



Reasons to go to ER in first 3 months: Rectal Temperature >100.4 F; Green, Blood or Projectile Vomiting; Difficulty Breathing; No Urination in 3-4 hours; Frustration that may lead to harm your child

## Bright Futures Parent Handout 2 to 5 Day (First Week) Visit

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

### How You Are Feeling

PARENTAL WELL-BEING

- Call us for help if you feel sad, blue, or overwhelmed for more than a few days.
- Try to sleep or rest when your baby sleeps.
- Take help from family and friends.
- Give your other children small, safe ways to help you with the baby.
- Spend special time alone with each child.
- Keep up family routines.
- If you are offered advice that you do not want or do not agree with, smile, say thanks, and change the subject.

### Feeding Your Baby

NUTRITIONAL ADEQUACY

- Feed only breast milk or iron-fortified formula, no water, in the first 6 months.
- Feed when your baby is hungry.
  - Puts hand to mouth
  - Sucks or roots
  - Fussing
- End feeding when you see your baby is full.
  - Turns away
  - Closes mouth
  - Relaxes hands

### If Breastfeeding

- Breastfeed 8–12 times per day.
- Make sure your baby has 6–8 wet diapers a day.
- Avoid foods you are allergic to.
- Wait until your baby is 4–6 weeks old before using a pacifier.
- A breastfeeding specialist can give you information and support on how to position your baby to make you more comfortable.
- WIC has nursing supplies for mothers who breastfeed.

○ All Breastfed infants should be on Vitamin D.

### If Formula Feeding

NUTRITIONAL ADEQUACY

- Offer your baby 2 oz every 2–3 hours, more if still hungry.
- Hold your baby so you can look at each other while feeding
- Do not prop the bottle.
- Give your baby a pacifier when sleeping.

### Baby Care (use saline rinse for congestion)

NEWBORN CARE

- Use a rectal thermometer, not an ear thermometer.
- Check for fever, which is a rectal temperature of 100.4°F/38.0°C or higher.
- In babies 3 months and younger, fevers are serious. Call us if your baby has a temperature of 100.4°F/38.0°C or higher.
- Take a first aid and infant CPR class.
- Have a list of phone numbers for emergencies.
- Have everyone who touches the baby wash their hands first.
- Wash your hands often.
- Avoid crowds.
- Keep your baby out of the sun; use sunscreen only if there is no shade.
- Know that babies get many rashes from 4–8 weeks of age. Call us if you are worried.

### Getting Used to Your Baby

NEWBORN TRANSITION

- Comfort your baby.
  - Gently touch baby's head.
  - Rocking baby.
- Start routines for bathing, feeding, sleeping, and playing daily.
- Help wake your baby for feedings by
  - Patting
  - Changing diaper
  - Undressing

NO TV until 2 years of age!!

- Put your baby to sleep on his or her back.
  - In a safe crib, in your room, not in your bed.
  - Swaddled or with tucked blankets.
  - Do not use loose, soft bedding or toys in the crib such as comforters, pillows, or pillow-like bumper pads.
- Use a crib with slats close together.
  - 2 3/8 inches apart or less
- Keep the baby from getting too warm or cold.

### Safety (Rear facing car seat until 2 years)

SAFETY

- The car safety seat should be rear-facing in the middle of the back seat in all vehicles.
- Your baby should never be in a seat with a passenger air bag.
- Keep your car and home smoke free.
- Keep your baby safe from hot water and hot drinks.
- Do not drink hot liquids while holding your baby.
- Make sure your water heater is set at lower than 120°F.
- Test your baby's bathwater with your wrist.
- Always wear a seat belt and never drink and drive.

### What to Expect at Your Baby's 1 Month Visit

#### We will talk about

- Any concerns you have about your baby
- Feeding your baby and watching him or her grow
- How your baby is doing with your whole family
- Your health and recovery
- Your plans to go back to school or work
- Caring for and protecting your baby
- Safety at home and in the car

Schedule 2 week and 1 month visit.

Appointment Line and After Hours Provider:  
410-293-2273

Sign up for Relay Health to e-mail  
communicate with your provider at

www.RELAYHEALTH.com

Review your labs on TRICAREONLINE.COM



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DEDICATED TO THE HEALTH OF ALL CHILDREN™

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**Reasons to go to ER in first 3 months: Rectal Temperature >100.4 F; Green, Blood or Projectile Vomiting; Difficulty Breathing; No Urination in 3-4 hours; Frustration that may lead to harm your child**

# 1 Month Visit

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

## How You Are Feeling

PARENTAL WELL-BEING

- Taking care of yourself gives you the energy to care for your baby. Remember to go for your postpartum checkup.
- Call for help if you feel sad or blue, or very tired for more than a few days.
- Know that returning to work or school is hard for many parents.
- Find safe, loving child care for your baby. You can ask us for help.
- If you plan to go back to work or school, start thinking about how you can keep breastfeeding.

