



# BRIGHT FUTURES HANDOUT ► PARENT

## 9 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 feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help.
- Keep in touch with friends and family.
- Invite friends over or join a parent group.
- Take time for yourself and with your partner.

### ✓ FEEDING YOUR BABY

- Be patient with your baby as he learns to eat without help.
- Know that messy eating is normal.
- Emphasize healthy foods for your baby. Give him 3 meals and 2 to 3 snacks each day.
- Start giving more table foods. No foods need to be withheld except for raw honey and large chunks that can cause choking.
- Vary the thickness and lumpiness of your baby's food.
- Don't give your baby soft drinks, tea, coffee, and flavored drinks.
- Avoid feeding your baby too much. Let him decide when he is full and wants to stop eating.
- Keep trying new foods. Babies may say no to a food 10 to 15 times before they try it.
- Help your baby learn to use a cup.
- Continue to breastfeed as long as you can and your baby wishes. Talk with us if you have concerns about weaning.
- Continue to offer breast milk or iron-fortified formula until 1 year of age. Don't switch to cow's milk until then.

### ✓ YOUR CHANGING AND DEVELOPING BABY

- Keep daily routines for your baby.
- Let your baby explore inside and outside the home. Be with her to keep her safe and feeling secure.
- Be realistic about her abilities at this age.
- Recognize that your baby is eager to interact with other people but will also be anxious when separated from you. Crying when you leave is normal. Stay calm.
- Support your baby's learning by giving her baby balls, toys that roll, blocks, and containers to play with.
- Help your baby when she needs it.
- Talk, sing, and read daily.
- Don't allow your baby to watch TV or use computers, tablets, or smartphones.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

### ✓ DISCIPLINE

- Tell your baby in a nice way what to do ("Time to eat"), rather than what not to do.
- Be consistent.
- Use distraction at this age. Sometimes you can change what your baby is doing by offering something else such as a favorite toy.
- Do things the way you want your baby to do them—you are your baby's role model.
- Use "No!" only when your baby is going to get hurt or hurt others.

**Helpful Resources:** National Domestic Violence Hotline: 800-799-7233 | Family Media Use Plan: [www.healthychildren.org/MediaUsePlan](http://www.healthychildren.org/MediaUsePlan)  
Poison Help Line: 800-222-1222 | Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236

# 9 MONTH VISIT—PARENT



## SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Have your baby's car safety seat rear facing until she reaches the highest weight or height allowed by the car safety seat's manufacturer. In most cases, this will be well past the second birthday.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- 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.
- Never leave your baby alone in the car. Start habits that prevent you from ever forgetting your baby in the car, such as putting your cell phone in the back seat.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.
- Place gates at the top and bottom of stairs.
- Don't leave heavy or hot things on tablecloths that your baby could pull over.
- Put barriers around space heaters and keep electrical cords out of your baby's reach.
- Never leave your baby alone in or near water, even in a bath seat or ring. Be within arm's reach at all times.
- Keep poisons, medications, and cleaning supplies locked up and out of your baby's sight and reach.
- Put the Poison Help line number into all phones, including cell phones. Call if you are worried your baby has swallowed something harmful.
- Install operable window guards on windows at the second story and higher. Operable means that, in an emergency, an adult can open the window.
- Keep furniture away from windows.
- Keep your baby in a high chair or playpen when in the kitchen.

## WHAT TO EXPECT AT YOUR CHILD'S 12 MONTH VISIT

### We will talk about

- Caring for your child, your family, and yourself
- Creating daily routines
- Feeding your child
- Caring for your child's teeth
- Keeping your child safe at home, outside, and in the car

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

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

American Academy of Pediatrics

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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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# 6 TO 12 MONTHS

