



Bright Futures Parent Handout 6 Month Visit

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

Feeding Your Baby

- Most babies have doubled their birth weight.
- Your baby's growth will slow down.
- If you are still breastfeeding, that's great! Continue as long as you both like.
- If you are formula feeding, use an iron-fortified formula.
- You may begin to feed your baby solid food when your baby is ready.
- Some of the signs your baby is ready for solids
 - Opens mouth for the spoon.
 - Sits with support.
 - Good head and neck control.
 - Interest in foods you eat.

Starting New Foods

- Introduce new foods one at a time.
 - Iron-fortified cereal
- Good sources of iron include
 - Red meat
- Introduce fruits and vegetables after your baby eats iron-fortified cereal or pureed meats well.
 - Offer 1–2 tablespoons of solid food 2–3 times per day.
- Avoid feeding your baby too much by following the baby's signs of fullness.
 - Leaning back
 - Turning away
- Do not force your baby to eat or finish foods.
 - It may take 10–15 times of giving your baby a food to try before she will like it.
- Avoid foods that can cause allergies—peanuts, tree nuts, fish, and shellfish.
- To prevent choking
 - Only give your baby very soft, small bites of finger foods.
 - Keep small objects and plastic bags away from your baby.

NUTRITION AND FEEDING

FAMILY FUNCTIONING

How Your Family Is Doing

- Call on others for help.
- Encourage your partner to help care for your baby.
- Ask us about helpful resources if you are alone.
- Invite friends over or join a parent group.
- Choose a mature, trained, and responsible babysitter or caregiver.
- You can talk with us about your child care choices.

Healthy Teeth

- Many babies begin to cut teeth.
- Use a soft cloth or toothbrush to clean each tooth with water only as it comes in.
- Ask us about the need for fluoride.
- Do not give a bottle in bed.
- Do not prop the bottle.
- Have regular times for your baby to eat. Do not let him eat all day.

ORAL HEALTH

Your Baby's Development

- Place your baby so she is sitting up and can look around.
- Talk with your baby by copying the sounds your baby makes.
- Look at and read books together.
- Play games such as peekaboo, patty-cake, and so big.
- Offer active play with mirrors, floor gyms, and colorful toys to hold.
- If your baby is fussy, give her safe toys to hold and put in her mouth and make sure she is getting regular naps and playtimes.
- Put your baby to bed when she is sleepy but still awake.

INFANT DEVELOPMENT

Crib/Playpen

- Lower the crib mattress all the way when your baby begins to stand.
- Use a crib with slats close together—2³/₈ inches apart or less.
- When your baby is in the crib, make sure the drop side is up.
- Don't use loose or soft bedding.
- Use a mesh playpen with weaves less than 1/4 inches apart.

Safety

- Use a rear-facing car safety seat in the back seat in all vehicles, even for very short trips.
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Don't leave your baby alone in the tub or high places such as changing tables, beds, or sofas.
- While in the kitchen, keep your baby in a high chair or playpen.
- Do not use a baby walker.
- Place gates on stairs.
- Close doors to rooms where your baby could be hurt, like the bathroom.
- Prevent burns by setting your hot water heater so the temperature at the faucet is 120°F or lower.
- Turn pot handles inward on the stove.
- Do not leave hot irons or hair care products plugged in.
- Never leave your baby alone near water or in bathwater, even in a bath seat or ring.
 - Always be close enough to touch your baby.
- Lock up poisons, medicines, and cleaning supplies; call Poison Help if your baby eats them.

SAFETY

What to Expect at Your Baby's 9 Month Visit

We will talk about

- Disciplining your baby
- Introducing new foods and establishing a routine
- Helping your baby learn
- Car seat safety
- Safety at home

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



American Academy of Pediatrics



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Important Milestones By The End Of 7 Months

Babies develop at their own pace, so it's impossible to tell exactly when your child will learn a given skill. The developmental milestones listed below will give you a general idea of the changes you can expect, but don't be alarmed if your own baby's development takes a slightly different course.