## Getting to Know Your Baby

INFANT ADJUSTMENT

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Put your baby to sleep on his back.
  - In your room.
  - Not in your bed.
  - In a crib, with slats less than 2<sup>3</sup>/<sub>8</sub> inches apart.
  - With the crib's sides always up.
- If using a playpen, make sure the weave is less than 1/4 inch and never leave the baby in it with the drop side down.
- Hold and cuddle your baby often.
  - Tummy time—put your baby on his tummy when awake and you are there to watch.
- Crying is normal and may increase when your baby is 6–8 weeks old.
- When your baby is crying, comfort him by talking, patting, stroking, and rocking.
- *Never shake your baby.*
- If you feel upset, put your baby in a safe place; call for help.

- All Breastfed infants should be on Vitamin D.
- Use saline rinse for congestion and colds.
- Start brushing gums with wash cloth twice daily.

## Safety

SAFETY

- Use a rear-facing car safety seat in all vehicles. (until 2 years of age)
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Always wear your seat belt and never drive after using alcohol or drugs.
- Keep your car and home smoke free.
- Keep hanging cords or strings away from and necklaces and bracelets off of your baby.
- Keep a hand on your baby when changing clothes or the diaper.

## Your Baby and Family

FAMILY ADJUSTMENT

- Plan with your partner, friends, and family to have time for yourself.
- Take time with your partner too.
- Let us know if you are having any problems and cannot make ends meet. There are resources in our community that can help you.
- Join a new parents group or call us for help to connect to others if you feel alone and lonely.
- Call for help if you are ever hit or hurt by someone and if you and your baby are not safe at home.
- Prepare for an emergency/illness.
  - Keep a first-aid kit in your home.
  - Learn infant CPR.
  - Have a list of emergency phone numbers.
  - Know how to take your baby's temperature rectally. Call us if it is 100.4°F (38.0°C) or higher.
- Wash your hands often to help your baby stay healthy.

## Feeding Your Baby

- Feed your baby only breast milk or iron-fortified formula in the first 4–6 months.

- Pat, rock, undress, or change the diaper to wake your baby to feed.
- Feed your baby when you see signs of hunger.
  - Putting hand to mouth
  - Sucking, rooting, and fussing
- End feeding when you see signs your baby is full.
  - Turning away
  - Closing the mouth
  - Relaxed arms and hands
- Breastfeed or bottle-feed 8–12 times per day.
- Burp your baby during natural feeding breaks.
- Having 5–8 wet diapers and 3–4 stools each day shows your baby is eating well.

FEEDING ROUTINES

## If Breastfeeding

- Continue to take your prenatal vitamins.
- When breastfeeding is going well (usually at 4–6 weeks), you can offer your baby a bottle or pacifier.

## If Formula Feeding

- Always prepare, heat, and store formula safely. If you need help, ask us.
- Feed your baby 2 oz every 2–3 hours. If your baby is still hungry, you can feed more.
- Hold your baby so you can look at each other.
- Do not prop the bottle.

## What to Expect at Your Baby's 2 Month Visit

### We will talk about

- Taking care of yourself and your family
- Sleep and crib safety
- Keeping your home safe for your baby
- Getting back to work or school and finding child care
- Feeding your baby

### Next WELL- 2 month visit (immunizations)

Poison Help: 1-800-222-1222

Child safety seat inspection:  
1-866-SEATCHECK; seatcheck.org  
**NO TV until 2 years of age!!**

Appointment Line and After Hours Provider:  
410-293-2273

Sign up for Relay Health to e-mail  
communicate with your provider at  
www.RELAYHEALTH.com

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# WIC Works Wonders!

## **For Women**

Women in the WIC Program eat better and have healthier babies.

## **For Infants**

Infants born to WIC mothers weigh more and grow and develop better.

## **For Children**

Children on WIC eat foods with more iron and vitamin C, which helps them develop strong minds and bodies.