## Safety for Your Child

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

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

### Falls

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

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

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

### Burns

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

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

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



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## Drowning

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

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



## Poisoning and Choking

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

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

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



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

## Strangulation and Suffocation

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

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

## And Remember Car Safety

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



From Your Doctor

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

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

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

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## Feeding Guidelines

<i>Age</i>	<i>Food Group</i>	<i>Foods</i>	<i>Times per day</i>	<i>Serving Size</i>	<i>Feeding Tips</i>
8-12 months	Milk	Breast Milk or Formula	3-4 3-4	6-8 ozs	<ul style="list-style-type: none"> <li>Serving sizes are approximate. Each baby's appetite is different.</li> <li>Daily totals of breast milk or formula for this group are approx 16-32 ozs.</li> <li>Typically at this age babies are having 3 meals today with breast milk/formula between.</li> <li>Be patient. Babies are messy when they feed themselves.</li> <li>At this age, babies are typically on a combination of pureed and finger foods. Start with allowing the baby to feed him/herself finger foods then add in pureed foods with spoon.</li> <li>Let baby use a spoon for self-feeding as able.</li> <li>Attempt to get a balanced diet of all food groups daily.</li> <li>Offer fresh fruit and cooked vegetables in bite size portions. Some fruits may need to be peeled and/or seeded (apples, pears).</li> <li>Continue to offer beverage in a cup.</li> <li>Table foods need to be cut into very small pieces to avoid choking. Always remember to avoid choking hazard foods: nuts, grapes, hot dogs..etc</li> <li>No honey until 12 months of age.</li> <li>Always mix peanut butter with other foods. Do not feed directly</li> <li>Always taste heated foods before serving them to baby to make sure they are not too hot.</li> <li>Never leave babies unattended while they are eating.</li> </ul>
		Cheese Plain or blended yogurt	Offer	1/2 oz 1/2 cup	
	Grain	Baby cereal (iron-fortified)	2-3	1/4 cup	
		Bread/Rice/Pasta	1-2	1/4 slice or 1/4 cup	
	Fruit	Bananas, pears, peaches, apples, melons (examples)	2	2.5- 4 oz	
		Fruit Juice	1	4 oz	
Vegetable	Dark yellow, orange or green	2	2.5-4 oz		
Meat	Chicken, beef, pork, beans, tofu	2	2.5 oz		

## Tender Care Pediatrics PC

### *Recommended Feeding in the first year*

Pureed single foods first (stage 1), then move onto mixed foods (stage 2) as long as only 1 ingredient is new at a time. Start with solids once daily and advance slowly to 3 meals/day in addition to increasing volumes of formula/nursing (at least 24 oz formula/day or nursing 4-5 times/day).

Wait 3-5 days between each new food. This helps you to know if a symptom is developing from that food item. Discuss with your primary care provider if you think that there has been a reaction to any food.

#### **Common symptoms of food allergy include:**

Rash, vomiting, diarrhea

Feed baby food from a dish rather than out of a jar.  
Throw away leftovers in the dish. Any leftover jar food may be refrigerated for 1-2 days.

#### **NO HONEY! (entire first yr)**

**NO JUICE in the first year**  
(unless otherwise recommended by your primary care provider)

**Birth-6 months**

*Baby can suck*

*Hold baby while feeding*

Breast milk is best

Formula should be used if not breast feeding

No water or juice

**Starter Foods: 6-8 months**

*Baby can sit with support and control his head movements.*

*Begin spoon feeding.*

For most babies, no particular order of solids is best. Generally, vegetables are started first, then meats, cereals/fruit.

**Breastfed infants** benefit from foods made with meat, which contain more easily absorbed sources of iron and zinc.

Even pureed nuts can be introduced at this stage.  
\*Discuss with your provider.

*Introduce a sippy cup with up to 4-5 oz of water per day (no juice).*

**7-9 months**

*Baby can chew, grasp, and hold items.*

*Finger feeding begins.*

Try:

- Well-cooked vegetables
- Sliced fruit
- Cheerios
- Soft cheeses
- Pancake bits
- Well-cooked noodles
- Eggs

Try new tastes and textures.

- Plain yogurt
- Cottage cheese
- Tofu
- Refried beans
- Soft foods from the family meal

*Offer sips of water from a sippy cup with each meal.*

*Always try to eat together as a family.*

No juice.

**9 – 12 months**

*Baby can eat with a spoon and will feed self more often.*

*Expect your baby to make a mess and often use hands to eat.*

Offer fewer pureed foods and more foods from the family meal.

Set a good example; parents should eat plenty of fruits and vegetables.

**Prevent choking.**  
**Avoid dangerous foods:**

- Raw vegetables
- Nuts
- Seeds
- Whole grapes or cherry tomatoes
- Hot dogs
- Popcorn
- Spoonfuls of peanut butter

No juice.

**1 year and beyond**

Your baby should now eat 3 meals and 2-3 snacks each day.

Encourage self-feeding.

Continue breastfeeding.

Wean from bottle.

Begin offering cow's milk in a cup, 16-20 oz/d. Do not offer low fat of skim milk until your baby is 2 years old \*unless otherwise recommended by primary care provider.

**Building Good Eating Habits:**

- Make feeding time a happy time for the whole family; eat together.
- Let your baby decide when enough is enough!
- Never force your baby to eat or drink.
- Juice is not recommended. If given, limit juice intake to 4 oz per day.