Social and Emotional

- Enjoys social play
- Interested in mirror images
- Responds to other people's expressions of emotion and appears joyful often

Cognitive

- Finds partially hidden object
- Explores with hands and mouth
- Struggles to get objects that are out of reach

Language

- Responds to own name
- Begins to respond to "no"
- Can tell emotions by tone of voice
- Responds to sound by making sounds
- Uses voice to express joy and displeasure
- Babbles chains of sounds

Movement

- Rolls both ways (front to back, back to front)
- Sits with, and then without, support on hands
- Supports whole weight on legs
- Reaches with one hand
- Transfers object from hand to hand
- Uses hand to rake objects

Vision

- Develops full color vision
- Distance vision matures
- Ability to track moving objects improves

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll
- Head still flops back when body is pulled to a sitting position
- Reaches with one hand only
- Refuses to cuddle
- Shows no affection for the person who cares for him or her
- Doesn't seem to enjoy being around people
- One or both eyes consistently turn in or out
- Persistent tearing, eye drainage, or sensitivity to light
- Does not respond to sounds around him or her
- Has difficulty getting objects to mouth
- Does not turn head to locate sounds by 4 months
- Does not roll over in either direction (front to back or back to front) by 5 months
- Seems impossible to comfort at night after 5 months
- Does not smile on his or her own by 5 months
- Cannot sit with help by 6 months
- Does not laugh or make squealing sounds by 6 months
- Does not actively reach for objects by 6 to 7 months
- Does not follow objects with both eyes at near (1 foot) and far (6 feet) ranges by 7 months
- Does not bear weight on legs by 7 months
- Does not try to attract attention through actions by 7 months
- Does not babble by 8 months
- Shows no interest in games of peek-a-boo by 8 months
- Experiences a dramatic loss of skills he or she once had

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www.cdc.gov/actearly



Learn the Signs. Act Early.

Starting Solid Foods



Until now, your baby's diet has been made up of breast milk and/or formula. But once your baby reaches 4 to 6 months of age, you can begin adding solid foods. Read on to learn more about introducing solid foods.

When can my baby eat solid foods?

Most babies are ready to eat solid foods at 4 to 6 months of age. Before this age instead of swallowing the food, they push their tongues against the spoon or the food. This tongue-pushing reflex is necessary when they are breastfeeding or drinking from a bottle. Most babies stop doing this at about 4 months of age. Energy needs of babies begin to increase around this age as well, making this a good time to introduce solids.

You may start solid foods with any feeding. Try scheduling feedings during family meals. Or if your baby is easily distracted, you may want to pick a quiet time when you can focus on feeding your baby. However, keep in mind that as your child gets older, she will want to eat with the rest of the family.

Feeding your baby solid foods

To prevent choking, make sure your baby is sitting up when you introduce solid foods. If your baby cries or turns away when you give him the food, do not force the issue. It is more important that you both enjoy mealtimes than for your baby to start solids by a specific date. Go back to nursing or bottle-feeding exclusively for a time before trying again. Remember that starting solid foods is a gradual process and at first your baby will still be getting most of his nutrition from breast milk and/or formula.

It is important for your baby to get used to the process of eating—sitting up, taking bites from a spoon, resting between bites, and stopping when full. Always use a spoon to feed your baby solid foods. These early experiences will help your child learn good eating habits throughout life.

Some parents try putting baby cereal in a bottle. This is not a good idea. Feeding your baby this way can cause choking. It also may increase the amount of food your baby eats and can cause your baby to gain too much weight. However, cereal in a bottle may be recommended if your baby has reflux. Check with your child's doctor.

How to start

Start with half a spoonful or less and talk to your baby through the process ("Mmm, see how good this is!"). Your baby may not know what to do at first. She may look confused, wrinkle her nose, roll the food around her mouth, or reject it altogether. This is a normal early reaction to solid foods.

One way to make eating solids for the first time easier is to give your baby a little breast milk and/or formula first, then switch to very small half-spoonfuls of food, and finish with more breast milk and/or formula. This will prevent your baby from getting frustrated when she is very hungry.

Do not be surprised if most of the first few solid-food feedings wind up on your baby's face, hands, and bib. Increase the amount of food gradually, with just a teaspoonful or two to start. This allows your baby time to learn how to swallow solids.