## **WIC participants enjoy benefits such as:**

- Nutrition education
- Breastfeeding Support
- Free healthy food&
- Referral to other health and social agencies

## **If you are eligible, you will receive nutrition information, referrals to other services, and checks to buy foods such as:**

- milk
- infant formula
- 100% fruit and/or vegetable juice
- peanut butter
- cheese
- eggs
- dried beans and peas
- cereal

Allegany County 301-759-5020  
Anne Arundel County 410-222-6797  
Baltimore City:  
*Health Department* 410-396-9427  
*Johns Hopkins University* 410-614-4848  
Baltimore County 410-887-6000  
Calvert County 1-877-631-6182  
Caroline County 410-479-8060  
Carroll County 410-876-4898  
Cecil County 410-996-5255  
Charles County 301-609-6857  
Dorchester County 410-479-8060  
Frederick County 301-600-2507  
Garrett County 301-334-7710  
*Grantsville residents* 301-895-3111

Harford County 410-273-5656  
Howard County 410-313-7510  
Kent County 410-810-0125  
Montgomery County 301-762-9426  
Prince George's County: *Health Department*  
301-856-9600  
*Greater Baden* 301-324-1873  
*Greenbelt Area* 301-762-9426  
Queen Anne's County 410-758-0720  
Somerset County 410-749-2488  
St. Mary's County 1-877-631-6182  
State WIC Office 410-767-5242  
Talbot County 410-479-8060  
Washington County 240-313-3335  
Wicomico County 410-749-2488  
Worcester County 410-749-2488

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



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

## What is colic?

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

## Who gets colic?

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

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

## How can I tell if my baby has colic?

The following are different ways babies with colic may act:

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

## Ways to calm a fussy or colicky baby

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

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

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

## What your baby may need checklist

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

### If your baby is...

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

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

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

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

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

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

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

### **Important information for moms and dads**

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

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

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

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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# Breastfeeding Your Baby

## Getting Started



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

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

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

## Benefits of Breastfeeding

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

### Why is breastfeeding so good for my baby?

Breastfeeding is good for your baby because

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

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

### Why is breastfeeding good for me?

Breastfeeding is good for your health because it helps

- Release hormones in your body that promote mothering behavior.
- Return your uterus to the size it was before pregnancy more quickly.
- Burn more calories, which may help you lose the weight you gained during pregnancy.
- Delay the return of your menstrual period to help keep iron in your body.
- Reduce the risk of ovarian cancer and breast cancer.
- Keep bones strong, which helps protect against bone fractures in older age.

## How Breastfeeding Works

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

### What is colostrum?

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

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

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

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

- *Milk comes in* 2 to 5 days after your baby is born. This is when colostrum increases quickly in volume and becomes milky-white transitional milk. Signs that your milk is coming in may be
  - ~ Full and tender breasts
  - ~ Leaking of milk
  - ~ Seeing milk around your baby's mouth
  - ~ Hearing your baby swallow when fed

Breastmilk changes daily and will adjust to your baby's needs for the rest of the time you breastfeed. Because the color or creaminess of the milk can change daily, don't worry about how your milk looks.
- *Let-down* is needed so that your baby can get the colostrum or milk out of the breast. The let-down reflex creates the flow of milk from the back of the breast to the nipple. Let-down occurs each time the baby suckles. Relaxation of the mother and proper latch of the baby are important for triggering let-down. Let-down may also happen between feedings, such as when the breasts are somewhat full or when you hear a baby's cry. The first few times you breastfeed, the let-down reflex may take a few minutes. Afterward, let-down occurs faster, usually within a few seconds. Let-down occurs in both breasts at the same time. It may occur several times during each feeding.

The signs of let-down are different for each woman. Some women feel no sensations, even though breastfeeding is going fine. Other women may experience

- ~ Strong cramping in the uterus for a few days after delivery when the milk lets down
- ~ A brief prickle, tingle, or even slight pain in the breast
- ~ A sudden feeling that breasts are heavier
- ~ Milk dripping from the breast that's not being used
- ~ Baby swallowing more milk, or gulping when fed

### What is *demand and supply*?

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

### Getting Started

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

### How soon can I breastfeed?

You can and should breastfeed within the first hour after birth if you and your baby are physically able to do so. After delivery, your baby should be placed on your chest or stomach, skin-to-skin. The early smell and taste of your milk helps your baby learn to nurse. Your breastmilk is all your baby needs. Other liquids, including sugar water and formula, will only lessen the benefits your baby receives from the early breastmilk.

Try to stay with your baby as much as you can. Rooming in with your baby day and night during your hospital stay has been shown to help start breastfeeding and keep it going longer.

### What are different breastfeeding positions?

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

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



- **Clutch Hold**—The clutch, or football, hold is an easy position to hold. If you've had a cesarean delivery, this position may be more comfortable because it keeps the baby's weight off of the stitches.



- **Reclining**—Feeding your baby in a reclining position lets you relax if you've had a cesarean delivery or are tired.



### How can I get comfortable while breastfeeding?

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

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

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

A good latch-on means that your baby has opened his mouth wide for the breast, and the baby moves well back onto the breast, taking the areola and nipple far back into his mouth.