*-Limit added sugar.*  
Your baby does not need cookies, cake, pie, or candy. Fruit is the best dessert of all.

## Safety and Prevention

- Keep the toaster out of your child's reach to prevent burns or electrical injuries.
- Keep electrical appliances unplugged from the wall when not in use, and use plug protectors for wall outlets.
- Are appliance cords tucked away so that they cannot be pulled on?
- Make sure that your child's high chair is sturdy and has a seat belt with a crotch strap.
- Is there a working fire extinguisher in the kitchen? Do all adults and older children know how to use it?

### The Family Room

- Are edges and corners of tables padded to prevent injuries?
- Are houseplants out of your child's reach? Certain houseplants may be poisonous.
- Are televisions and other heavy items (such as lamps) secure so that they cannot tip over?
- Are there any unnecessary or frayed extension cords? Cords should run behind furniture and not hang down for children to pull on them.
- Is there a barrier around the fireplace or other heat source?
- Are the cords from drapes or blinds kept out of your child's reach to prevent strangulation?
- Are plug protectors in unused electrical outlets?
- Are matches and lighters out of reach?

### Miscellaneous Items

- Are stairs carpeted and protected with non-accordion gates?
- Are the rooms in your house free from small parts, plastic bags, small toys, and balloons that could pose a choking hazard?
- Do you have a plan of escape from your home in the event of a fire? Have you reviewed and practiced the plan with your family?
- Does the door to the basement have a self-latching lock to prevent your child from falling down the stairs?
- Do not place your child in a baby walker with wheels. They are very dangerous, especially near stairs.
- Are dangerous products stored out of reach (in cabinets with safety latches or locks or on high shelves) and in their original containers in the utility room, basement, and garage?
- If your child has a playpen, does it have small-mesh sides (less than 3/4 inch mesh) or closely spaced vertical slats (less than 2 1/2 inches)?
- Are the numbers of the Poison Control Center and your pediatrician posted on all phones?
- Do your children know how to call 911 in an emergency?
- Inspect your child's toys for sharp or detachable parts. Repair or throw away broken toys.

### The Playground

- Are the swing seats made of something soft, not wood or metal?
- Is the surface under playground equipment energy absorbent, such as rubber, sand, sawdust (12 inches deep), wood chips, or bark? Is it well maintained?
- Is your home playground equipment put together correctly and does it sit on a level surface, anchored firmly to the ground?
- Do you check playground equipment for hot metal surfaces such as those on slides, which can cause burns? Does your slide face away from the sun?
- Are all screws and bolts on your playground equipment capped? Do you check for loose nuts and bolts periodically? Be sure there are no projecting bolts, nails, or s-links.
- Do you watch your children when they are using playground equipment—to prevent shoving, pushing, or fighting?
- Never let a child play on playground equipment with dangling drawstrings on a jacket or shirt.

### The Pool

- Never leave your child alone in or near the pool, even for a moment.
- Do you have a 4-foot fence around all sides of the pool that cannot be climbed by children and that separates the pool from the house?
- Do fence gates self-close and self-latch, with latches higher than your child's reach?
- Does your pool cover completely cover the pool so that your child cannot slip under it?
- Do you keep rescue equipment (such as a shepherd's hook or life preserver) and a telephone by the pool?
- Does everyone who watches your child around a pool know basic lifesaving techniques and CPR?
- Does your child know the rules of water and diving safety?

### The Yard

- Do you use a power mower with a control that stops the mower if the handle is let go?
- Never let a child younger than 12 years of age mow the lawn. Make sure your older child wears sturdy shoes (not sandals or sneakers) while mowing the lawn and that objects such as stones and toys are picked up from the lawn before it is mowed.
- Do not allow young children in the yard while you are mowing.
- Teach your child to never pick and eat anything from a plant.
- Be sure you know what is growing in your yard so, if your child accidentally ingests a plant, you can give the proper information to your local Poison Control Center.

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# Raising A Reader



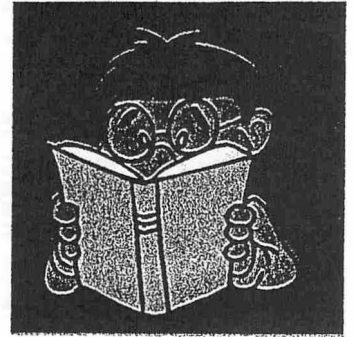
Tender Care Pediatrics

9 months

609-641-0200

## Books Babies Love

Books make great gifts for a friend's birthday. Why not share the gift of reading!