What kinds of foods should my baby eat?

For most babies it does not matter what the first solid foods are. By tradition, single-grain cereals are usually introduced first. However, there is no medical evidence that introducing solid foods in any particular order has an advantage for your baby. Though many pediatricians will recommend starting vegetables before fruits, there is no evidence that your baby will develop a dislike for vegetables if fruit is given first. Babies are born with a preference for sweets, and the order of introducing foods does not change this. If your baby has been mostly breastfeeding, he may benefit from baby meat, which contains more easily absorbed sources of iron and zinc that are needed by 4 to 6 months of age. Please discuss this with your child's doctor.

Baby cereals are available premixed in individual containers or dry, to which you can add breast milk, formula, or water. Premixed baby cereals are convenient, while dry cereals are richer in iron and allow you to control the thickness of the cereal. Whichever type of cereal you use, make sure that it is made for babies because these cereals contain extra nutrients your baby needs at this age.

Using a high chair

The following are safety tips when using a high chair:

- Make sure the high chair you use cannot be tipped over easily.
- If the chair folds, be sure it is locked each time you set it up.
- Whenever your child sits in the chair, use the safety straps, including the crotch strap. This will prevent your child from slipping down, which could cause serious injury or even death. Never allow your child to stand in the high chair.
- Do not place the high chair near a counter or table. Your child may be able to push hard enough against these surfaces to tip the chair over.
- Never leave a young child alone in a high chair and do not allow older children to climb or play on it because this could also tip it over.
- A high chair that hooks on to a table is not a good substitute for a freestanding one. If you plan to use this type of chair when you eat out or when you travel, look for one that locks on to the table. Be sure the table is heavy enough to support your child's weight without tipping. Also, check to see whether your child's feet can touch a table support. If your child pushes against the table, it may dislodge the seat.

Once your baby learns to eat one food, gradually give him other foods. Generally, meats and vegetables contain more nutrients per serving than fruits or cereals.

Many pediatricians recommend against giving eggs and fish in the first year of life because of allergic reactions, but there is no evidence that introducing these nutrient-dense foods after 4 to 6 months of age determines whether your baby will be allergic to them. Give your baby one new food at a time, and wait at least 2 to 3 days before starting another. After each new food, watch for any allergic reactions such as diarrhea, rash, or vomiting. If any of these occur, stop using the new food and consult with your child's doctor.

Within a few months of starting solid foods, your baby's daily diet should include a variety of foods each day that may include the following:

- Breast milk and/or formula
- Meats
- Cereal
- Vegetables
- Fruits
- Eggs and fish

Finger foods

Once your baby can sit up and bring her hands or other objects to her mouth, you can give her finger foods to help her learn to feed herself. To avoid choking, make sure anything you give your child is soft, easy to swallow, and cut into small pieces. Some examples include small pieces of banana, wafer-type cookies, or crackers; scrambled eggs; well-cooked pasta; well-cooked chicken finely chopped; and well-cooked and cut up yellow squash, peas, and potatoes. Do not give your baby any food that requires chewing at this age. (See "Choking hazards.")

At each of your child's daily meals, she should be eating about 4 ounces, or the amount in one small jar of strained baby food. Limit giving your child foods that are made for adults. These foods often contain more salt and other preservatives.

If you want to give your baby fresh food, use a blender or food processor, or just mash softer foods with a fork. All fresh foods should be cooked with no added salt or seasoning. Though you can feed your baby raw bananas (mashed), most other fruits and vegetables should be cooked until they are soft. Refrigerate any food you do not use, and look for any signs of spoilage before giving it to your baby. Fresh foods are not bacteria-free, so they will spoil more quickly than food from a can or jar.

Warning: Do not feed your baby home-prepared beets, turnips, carrots, spinach, or collard greens in the first year of life.

In some parts of the country, these vegetables have large amounts of nitrates, chemicals that can cause an unusual type of anemia (low blood count) in young babies. Baby food companies are aware of this problem and screen the produce they buy for nitrates. They also avoid buying these vegetables in parts of the country where nitrates have been found. Thus it is safer to use commercially prepared forms of these foods during the first year of life.

What changes can I expect after my baby starts solids?