Correct latch-on is very important because it

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

You can help your baby latch on by holding your breast with your free hand. Place your fingers under your breast and rest your thumb lightly on top. Make sure your baby is positioned with his entire body facing you. Your fingers should be well back from the areola so they don't get in the way.



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

Touching your nipple to the center of your baby's lower lip causes your baby to open his mouth widely. This is called the *rooting reflex*.

As this occurs, pull your baby onto the nipple and areola. Keep in mind that when your baby is correctly positioned, or latched on, your nipple and much of the areola are pulled well into his mouth. Your baby's lips and gums should be around the areola and not just on the nipple. Your baby's chin should be touching your breast; his nose may be touching your breast.



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

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

Hospital staff should watch a feeding and make suggestions. If breastfeeding

continues to hurt, you may need the help of a lactation specialist. Let your pediatrician know if there's a problem.

## Beyond the First Feedings

### How often should I nurse?

If you and your baby are healthy, breastfeeding is generally most successful when nursing starts within the first hour after delivery. Keep your baby with you as much as you can so that you can respond promptly to signs of hunger. By the second or third day, most babies are more awake and acting hungry, especially at night. Some newborns need to nurse every 1½ hours, while others feed about every 3 hours. Most newborns are hungry at different times, with a long cluster of feeding in the late afternoon or night. Typically, breastfed newborns will feed 8 to 12 or more times per 24 hours (once the milk has come in). If your baby isn't waking on her own during the first few weeks, wake her if 3 to 4 hours have passed since the last feeding. If you are having a hard time waking up your baby for feedings, let your pediatrician know.

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

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

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

### How long does breastfeeding take?

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

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

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



Sliding your finger between the baby's mouth and your breast releases the suction and detaches the baby comfortably, helping you avoid nipple pain.

### How can I tell if my baby is hungry?

You will soon get to know your baby's feeding patterns. In addition, babies may want to breastfeed for reasons other than hunger. It's OK for you to offer these "comfort feedings" as another way of meeting your baby's needs.

Nearly all newborns are alert for about 2 hours after delivery and show interest in feeding right away. Let the hospital staff know that you plan to take advantage of this opportunity—it's very important to the breastfeeding process. After 2 hours, many newborns are sleepy and hard to wake for the next day or so.

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

#### Early Signs of Hunger

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

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

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

There are several ways you can tell whether your baby is getting enough milk. They include all or some of the following things:

- Your baby has frequent wet and dirty diapers.
- Your baby appears satisfied after feeding.
- Milk is visible during feedings (leaking or dripping).
- Your baby is gaining weight.

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

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

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



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

Your child will be weighed at each doctor's visit. This is one of the best ways to tell how much milk your baby is getting. The AAP recommends that babies be seen for an office visit (or home visit) between 3 to 5 days of age to check on breastfeeding and baby's weight. During the first week, most infants lose several ounces of weight, but they should be back up to their birth weight by the end of the second week. Once your milk supply is established, your baby should gain between  $\frac{1}{2}$  and 1 ounce per day during the first 3 months.

### **Breastfeeding: A Natural Gift**

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

For more information about breastfeeding, read the AAP *New Mother's Guide to Breastfeeding* or visit the AAP Web site at [www.aap.org/breastfeeding/](http://www.aap.org/breastfeeding/).

Illustrations by Tony LeTourneau

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From your doctor

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# Home Safety Checklist

Is your house a safe place for your child to live and play? The following safety checklist can help you prevent serious injuries or even death. Though it addresses common safety concerns, it's important to remember that every house is different and no checklist is complete. Because there may be other safety concerns in your house, a more thorough safety check is recommended at least every 6 months.

## Your child's bedroom

### Changing table

- Never leave your child unattended. Keep supplies within arm's reach and always use the safety belt to help prevent falls. Try to keep a hand on your child at all times, even when using the safety belt.
- Make sure drapery and blind cords are out of reach. Loose cords can strangle children. Keep the cords tied up high with no loops. Check the cords in other rooms as well.
- If you use baby powder, pour it out carefully and keep the powder away from baby's face. Published reports indicate that talc or cornstarch in baby powder can injure a baby's lungs.

### Crib

- Lower the risk of sudden infant death syndrome (SIDS). All healthy babies younger than 1 year should sleep on their backs—at nap time and at night. The safest place to sleep is in a crib with a firm mattress with a fitted sheet. Keep pillows, quilts, comforters, sheepskins, and stuffed toys out of your baby's crib. They can cover your baby's face—even if she is lying on her back. Also, bulky items left in the crib could be used as a step for climbing out when your baby is able to stand.
- Don't hang anything with strings or ribbon over cribs.
- Make sure the crib has no raised corner posts or cutouts. Loose clothing can get snagged on these and strangle your baby. Also, the slots on the crib should be no more than  $2\frac{3}{8}$  inches apart. Widely spaced slots can trap small heads.