Now that your baby is no longer an infant, choose books about things your baby likes- trucks, dolls, Elmo, etc. Some babies prefer books with flaps, while others like photographs. Don't choose anything too delicate though since most babies love to grab and chew everything they can reach.

If you find that your baby wants to grab the book you are reading, give him another to play with while you read.

Babies at this age love to have the attention of their parent. When they play, they want mom or dad to be nearby. When they perform, they love applause and will repeat their act if praised. So clap, hug, and praise baby after enjoying a book together.

### Book List

**Where the Wild Things Are**

*Maurice Sendak*

**The Daddy Book**

*Todd Parr*

**Do You Know Me**

*Jean Marzolle*

**Moo Baa La La La**

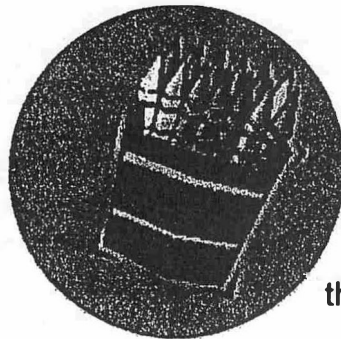
*Sandra Boynton*

**Mr Brown Can**

**Moo-**

*Dr. Seuss*

## Finger Fun



For the first 6 months, your baby has mastered control of her eyes, mouth, neck, and shoulders. By 9 months, she has better control of her trunk, arms and hands. She can sit on the floor with good balance for 10 to 15 minutes at a time. She can lean forward and pick up

a toy and not lose balance. On the floor, she may roll or pull herself along to get to where she's going. She may even be pulling herself up to a standing position.

With her hands, she likes to examine objects, looking at them, banging them, and even poking them. She also has developed a fine grasp of small objects between her thumb and forefinger. This means she will love to pick up small foods like Cheerios. Now is also a fun age to let her become an artist. Offer her crayons or a Magna Doodle to start her creations.

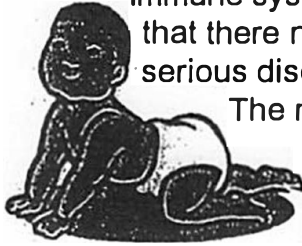
## Don't Leave Me

Around this age, babies start to develop separation anxiety. This may account for a temporary increase in nighttime wakings. Keep middle-of-the-night contacts short and boring. Avoid picking him up or treating him to a nighttime snack. With a little bit of time and patience, these will go away.



## Colds

Although having a sick child is no fun, it is a normal part of life. It helps build up his immune system for the rest of his life. It is only when the illness gets out of hand that there needs to be concern. This is why we immunize against some of the more serious diseases.



The most common of these illnesses are those caused by viruses- namely the cold and flu. They affect all age groups even babies. The baby may have one or more of the following: fever, runny nose, cough, vomiting, or diarrhea. The symptoms especially fever are worst in the beginning of the illness.

The symptoms especially fever are worst in the beginning of the illness. Temperatures up to 104 or 105 are scary but a normal baby response to kill the virus. Cooling off methods like sponge bath with luke warm water and acetaminophen (Tylenol) are usually successful. However if your child is getting worse or you are concerned, you should call the office. Colds can also lead to complications such as ear infections and pneumonia. Signs to watch out for are ear ache, increasing cough, chest pain, or trouble breathing.

## Cup

Babies at nine months are becoming more independent and also slowing their rapid newborn weight gain. One way they show this is by seeming less interested in the breast or bottle. Some parents see this as a sign they are ready to wean from milk. This may be a good opportunity to try a cup with the baby. While breastfeeding is recommended for the first year and beyond, bottle feeding after a year is discouraged. Unlike breastfeeding, the bottle has an increased risk of causing cavities. And even though these are only baby teeth, cavities can cause more long lasting damage. It also is more difficult to wean from the bottle as the baby gets older. You can use the cup to offer formula or small amounts of water.

## Games Babies Love

Babies and parents can have fun playing the simplest games and it's good for them to teach them new things. Imitation games such as clapping hands, waving goodbye, nodding heads, and touching your nose, etc. The baby can imitate you, but you can also imitate your baby. Repeat sounds they make and have a conversation. Peek-a-boo is another favorite. Put a scarf on your face and saying Where's Mommy (Daddy)? Then there she/he is. You can also try hiding baby. Other games include pat-a-cake or "how big is Baby? So big". "This little piffy went to market" is also a good one to try. Put floating toys in the bathtub to make it more fun. Babies love to bang on pots and pans in the kitchen. But no matter what games you play consider safety first. Avoid delicate plastic toys which break easily, small toys which babies can choke on, more so as she explores her world especially in the bathtub.