When your child starts eating solid foods, his stools will become more solid and variable in color. Due to the added sugars and fats, they will have a much stronger odor too. Peas and other green vegetables may turn the stool a deep-green color; beets may make it red. (Beets sometimes make urine red as well.) If your baby's meals are not strained, his stools may contain undigested pieces of food, especially hulls of peas or corn, and the skin of tomatoes or other vegetables. All of this is normal. Your child's digestive system is still immature and needs time before it can fully process these new foods. If the stools are extremely loose, watery, or full of mucus, however, it may mean the digestive tract is irritated. In this case, reduce the amount of solids and introduce them more slowly. If the stools continue to be loose, watery, or full of mucus, consult your child's doctor to see if your child has a digestive problem.

Should I give my baby juice?

Babies do not need juice. Babies younger than 6 months should not be given juice. However, if you choose to give your baby juice, do so only after 6 months of age and offer it only in a cup, not in a bottle. To help prevent tooth decay, do not put your child to bed with a bottle. If you do, make sure it contains only water.

Limit juice intake to no more than 4 ounces a day and offer it only with a meal or snack. Any more than this will reduce her appetite for other, more nutritious foods, including breast milk and/or formula. Too much juice also can cause diaper rash, diarrhea, or excessive weight gain.

Give your child extra water if she seems to be thirsty between feedings. During the hot months when your child is losing fluid through sweat, offer water 2 or more times a day. If you live in an area where the water is fluoridated, these feedings also will help prevent future tooth decay.

Good eating habits start early

Babies and small children do not know what foods they need to eat. Your job as a parent is to offer a good variety of healthy foods that are rich in the nutrients that they need. Watch your child for cues that she has had enough to eat. Do not overfeed!

Choking hazards

Do not feed children younger than 4 years round, firm foods unless they are chopped completely. Round, firm foods are common choking dangers. When infants and young children do not grind or chew their food well, they may try to swallow it whole. The following foods can be choking hazards:

- Hot dogs (including meat sticks [baby food "hot dogs"])
- Nuts and seeds
- Chunks of meat or cheese
- Whole grapes
- Popcorn
- Chunks of peanut butter
- Raw vegetables
- Fruit chunks, such as apple chunks
- Hard, gooey, or sticky candy
- Chewing gum

Begin to build good eating habits. Usually eating 5 to 6 times a day (3 meals and 2 to 3 snacks) is a good way to meet toddlers' energy needs. Children who "graze," or eat constantly, may never really feel hungry. They can have problems from eating too much or too little.

If you are concerned that your baby is overweight or becoming overweight, talk with your child's doctor before making any changes to his diet. During these months of rapid growth, your baby needs a balanced diet that includes fat, carbohydrates, and protein. Continue to give breast milk and/or formula for the first year. After 1 year of age, if you have a family history of obesity, cardiovascular disease, or high cholesterol, your child's doctor may suggest using reduced fat milk. After 1 year of age you may also reduce the amount of food your child eats at each meal. However, it is important that he continue to get the balanced diet he needs. Talk with your child's doctor about this. Your child's doctor will help you determine if your child is eating too much, not eating enough, or eating too much of the wrong kinds of foods.

Because prepared baby foods have no added salt, they are not a source of added salt. However, as your baby eats more and more "table foods," he will imitate the way you eat, including using salt and nibbling on salty snacks. For your child's sake as well as your own, eat a healthy diet yourself and decrease your intake of fat and salty snack foods. Provide a good role model by eating a variety of healthy, nutrient-rich foods.

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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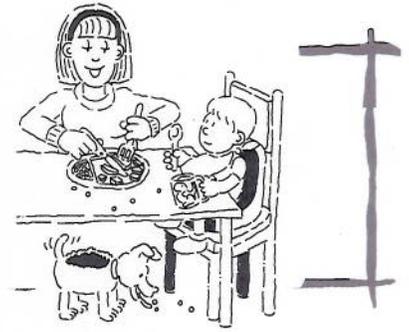
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Choking Prevention and First Aid for Infants and Children



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

Choking occurs when food or small objects get caught in the throat and block the airway. This can prevent oxygen from getting to the lungs and the brain. When the brain goes without oxygen for more than 4 minutes, brain damage or even death may occur. Many children die from choking each year. Most children who choke to death are younger than 5 years. Two thirds of choking victims are infants younger than 1 year.