- Use a mattress that fits snugly in the crib so your baby cannot slip in between the sides of the crib.
- Tighten all the screws, bolts, and other hardware securely to prevent the crib from collapsing.

### Other bedroom items

- Night-light.** Keep night-lights away from drapes or bedding where they could start a fire. Buy only *cool* night-lights that do not get hot.
- Smoke alarms.** Install smoke alarms outside every bedroom (or any area where someone sleeps), in furnace areas, and on every level of your home, including the basement. Buy alarms with long-life lithium batteries. Standard batteries should be changed every year. Test alarms every month to make sure they are working properly.
- Window guards.** Make sure window guards are secured to prevent a child from falling out the window.

- Outlets.** Use plug protectors in all outlets in your home. Children can be burned or shocked from sticking their fingers or other objects into the holes.
- Toy chest.** The best toy chest is a box or basket without a lid. However, if it has a lid, make sure it has safe hinges that hold the lid open and do not pinch. The chest should also have air holes just in case your child gets trapped inside.
- Humidifier.** Use a cool-mist humidifier to avoid burns. Clean it often to avoid bacteria and mold growth.

## The kitchen

- Store sharp knives or other sharp utensils and dishwasher detergent and other cleaning supplies in a cabinet with child locks.
- Keep chairs and stools away from counters and the stove where a child could climb up and get hurt.
- Use the back burners and point pot handles toward the back of the stove to keep them out of your child's reach. Keep your child away from the stove when someone is cooking.
- Keep electrical appliances out of your child's reach and unplugged when not in use. Appliance cords should be tucked away so they cannot be reached by a child.
- Use a high chair that is sturdy and has a seat belt with a crotch strap.
- Keep a working fire extinguisher in the kitchen and know how and when to use it.

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## The bathroom

- Always stay within arm's reach of your infant or young child when he is in the bathtub. Many bathtub drownings happen (even in a few inches of water) when a parent leaves an infant or young child alone or with another young child.
- Keep the bathroom door closed when not in use. Keep the toilet seat cover down and consider using a toilet lid latch. Use a doorknob cover to keep your child out of the bathroom when you are not there.
- Use a nonskid bath mat in the bathtub and on the floor.
- Keep all medicines, toiletries, cosmetics, and cleaning supplies out of your child's reach. Store these items in cabinets with child locks. Make sure all medicines have child-resistant caps on them.
- Unplug and store hair dryers, curling irons, and other electrical appliances out of your child's reach.
- Make sure the outlets in the bathroom have ground fault interrupters (GFIs).
- The hottest temperature at the faucet should be no more than 120°F to avoid burns. In many cases you can adjust your hot water heater.

## The family room

- Pad edges and corners of tables.
- Keep houseplants out of your child's reach because some may be poisonous.
- Make sure TVs and other heavy items (such as lamps) are secure so they don't tip over.
- Check electrical cords. Replace any cords that are worn, frayed, or damaged. Never overload outlets. Cords should run *behind* furniture and not hang down for children to pull on them. Remove unused cords.

- Place a barrier around the fireplace or other heat sources.
- Store matches and lighters out of your child's reach or in a cabinet with child locks. Teach your child that matches and lighters are to be used by adults only.

## Throughout the home

Take a look throughout your home and check for the following:

- A home is safest without firearms. If you must have a gun, make sure the gun is stored unloaded and unlocked in a safe or with a trigger lock, and bullets are locked in another place.
- Block all stairs with gates.
- Make sure all the rooms in your home are free from small parts, plastic bags, small toys, coins, and balloons that your child could choke on. Frequently check in, around, and under furniture.
- Make sure to have a plan of escape from your home in case of a fire. Review and practice the plan with your family.
- Post the number for Poison Control (1-800-222-1222) on all your phones.



- Teach your child how to call 911 in an emergency.
- Only use candles when an adult is in the room. Blow out candles if you leave the room or go to sleep.
- Teach your child to never pick and eat anything from an indoor or outdoor plant.

## The playground

- Make sure swings are made of soft materials, such as rubber, plastic, or canvas.
- Use wood chips, mulch, or shredded rubber under play equipment. It should be at least 9 inches deep for play equipment up to 7 feet high. Frequently rake the material back under the swings and slides to keep it the right depth.
- Make sure home playground equipment is put together correctly, sits on a level surface, and is anchored firmly to the ground.