## Stranger Awareness/Stranger Anxiety

You may be discovering that your child is becoming more aware of unfamiliar adults. Once, your child would go to anyone who wanted to hold him. Now he looks scared and worried when a stranger approaches. Some children can be open, affectionate and outgoing with parents but become clingy, fearful and upset around strangers. Although this can be stressful to parents, it's a sign that your child is developing as expected. He is aware of and attached to different people in his life. Stranger awareness or stranger anxiety is very typically in older infants. Their attachment to you is strong—and they want the comfort of you. This may be an especially tough time to introduce new people—especially babysitters—into your child's life.

Stranger awareness or stranger anxiety is very common in older infants. Your baby is attached to you and feels safest with you. Your baby can now distinguish between familiar and unfamiliar adults. Your baby may protest when a stranger approaches or you try to leave. Your baby now understands that you continue to exist even when you leave the room and he/she can no longer see you. Your baby may cling to you, even when you try to go to the bathroom in privacy. This is a very normal part of child development, but can be hard on parents and babies. Here are some strategies that help both parents and children.

### 1. Don't Push

Respect your baby's fears and don't force your baby to interact with adults, especially with hugs and kisses.

### 2. Comfort Your Baby

Hold your baby, hug and be reassuring. Help your child feel safe. Use simple words to describe your baby's concern. ("Are you worried that I'm going bye-bye?")

### 3. Give Your Baby Experiences Out in the World

Seeing people while in your company may help your baby get used to being around a variety of people.

### 4. Introduce a New Person Gradually

If you have a new person spending time with your child, let your baby visit with that person a few times with you present, before you leave your child with that person.

### 5. Trust Your Baby

If your baby really protests or becomes unusually upset when in the company of a specific adult, he may really feel threatened and unsafe. Check it out or talk with your health care professional.

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## How Can I Begin Setting Limits for My Child?

Discipline promotes your child's growing sense of self-control and teaches children that we respect ourselves and others. Children learn by exploring the objects and people in their environment. They want to learn how things work. When they do something "bad," they usually want to see what will happen next.

### Parents can:

- Set limits on behaviors clearly, firmly, consistently, and with love.
- Stay calm and use your sense of humor!
- Give babies and toddlers some choices that they can make every day.
- When you set limits on a behavior, follow through quickly and clearly.
- Do not threaten to follow through if you do not plan to follow through.
- Distract your child with a toy or another activity.
- Remove him from the scene gently if necessary.
- Save your battles for the big issues that keep your child safe
- Give alternatives when you say no: "You can play here \_\_\_\_\_."
- Give your child one safe area of the home where she can freely explore.
- Put breakables, valuables, and extension cords out of reach. Cover outlets.
- Catch your baby showing cooperative behaviors and praise her!
- Praise these behaviors and praise her for just being herself.
- If you catch yourself feeling angry, take five minutes to feel calm and then set limits.
- Try a verbal warning, then count to three out loud to allow your child time to stop on his own.
- You may hear protests at first, but gradually your child will accept and expect you to set limits for him. You help to make his world secure and predictable.

Developed for Healthy Steps<sup>SM</sup> for Young Children by BUSM<sup>®</sup>: Department of Pediatrics, Boston Medical Center



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN<sup>™</sup>

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## AAP News Parent Plus

INFORMATION FROM YOUR PEDIATRICIAN

### Replace screen time for children under 2 with activities that spark imagination

While playing with your child is beneficial, you cannot do this every moment of the day. Instead of turning on a TV program or video so you can make dinner or take a shower, let your baby or young child play independently.

Your child benefits from playing alone for short periods of time. He learns to problem solve, think creatively and use his imagination. The American Academy of Pediatrics supports unstructured playtime for children of all ages.

Here are some ideas for simple, inexpensive activities that your infant or young child can do without your participation. As your baby starts to crawl, remember to use a portable play yard or safety gates to keep your child in a safe area if you are distracted. And make sure all toys are impossible to swallow or chew.

#### Sensory activities

- For young infants, offer items like colorful or high-contrast toys or mobiles to look at or follow with their eyes.
- Let your baby listen to music. Let your older baby or young child play with rattles or child-friendly music boxes.
- Offer safe objects or toys with different textures.
- Offer large plastic, wood or plush toys without small removable pieces to grab, manipulate and mouth.

#### Cognitive/language

- Let your baby explore cardboard books that are bite- and rip-proof.
- Offer “cause and effect” toys. Let your baby figure out how to make an object light up, make noise or move.
- Toys that can be filled and dumped also are popular with young children.



