright smile begins long before the first tooth appears. Parents play a big part in helping their children develop healthy teeth. Early monitoring by your child's doctor and dentist is important.

Steps to good dental health include

- Regular care by a dentist trained to treat young children (See *What is a pediatric dentist?*)
- Getting enough fluoride
- Regular brushing and flossing
- Eating right

Read on for information from the American Academy of Pediatrics (AAP) about why fluoride is important, when to start cleaning your child's teeth, if pacifier use or thumb-sucking hurts teeth, how to prevent tooth decay, pediatric dentists, and regular dental checkups.

Why is fluoride important?

Fluoride is a natural substance that can be added to drinking water and toothpaste. It strengthens tooth enamel (the hard outer coating on teeth). Fluoride also helps repair early damage to teeth.

Children should drink water with fluoride in it when available. If not available, talk with your child's doctor or pediatric dentist to see if your child needs fluoride tablets or drops. Your child may also have fluoride varnish applied to his teeth by his doctor or pediatric dentist.

When should I start cleaning my child's teeth?

Daily tooth cleaning should start as soon as your baby's first tooth appears. Wipe the teeth with a piece of gauze or a damp cloth at least twice daily, after meals. Switch to a soft toothbrush with a fluoride toothpaste once your child has a tooth.

A smear (the size of a grain of rice) of fluoride toothpaste should be used for children younger than 3 years. For children 3 and older, a pea-sized amount of fluoride toothpaste should be used. Because children tend to swallow toothpaste, using too much fluoride toothpaste while brushing may result in fluorosis (spotting of the teeth).

Also, check the teeth for early signs of tooth decay. Tooth decay appears as white, yellow, or brown spots or lines on the teeth. Any 2 teeth that are touching each other should be flossed to prevent a cavity from forming between the teeth. An ideal baby bite should have gaps between the front teeth.

Does pacifier use or thumb-sucking hurt teeth?

If a child sucks strongly on a pacifier, his thumb, or his fingers, this habit may affect the shape of his mouth or how his teeth are lining up. If he stops using a pacifier by 3 years of age, his bite will most likely correct itself. If he stops sucking on a pacifier, his thumb, or his fingers before his permanent front teeth come in, there's a chance his bite will correct itself. If he continues his sucking habit after his adult teeth have come in, orthodontic care may be needed to realign his teeth.

How can I prevent tooth decay in my baby or child?

Parents, especially if they have a history of cavities, can pass germs that cause cavities and gum disease if they share food or drinks with their children. This is why it is important for parents to keep the following tips in mind:

- Do not share your food or drinks with your children.
- Do not lick your children's spoons, forks, or pacifiers.
- Do make sure to keep your gums and teeth healthy and schedule regular dental checkups. Pregnant women should make sure their gums and teeth are healthy too.

Other ways parents can help prevent tooth decay in their babies and children include

- If you put your child to bed with a bottle, fill it only with water.
- If your child drinks from a bottle or sippy cup, make sure to fill it only with water when it's not mealtime.
- If your child wants a snack, offer a healthy one like fruits or vegetables. (To help your child avoid choking, make sure anything you give your child is soft, easy to swallow, and cut into small pieces no larger than one-half an inch.)
- Avoid sweet or sticky snacks, such as raisins, gummy candies and vitamins, or Fruit Roll-Ups or cookies. There is sugar in foods like crackers and chips too. They should only be eaten at mealtime.
- If your child is thirsty, give her water or milk. If your child drinks milk at bedtime, make sure to clean her teeth afterward. Don't let your child sip drinks that have sugar and acid, such as juices, sports drinks, flavored drinks, lemonade, soft drinks (soda, pop), or flavored teas.

What is a pediatric dentist?

During regular well-child visits, your child's pediatrician will check your child's teeth and gums to make sure they are healthy. If your child has dental problems, your child's pediatrician will refer her to a pediatric dentist or a general dentist trained to treat young children.