## The pool

- Make sure to have a 4-foot fence around all sides of the pool to separate the pool from the house. A child should not be able to climb the fence. The gate should open outward and self-close and self-latch with the latch high out of a child's reach.
- Always have rescue equipment (such as a shepherd hook or life preserver). Keep a telephone by the pool with your local emergency number (usually 911) clearly posted.
- Learn basic first aid and cardiopulmonary resuscitation (CPR). Because of the time it might take for help to arrive, your CPR skills can save your child's life. CPR performed by bystanders has been shown to improve outcomes in drowning victims.



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# Prevent Shaken Baby Syndrome



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

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

## What is shaken baby syndrome?

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

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

Shaken baby syndrome usually occurs when a parent or other caregiver shakes a baby out of anger or frustration, often because the baby will not stop crying. Shaken baby syndrome is a serious form of child abuse.

Remember, it is *never* okay to shake a baby.

## What are the signs and symptoms of shaken baby syndrome?

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

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

## Spread the word!

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

## What do I do if my baby is shaken?

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

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

## When babies cry

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

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

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

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

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

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

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

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# SIDS: Important Information for Parents

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

## The safest position to sleep

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

## The safest place to sleep

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

## Other ways to reduce the risk

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

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

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

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Illustration by  
Billy Nuñez, age 16

# WELCOME TO THE WORLD OF PARENTING!

## NEWBORNS ARE DELIGHTFUL—AND TIRING

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

**Y**our baby is finally here.  
**Congratulations!**

## BABY'S SLEEP AND MOTHER'S REST

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

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

## INFORMATION FOR DADS

### It's a new life for you.

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

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

### Ways for you to be involved.

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

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

## WHEN YOUR BABY CRIES A LOT

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

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



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

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

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

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

### CRYING BABIES UPSET PARENTS

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

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

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

**Never yell at, hit, or shake your baby!**

### INFORMATION FOR MOMS

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

#### You may feel tired much of the time.

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

#### You may have wild mood swings.

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

#### You may feel lonely.

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



## BABY BEHAVIOR

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

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

Babies cry the most from ages 2 to 10 weeks.

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

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



Connected Kids are Safe, Strong, and Secure

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# Fever and Your Child



A fever is usually a sign that the body is fighting an illness or infection. Fevers are generally harmless. In fact, they can be considered a good sign that your child's immune system is working and the body is trying to heal itself. While it is important to look for the cause of a fever, the main purpose for treating it is to help your child feel better. Read on to find out more about how to tell if your child has a fever and how to manage a fever.

## What is a fever?

A fever is a body temperature that is higher than normal. Normal body temperature varies with age, general health, activity level, and time of day. Even how much clothing a person wears can affect body temperature.

Most pediatricians consider a temperature above 100.4°F (38°C) a sign of a fever.

## Signs and symptoms of a fever

If your child has a fever, she may feel warm, appear flushed, or sweat more than usual. She may also be more thirsty than usual.

Some children feel fine when they have a fever. However, most will have symptoms of the illness that is causing the fever. Your child may have an earache, a sore throat, a rash, or a stomachache. These signs can provide important clues as to the cause of the fever.

## When to call the doctor

### Call your child's doctor right away if your child has a fever and

- Looks very ill, is unusually drowsy, or is very fussy
- Has been in a very hot place, such as an overheated car
- Has other symptoms such as a stiff neck, severe headache, severe sore throat, severe ear pain, an unexplained rash, or repeated vomiting or diarrhea
- Has immune system problems such as sickle cell disease or cancer, or is taking steroids
- Has had a seizure
- Is younger than 2 months and has a rectal temperature of 100.4°F (38°C) or higher

## Treating your child's fever

If your child is older than 6 months and has a temperature below 101°F (38.3°C), she probably does not need to be treated for the fever (see other side) unless she is uncomfortable. Watch her behavior. If she is eating and sleeping well and is able to play, you may wait to see if the fever improves by itself.

### What you can do

- Keep her room comfortably cool.
- Make sure that she is dressed in light clothing.
- Encourage her to drink fluids such as water, diluted juices, or a store-bought electrolyte solution.
- Be sure that she does not overexert herself.

## Taking your child's temperature

While you often can tell if your child is warmer than usual by feeling her forehead, only a thermometer can tell how high the temperature is. A **digital thermometer** can be used to take a rectal (in the bottom), oral (in the mouth), or axillary (under the arm) temperature. Your child's doctor can recommend how to use it depending on your child's age. Taking a rectal or oral temperature is more accurate than taking an axillary temperature.