#### Social

- Let your baby play with a plastic mirror.
- Offer pretend food, picnic ware, teacups, a grocery cart, baby doll or baby carriage to children over age 1.
- Let your child participate in activities of daily living. While you are cooking, let your baby “cook” on the floor with pots and pans.

#### Large and small muscles

- Infants as young as 3 months can play with an activity gym to bat/grab objects.
- Offer measuring cups, plastic food containers, pots, pans and wooden spatulas.
- Give your older baby a big ball to roll, kick or throw.
- Stacking cups or “nesting cups” are good for using small muscles and figuring out how to stack. Shape sorters are another toy that encourages eye-hand coordination.

— Ari Brown, M.D., FAAP

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TYLENOL  Motrin

# Dosing On Call

Dosing for infants and children from your healthcare professional

**DOSE: Every 4 hours as needed. DO NOT GIVE MORE THAN 5 DOSES IN 24 HOURS.**  
If possible, use weight to dose; otherwise, use age.

mL = milliliter

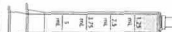
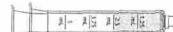
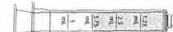
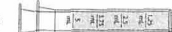
## Infants' TYLENOL® Oral Suspension

Active ingredient: Acetaminophen 160 mg (in each 5 mL)

Available in:  Grape  Cherry  
 Dye-Free Cherry




Use only as directed

WEIGHT	6-11 lbs	12-17 lbs	18-23 lbs	24-35 lbs
AGE	0-3 months	4-11 months	12-23 months	2-3 years
DOSE	1.25 mL 	2.5 mL 	3.75 mL 	5 mL 

mL = milliliter

## Children's TYLENOL® Oral Suspension

Active ingredient: Acetaminophen 160 mg (in each 5 mL)

Available in:  Grape  Bubblegum  
 Cherry  Dye-Free Cherry  
 Strawberry



Use only as directed

WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	5 mL 	7.5 mL 	10 mL 	12.5 mL 	15 mL 

## Children's TYLENOL® Chewables

Active ingredient: Acetaminophen 160 mg (in each tablet)

Available in:  Grape  Bubblegum

**NOW AVAILABLE!**



Use only as directed

WEIGHT	24-35 lbs	36-47 lbs	48-59 lbs	60-71 lbs	72-95 lbs
AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
DOSE	1 tablet 	1½ tablets 	2 tablets 	2½ tablets 	3 tablets 

All infants' TYLENOL® and Children's TYLENOL® products have the same strength of acetaminophen: 160 mg (in each 5 mL or tablet).

### IMPORTANT INSTRUCTIONS FOR PROPER USE

Today's date: \_\_\_\_\_

This dosing recommendation from your healthcare professional will expire in **14 DAYS**.

- Always read and follow the label on all TYLENOL® products.
- Repeat dose **every 4 hours** while symptoms last.
- Do **NOT** give more than **5 doses in 24 hours**.
- Do **NOT** use with any other product containing acetaminophen.
- Use only the dosing device (syringe or dosing cup) that came with the product. Do not use any other dosing device.

# Dosing On Call



Dosing for infants and children from your healthcare professional




**DOSE: Every 6-8 hours as needed. DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS.**  
If possible, use weight to dose; otherwise, use age.

**Infants' MOTRIN® Concentrated Drops**

Active ingredient: Ibuprofen (NSAID)\* 50 mg (in each 1.25 mL)

\*Nonsteroidal anti-inflammatory drug

Available in:  Berry  Dye-Free Berry





 <small>Use only as directed.</small>	WEIGHT	<b>12-17 lbs</b>	<b>18-23 lbs</b>
	AGE	6-11 months	12-23 months
	DOSE	<b>1.25 mL</b> 	<b>1.875 mL</b> 







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**Children's MOTRIN® Oral Suspension**

Active ingredient: Ibuprofen (NSAID)\* 100 mg (in each 5 mL)

\*Nonsteroidal anti-inflammatory drug

Available in:  Grape  Bubble Gum  
 Berry  Dye-Free Berry

 <small>Use only as directed.</small>	WEIGHT	<b>24-35 lbs</b>	<b>36-47 lbs</b>	<b>48-59 lbs</b>	<b>60-71 lbs</b>	<b>72-95 lbs</b>
	AGE	2-3 years	4-5 years	6-8 years	9-10 years	11 years
	DOSE	<b>5 mL</b> 	<b>7.5 mL</b> 	<b>10 mL</b> 	<b>12.5 mL</b> 	<b>15 mL</b> 

## IMPORTANT INSTRUCTIONS FOR PROPER USE

Today's date: \_\_\_\_\_

This dosing recommendation from your healthcare professional will expire in **14 DAYS**.