Balloons, balls, marbles, pieces of toys, and foods cause the most choking deaths.

Read more about choking prevention and first aid.

Dangerous foods

Do not feed children younger than 4 years round, firm food unless it is chopped completely. Round, firm foods are common choking dangers. When infants and young children do not grind or chew their food well, they may try to swallow it whole. The following foods can be choking hazards:

- Hot dogs
- Nuts and seeds
- Chunks of meat or cheese
- Whole grapes
- Hard, gooey, or sticky candy
- Popcorn
- Chunks of peanut butter
- Raw vegetables
- Fruit chunks, such as apple chunks
- Chewing gum

Dangerous household items

Keep the following household items away from infants and children:

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

What you can do to prevent choking

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

First aid for the child who is choking

Make a point to learn the instructions on the reverse side of this brochure. Post the chart in your home. However, these instructions should *not* take the place of an approved class in basic first aid, CPR, or emergency prevention. Contact your local American Red Cross office or the American Heart Association to find out about classes offered in your area. Most of the classes teach basic first aid, CPR, and emergency prevention along with what to do for a choking infant or child. Your pediatrician also can help you understand these steps and talk to you about the importance of supervising mealtime and identifying dangerous foods and objects.

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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CHOKING/CPR

LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION)

IF ALONE WITH A CHILD WHO IS CHOKING...

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

YOU SHOULD START FIRST AID FOR CHOKING IF...

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

DO NOT START FIRST AID FOR CHOKING IF...

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

FOR INFANTS YOUNGER THAN 1 YEAR

INFANT CHOKING

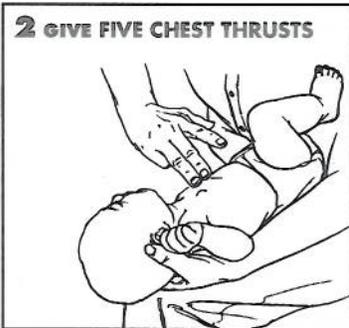
If the infant is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911, or if you are alone call 911 as soon as possible.

1 GIVE FIVE BACK SLAPS



ALTERNATING WITH

2 GIVE FIVE CHEST THRUSTS



Alternate back slaps and chest thrusts until the object is dislodged or the infant becomes unconscious. If the infant becomes unconscious, begin CPR.

INFANT CPR

To be used when the infant is unconscious or when breathing stops.

1 OPEN AIRWAY

- Open airway (tilt head, lift chin).
- Take 5 to 10 seconds to check if the child is breathing after the airway is opened. Look for up and down movement of the chest and abdomen. Listen for breath sounds at the nose and mouth. Feel for breath on your cheek. If opening the airway results in breathing, other than an occasional gasp, do not give breaths.
- If there is no breathing look for a foreign object in the mouth. If you can see an object in the infant's mouth, sweep it out carefully with your finger. Then attempt rescue breathing. Do NOT try a blind finger sweep if the object is not seen, because it could be pushed farther into the throat.



2 RESCUE BREATHING

- Position head and chin with both hands as shown—head gently tilted back, chin lifted.
- Take a normal breath (not a deep breath).
- Seal your mouth over the infant's mouth and nose.
- Give 2 breaths, each rescue breath over 1 second with a pause between breaths. Each breath should make the chest rise.



If no rise or fall after the first breath, repeat steps 1 and 2. If still no rise or fall, continue with step 3 (below).

3 CHEST COMPRESSIONS

- Place 2 fingers of 1 hand on the breastbone just below the nipple line.
- Compress chest $\frac{1}{3}$ to $\frac{1}{2}$ the depth of the chest.
- Alternate 30 compressions with 2 breaths.
- Compress chest at rate of 100 times per minute.



Be sure someone calls 911 as soon as possible. If you are alone, call 911 or your local emergency number after 5 cycles of breaths and chest compressions (about 2 minutes).