Ways to use a digital thermometer by age			
Child's age	Rectal	Oral	Axillary
Newborn to 3 months	x		
3 months to 3 years	x		x
4 to 5 years	x	x	x
5 years and older		x	x

**Tympanic (ear) thermometers** are another option for older babies and children. However, while it gives quick results, it needs to be placed correctly in your child's ear to be accurate. Too much earwax can cause the reading to be incorrect.

While other methods for taking your child's temperature are available, they are not recommended at this time. Ask your child's doctor for advice.

*Mercury thermometers should not be used. The American Academy of Pediatrics encourages parents to remove mercury thermometers from their homes to prevent accidental exposure to this toxin.*

## How to use a digital thermometer

If your child is younger than 3 years, taking a rectal temperature gives the best reading. The following is how to take a **rectal temperature**:

- Clean the end of the thermometer with rubbing alcohol or soap and water. Rinse it with cool water. Do not rinse it with hot water.
- Put a small amount of lubricant, such as petroleum jelly, on the end.
- Place your child belly down across your lap or on a firm surface. Hold him by placing your palm against his lower back, just above his bottom. Or place your child face up and bend his legs to his chest. Rest your free hand against the back of the thighs.



Rectal (in the child's bottom)—belly down

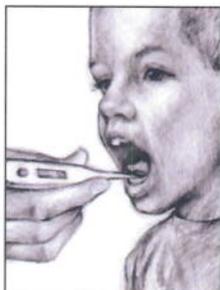
- With the other hand, turn the thermometer on and insert it ½ inch to 1 inch into the anal opening. Do not insert it too far. Hold the thermometer in place loosely with 2 fingers, keeping your hand cupped around your child's bottom. Keep it there for about 1 minute, until you hear the "beep." Then remove and check the digital reading.
- Be sure to label the rectal thermometer so it's not accidentally used in the mouth.



Rectal—belly up

Once your child is 4 or 5 years of age, you can take his temperature by mouth. The following is how to take an **oral temperature**:

- Clean the thermometer with lukewarm soapy water or rubbing alcohol. Rinse with cool water.
- Turn the thermometer on and place the tip under his tongue toward the back of his mouth. Hold in place for about 1 minute, until you hear the "beep." Check the digital reading.
- For a correct reading, wait at least 15 minutes after your child has had a hot or cold drink before putting the thermometer in his mouth.



Oral (in the child's mouth)

Although not as accurate, if your child is older than 3 months, you can take his underarm temperature to see if he has a fever. The following is how to take an **axillary temperature**:

- Place the tip of a digital thermometer in your child's armpit.
- Hold his arm tightly against his chest for about 1 minute, until you hear the "beep." Check the digital reading.



Axillary (under the child's arm)

## How to reduce a fever with medicine

**Acetaminophen** and **ibuprofen** are safe and effective medicines for reducing fevers. They do not need a prescription and are available at grocery stores and drugstores. However, keep the following in mind:

- Ibuprofen should only be used for children older than 6 months. It should not be given to children who are vomiting constantly or are dehydrated.
- *Do not use aspirin to treat your child's fever. Aspirin has been linked with side effects such as an upset stomach, intestinal bleeding and, most seriously, Reye syndrome.*
- If your child is vomiting and cannot take anything by mouth, a rectal suppository may be needed. Acetaminophen comes in suppository form and can help reduce a fever in a vomiting child.
- Before giving your child any medicine, read the label to make sure that you are giving the right dose for his age and weight. Also, if your child is taking other medicines, check the ingredients. If they include acetaminophen or ibuprofen, let your child's doctor know. To be safe, talk with your child's doctor before giving your child any medicine to treat a fever if he is younger than 2 years.

## How to reduce a fever with sponging

Your child's doctor may recommend that you try sponging your child to reduce a fever if

- Your child's temperature is above 104°F (40°C).
- Your child is vomiting and unable to take any medicine.

Use lukewarm water, not cold water. Cold water can cause shivering and increase the temperature. Never add rubbing alcohol to the water. Rubbing alcohol can be absorbed into the skin or inhaled, causing serious problems such as a coma.

Usually 5 to 10 minutes in the tub is enough time for a child's fever to start dropping. If your child becomes upset during the sponging, simply let her play in the water. If she is still bothered by the bath, it is better to take her out even if she has not been in long enough to reduce the fever. Also remove her from the bath if she continues to shiver because shivering can raise her temperature.

Do not try to reduce a fever too quickly. This could cause it to rebound higher.