- Always read and follow the label on all MOTRIN® products.
- Repeat dose **every 6-8 hours** as needed.
- Do **NOT** give more than **4 doses in 24 hours**.
- Use only the dosing device (syringe or dosing cup) that came with the product. Do not use any other dosing device.

Be sure to keep TYLENOL® and MOTRIN®  
on hand for pain and fever *relief* that's  
**Always On Call**

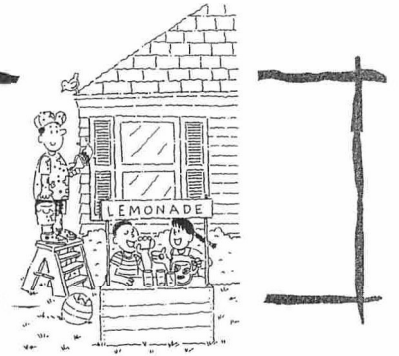
**Download FREE Kids' Wellness Tracker**

Track your child's height, weight, BMI, vaccines, symptoms, and medicines, plus dosing information




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# Lead Screening for Children



Of all the health problems caused by the environment, lead poisoning is the most preventable. Despite this, almost 1 million children in the United States have elevated levels of lead in their blood. Any child can be at risk for lead poisoning.

Read more to learn about the risks of lead poisoning and how to prevent it, and about lead screening and treatment for lead poisoning.

## How can lead hurt my child?

Children, primarily those younger than 6 years, *can* be exposed to lead if they

- Get lead dust from old paint on their hands or toys and then put their hands in their mouths
- Breathe in lead dust from old paint
- Eat chips of old paint or dirt that contain lead
- Drink water from pipes lined or soldered with lead

Once lead enters the body, it travels through the bloodstream and is stored mainly in the bones where it can remain for a lifetime. Very high levels of lead in the body may cause many long-term problems, including

- Developmental delays
- Hearing loss
- Seizures and coma
- Kidney problems
- Anemia
- Growth problems

Most children with high lead levels in their blood show no obvious symptoms until they reach school age. At that point, some may show learning and behavioral problems. Others with high lead levels may experience symptoms such as stomach pain, headaches, vomiting, or muscle weakness.

## Where can lead be found?

You may have heard that children can be harmed by the lead in pencils. This is not true. There is no actual lead in pencils and there is no lead in the paint on the outside of pencils. Lead is found in the following places:

- Dust and paint chips from old paint
- Homes built before 1950, particularly those that are in need of repair or are in deteriorating condition
- Homes built before 1978 that are being renovated
- Soil that has lead in it
- Hobby materials such as stained glass, paints, solders, fishing weights, and buckshot
- Folk remedies
- Workplace dust brought home on the clothing of people who have jobs that use lead, such as foundry workers, smelter workers, and radiator repair mechanics
- Food stored in some ceramic dishes (especially if made in another country)
- Older painted toys and antique furniture such as cribs

## Should my child be screened for lead?

If you can answer "yes" to any of the following questions, especially numbers 1, 2, and 3, your child may need to be screened for lead. Talk to your pediatrician about lead screening for your child.

1. Does your child live in or regularly visit a house that was built before 1950, including a home child care center or the home of a relative?
2. Does your child live in or regularly visit a house built before 1978 that has been remodeled in the last 6 months? Are there any plans to remodel?
3. Does your child have a brother, sister, housemate, or playmate who is being treated for lead poisoning?
4. Does your child live with an adult whose job or hobby involves exposure to lead?
5. Does your child live near an active lead smelter, battery-recycling plant, or other industry likely to release lead into the environment?
6. Does your child live within 1 block of a major highway or busy street?
7. Has your child ever been given home remedies such as azarcon, greta, or pay looah?
8. Has your child ever lived outside the United States?
9. Does your family use pottery or ceramics for cooking, eating, or drinking?
10. Have you seen your child eat paint chips?
11. Have you seen your child eat soil or dirt?
12. Have you been told your child has low iron?

Adapted from the Centers for Disease Control and Prevention's *Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials*.

- Tap water in older homes that have lead pipes or lead solder in their pipes
- Automobile batteries

## Prevention—what you can do

- If your home was built before 1950, ask your child's pediatrician to test your child for lead.
- If your home was built before 1978, talk with your child's pediatrician or your health department about safe ways to remodel *before* any work is done.
- When removing lead paint, be sure to use a certified contractor. Trying to remove the paint on your own can often make the condition worse. Know your state's laws regarding lead removal. Some states only allow certified contractors to remove lead. Be sure to seal off the room or area you are remodeling with heavy plastic until the job is done.