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

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

CHOKING/CPR

LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION)

IF ALONE WITH A CHILD WHO IS CHOKING...

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

YOU SHOULD START FIRST AID FOR CHOKING IF...

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

DO NOT START FIRST AID FOR CHOKING IF...

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

FOR CHILDREN 1 TO 8 YEARS OF AGE*

CHILD CHOKING

If the child is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911, or if you are alone call 911 as soon as possible.

CONSCIOUS

FIVE ABDOMINAL THRUSTS just above the navel and well below the bottom tip of the breastbone and rib cage. Give each thrust with enough force to produce an artificial cough designed to relieve airway obstruction.



If the child becomes unconscious, begin CPR.



CHILD CPR

To be used when the child is **UNCONSCIOUS** or when breathing stops.

1 OPEN AIRWAY

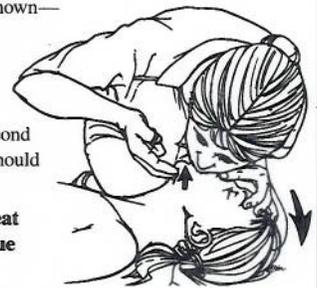
- Open airway (tilt head, lift chin).
- Take 5 to 10 seconds to check if the child is breathing after the airway is opened. **Look** for up and down movement of the chest and abdomen. **Listen** for breath sounds at the nose and mouth. **Feel** for breath on your cheek. If opening the airway results in breathing, other than an occasional gasp, do not give breaths.
- If there is no breathing **look** for a foreign object in the mouth. **If you can see** an object in the child's mouth, sweep it out carefully with your finger. Then attempt rescue breathing. **Do NOT** try a blind finger sweep if the object is not seen, because it could be pushed farther into the throat.



2 RESCUE BREATHING

- **Position** head and chin with both hands as shown—head gently tilted back, chin lifted.
- Take a normal breath (not a deep breath).
- **Seal** your mouth over the child's mouth.
- **Pinch** the child's nose.
- Give 2 breaths, each rescue breath over 1 second with a pause between breaths. Each breath should make the chest rise and fall.

If no rise or fall after the first breath, repeat steps 1 and 2. If still no rise or fall, continue with step 3 (below).



3 CHEST COMPRESSIONS

- Place heel of 1 hand over the lower half of the breastbone OR use 2 hands: place heel of 1 hand over the lower half of the breastbone, then place other hand over first hand (to keep them off of the chest).
- **Compress** chest $\frac{1}{2}$ to $\frac{1}{2}$ depth of chest.
 - **Alternate** 30 compressions with 2 breaths.
 - **Compress** chest at rate of 100 times per minute.
- Check for signs of normal breathing, coughing, or movement after every 5 cycles (about 2 minutes).



1-hand technique



2-hand technique

Be sure someone calls 911 as soon as possible. If you are alone, call 911 or your local emergency number after 5 cycles of breaths and chest compressions (about 2 minutes).

*For children 8 years and older, adult recommendations for choking/CPR apply.

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

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

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.
- Use cordless window coverings in all homes where children live or visit. If this is not possible, make sure drapery and blind cords are tied up high with no loops. Loose cords can strangle children so remember to check the cords in all rooms to make sure that they are out of reach.
- 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 slats on the crib should be no more than $2\frac{3}{8}$ inches apart. Widely spaced slats 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.

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 locked 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 poison help line number (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.

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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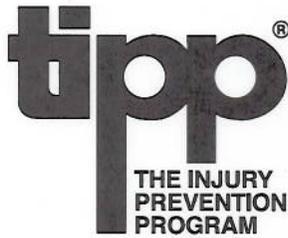
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6 to 12 Months



6 TO 12 MONTHS

Safety for Your Child

Did you know that hundreds of children younger than 1 year die every year in the United States because of injuries — most of which 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 they 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 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 make your child water safe at this age. 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 because they 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 Line 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.** 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 still 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. An infant must always ride in a rear-facing car safety seat in the back seat until he or she is at least 1 year of age and at least 20 pounds. A rear-facing car safety seat should NEVER be placed in front of a passenger air bag. 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. Death from excess heat may occur in a closed car in warm weather in a short time.

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

From Your Doctor

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