A pediatric dentist specializes in the care of children's teeth, but some general dentists also treat children. Pediatricians refer children younger than 1 year to a dental professional if the child

- Chips or injures a tooth or has an injury to the face or mouth.
- Has teeth that show any signs of discoloration. This could be a sign of tooth decay or trauma.
- Complains of tooth pain or is sensitive to hot or cold foods or liquids. This could also be a sign of decay.
- Has any abnormal lesion (growth) inside the mouth.
- Has an unusual bite (the teeth do not fit together right).

Find a pediatric dentist in your area on the American Academy of Pediatric Dentistry Web site at www.aapd.org.

When should my child begin regular dental checkups?

From Your Doctor 

The AAP recommends that all infants receive oral health risk assessments by 6 months of age. Infants at higher risk of early dental caries should be referred to a dentist as early as 6 months of age, and no later than 6 months after the first tooth erupts or 12 months of age (whichever comes first) to establish their dental home. Every child should have a dental home established by 12 months of age.

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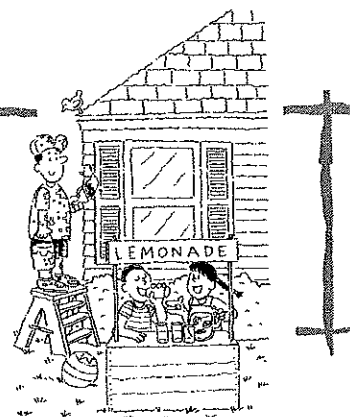
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from the American Academy of Pediatrics

The American Academy of Pediatrics (AAP) is an organization of 66,000 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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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

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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.

From your doctor

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of Pediatrics

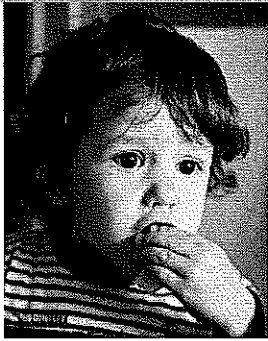


DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 64,000 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.

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

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Choking Prevention and First Aid for Infants and Children

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

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

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

Read more about choking prevention and first aid.

Dangerous Foods

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

Here are foods that can be choking hazards:

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

Dangerous Household Items

Keep the following household items away from infants and children:

- Balloons
- Coins
- Marbles

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

What You Can Do To Prevent Choking

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

First Aid for the Child Who Is Choking

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

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The persons whose photographs are depicted in this publication are professional models. They have no relation to the issues discussed. Any characters they are portraying are fictional. 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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CHOKING/CPR

LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION).

IF ALONE WITH A CHILD WHO IS CHOKING...

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

START FIRST AID FOR CHOKING IF

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough or talk or looks blue.
- The child is found unconscious/unresponsive. (Go to CPR.)

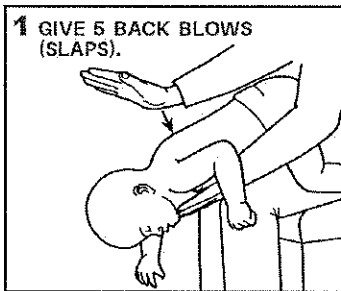
DO NOT START FIRST AID FOR CHOKING IF

- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

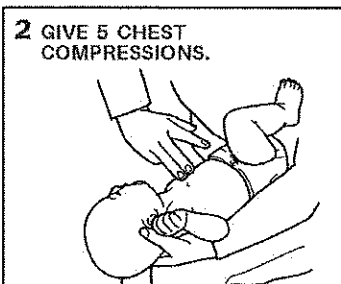
FOR INFANTS YOUNGER THAN 1 YEAR

INFANT CHOKING

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



ALTERNATING WITH



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

INFANT CPR

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

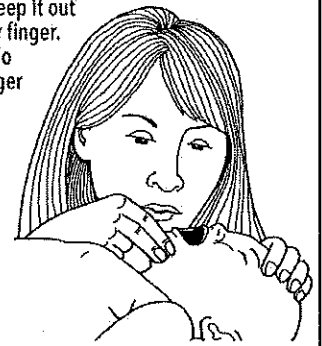
1 START CHEST COMPRESSIONS.

- Place 2 fingers of 1 hand on the breastbone just below the nipple line.
- Compress chest at least $\frac{1}{3}$ the depth of the chest, or about 4 cm (1.5 inches).
- After each compression, allow chest to return to normal position. Compress chest at rate of at least 100 times per minute.
- Do 30 compressions.