Be sure to call your child's doctor if your child still "acts sick" once her fever is brought down, or if you feel that your child is very sick. Also call if the fever persists for

- More than 24 hours in a child younger than 2 years
- More than 3 days in a child 2 years of age or older

### What if my child has a febrile seizure?

In some young children, fever can trigger seizures. While this can be frightening, seizures are usually harmless. During a seizure your child may look strange for a few minutes; shake; then stiffen, twitch, and roll his eyes. If this happens,

- Place him on the floor or bed, away from any hard or sharp objects.
- Turn his head to the side so that any saliva or vomit can drain from his mouth.
- Do not put anything into his mouth, not even a finger.
- Call your child's doctor.

Your child's doctor will want to check your child, especially if it is his first seizure. It is important to look for the cause of the febrile seizure.

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.

Digital thermometer drawings by Anthony Alex LeTourneau

## From your doctor

American Academy  
of Pediatrics



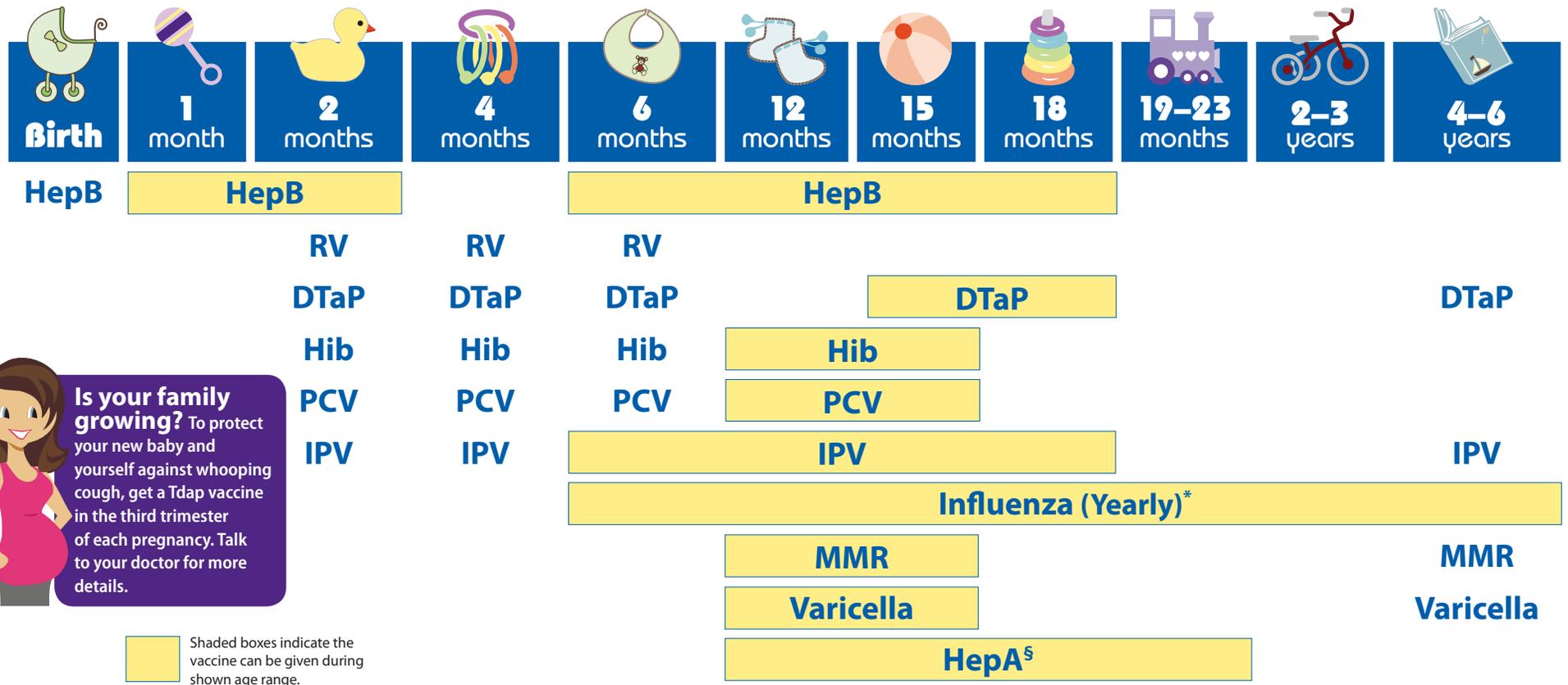
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# 2014 Recommended Immunizations for Children from Birth Through 6 Years Old



**Is your family growing?** To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

**NOTE:** If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:** \* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.  
 § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

*If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.*

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free **1-800-CDC-INFO** (1-800-232-4636) or visit <http://www.cdc.gov/vaccines>



**U.S. Department of Health and Human Services**  
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