- Clean and cover any chalking, flaking, or chipping paint with a new coat of paint, duct tape, or contact paper. It is important to check for paint dust or flaking paint at window areas where children often play. Be aware that these are temporary measures only, and that lead must be completely removed for your child's best protection.
- Repair areas where paint is dusting, chipping, or peeling before placing cribs, playpens, beds, or highchairs next to them.
- Wet mop floors, damp sponge walls and horizontal surfaces, and vacuum with a high-efficiency particulate air vacuum (HEPA vac) if you are concerned about the possibility of lead dust in your home. Although good cleaning is a temporary solution, complete removal of the lead is the best protection.
- Encourage your children to wash their hands often, especially before eating.
- Have your home or apartment checked for possible lead contamination before moving in. Keep in mind that landlords are legally responsible for removing any lead found on their property.
- If you work around lead or have hobbies that involve lead, change clothes and shoes before entering your home. Keep clothes at work or wash work clothes as soon as possible.
- Check with your child's pediatrician or your health department to see if your area has a problem with lead in the water.
- If you have lead pipes, run the first morning tap water for 2 minutes before using it for drinking or cooking. Use cold tap water for mixing formula, drinking, or cooking because hot tap water can have higher amounts of lead in it.

You can also reduce the risks of lead by making sure your child eats a well-balanced diet. Give your child nutritious, low-fat foods that are high in calcium and iron, like meat, beans, spinach, and low-fat dairy products. Calcium and iron in particular reduce the amount of lead absorbed by the body.

### Lead screening

The only way to know for sure if your child has been exposed to lead is to have your child's pediatrician test your child's blood. Lead screening tests use either a small amount of blood from a finger prick or a larger sample of blood from a vein in the arm. These tests measure the amount of lead in the blood.

### Treatment

For children with *low* levels of lead in their blood, identify and eliminate the sources of lead to avoid future health problems. Children with *high* levels of lead in their blood usually need to take a drug that binds the lead in the blood and helps the body get rid of it. This treatment may be given as a series of shots or as oral medicine depending on the severity of the lead poisoning. Some children with lead poisoning need more than one type of treatment and several months of close follow-up. If the damage is severe, the child may need special schooling and therapy.

### Remember

Most young children put things other than food into their mouths. They chew on toys, taste the sand at the park, and eat cat food if given the chance. This rarely causes any harm, as long as poisons, small items that children can choke on, and sharp objects are kept out of reach. Lead, however, can be very dangerous to children. Infants and toddlers can get lead poisoning by putting their fingers in their mouths after touching lead dust, eating lead paint chips, or breathing in lead dust. Lead poisoning can cause developmental delay, hearing loss, seizures and coma, kidney problems, anemia, and growth problems. Talk with your child's pediatrician about getting a blood test, especially if your child is younger than 3 years. Take the steps listed in this brochure to make sure your child is not exposed to lead.

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

Tender Care Pediatric

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

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

American Academy of Pediatrics  
Web site—[www.aap.org](http://www.aap.org)

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VACCINE INFORMATION STATEMENT

# Hepatitis B Vaccine:

## What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1. Why get vaccinated?

**Hepatitis B vaccine** can prevent **hepatitis B**.

Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a pregnant person has hepatitis B, their baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

### 2. Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

**Infants** should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age. **The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.**

Anyone **59 years of age or younger** who has not yet gotten the vaccine should be vaccinated.

Hepatitis B vaccination is recommended for **adults 60 years or older** at increased risk of exposure to hepatitis B who were not vaccinated previously.

**Adults 60 years or older** who are not at increased risk and were not vaccinated in the past may also be vaccinated.

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

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

### 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

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



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

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

Pregnant or breastfeeding people who were not vaccinated previously should be vaccinated. Pregnancy or breastfeeding are not reasons to avoid hepatitis B vaccination.

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

Your health care provider can give you more information.

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#### 4. Risks of a vaccine reaction

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- Soreness where the shot is given, fever, headache, and fatigue (feeling tired) can happen after hepatitis B vaccination.

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

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

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#### 5. What if there is a serious problem?

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

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

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

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#### 6. The National Vaccine Injury Compensation Program

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

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#### 7. How can I learn more?

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



# Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

**Flu** is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

## 2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

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

## 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

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

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

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

Your health care provider can give you more information.



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

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## 4. Risks of a vaccine reaction

---

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

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

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

---

## 5. What if there is a serious problem?

---

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

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

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  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu).