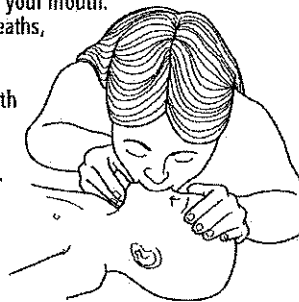
2 OPEN AIRWAY.

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



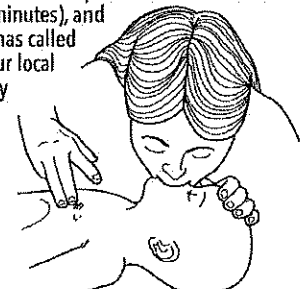
3 START RESCUE BREATHING.

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



4 RESUME CHEST COMPRESSIONS.

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



If at any time an object is coughed up or the infant/child starts to breathe, stop rescue breaths and call 911 or your local emergency number.

Ask your pediatrician for information on choking/CPR instructions for children older than 8 years and for information on an approved first aid or CPR course in your community.

CHOKING/CPR

LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION).

IF ALONE WITH A CHILD WHO IS CHOKING...

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

START FIRST AID FOR CHOKING IF

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough or talk or looks blue.
- The child is found unconscious/unresponsive. (Go to CPR.)

DO NOT START FIRST AID FOR CHOKING IF

- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR CHILDREN 1 TO 8 YEARS OF AGE

CHILD CHOKING (HEIMLICH MANEUVER)

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

1. Perform Heimlich maneuver.

- Place hand, made into a fist, and cover with other hand just above the navel. Place well below the bottom tip of the breastbone and rib cage.
- Give each thrust with enough force to produce an artificial cough designed to relieve airway obstruction.
- Perform Heimlich maneuver until the object is expelled or the child becomes unconscious/unresponsive.

2. If the child becomes UNCONSCIOUS/UNRESPONSIVE, begin CPR. →



CHILD CPR

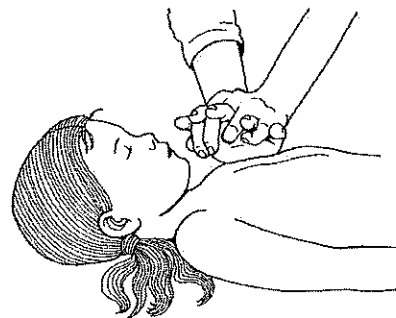
To be used when the child is **UNCONSCIOUS/UNRESPONSIVE** or when breathing stops. Place child on flat, hard surface.

1 START CHEST COMPRESSIONS.

- Place the heel of 1 or 2 hands over the lower half of the sternum.
- Compress chest at least $\frac{1}{3}$ the depth of the chest, or about 5 cm (2 inches).
- After each compression, allow chest to return to normal position. Compress chest at a rate of at least 100 to 120 times per minute.
- Do 30 compressions.



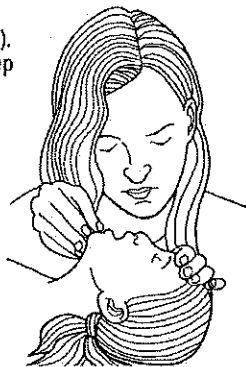
1-hand technique



2-hand technique

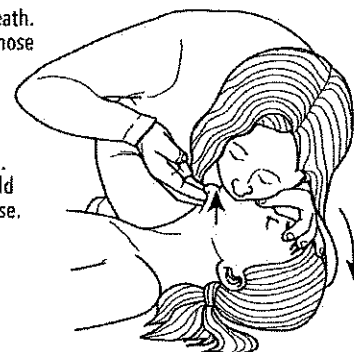
2 OPEN AIRWAY.

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



3 START RESCUE BREATHING.

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



4 RESUME CHEST COMPRESSIONS.








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

If at any time an object is coughed up or the infant/child starts to breathe, stop rescue breaths and call 911 or your local emergency number.

Ask your pediatrician for information on choking/CPR instructions for children older than 8 years and for information on an approved first aid or CPR course in your community.

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.

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



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.

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

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