



Dear Parents:

We have been privileged to participate in the care of your newborn. This is a reminder to have your newborn added to your insurance policy as soon as possible. Most insurance carriers require newborns to be added within 30 days of birth. Because your newborn has received medical care before this happens, a statement for the charges will be sent to you. This statement represents the balance due for your child's care.

If you have confirmed that your baby is active on your insurance policy, please contact us and we will be happy to file the charges to your insurance. If you have not received confirmation of your baby's eligibility on the insurance policy, please follow up with your insurance company or employer's human resource department.

If we do not partner with your health insurance plan we will submit a claim for hospital charges to your insurance company. However, payment for these medical services is your responsibility. You may submit receipts to your health insurance for reimbursement.

If your health insurance requires you to select a Primary Care Physician (PCP) for your newborn, you will need to ensure the IHA physician is listed as the PCP with your health insurance policy from your baby's effective date of coverage.

If you do not have health insurance you may see if your newborn qualifies for Medicaid by calling 888.367.6557 or visit the Michigan Department of Community Health website at www.michigan.gov/mdch. Please check with your newborn's doctor's office to see if they participate or are accepting new patients with a Medicaid plan.

We hope this information is helpful. Please contact us if we can be of any further assistance.

Sincerely,
Trinity Health Patient Business Services
1.800.494.5797





Dear Patient/Parent:

We strive to create as many appointments as possible for our physicians and nurse practitioners so that we can provide all the services needed by our patients. We need the help of our patients' parents to make our system work. We know and understand how busy the lives of our families are and we know plans change. We would like the simple courtesy of a call if an appointment can not be kept.

It is our policy that any prescheduled appointment be cancelled by a parent prior to appointment time except in the case of an unforeseen emergency.

If an appointment is cancelled, we will do our best to give our patient the next available appointment time for the type of visit required.

If a parent fails to bring a child to an appointment, our office will send a card notifying the family of the missed appointment and the missed appointment will be noted in the child's chart. Three or more missed appointments are cause for dismissal from our practice. We reserve the right to bill a family the cost of the missed appointment.

We look forward to your anticipated understanding and cooperation.



Patient Financial Obligations

IHA is dedicated to providing the best possible care and service to our patients in a cost effective manner. We regard the patient's prompt handling of their financial responsibility as essential to ensure that we can provide quality services. In order to accomplish this, we depend upon prompt payment for the services we provide. To reduce any misunderstanding or confusion, we have adopted the following policy.

Payment options if you have insurance: IHA has made prior arrangements with most insurance companies and health plans to accept assignment of benefits. We will file a claim with all insurance companies we participate with. Please be advised that unreported changes in medical insurance could result in billing delays, rejections and personal responsibility for the services provided.

Financial Responsibilities:

- A. You will need to pay your deductible, co-pay and any determined out-of-pocket portions at the time of service.** Unpaid co-pays will be reported to your carrier since this is a requirement of your insurance plan, and may affect your insurance coverage.
- B.** If IHA does not have a contract with your insurance company, you will be given an itemized statement to file with your insurance plan and will be responsible for the charges at the time of service.
- C. Bring your current insurance information to each visit.** Failure to provide complete and accurate insurance information may result in patient responsibility for the entire bill. **It is your responsibility to understand your insurance benefits to include deductible amounts.**
- D.** In the event that your health plan considers the service to be a "non-covered" benefit, you will be responsible for the charges at the time of service. If we are unable to verify coverage, you will be asked to sign a waiver (written acknowledgement) that these charges may not be covered and you will be responsible for prompt payment of the all uncovered services.
- E.** You should understand that your failure to meet your financial obligations to IHA may include (but is not limited to) additional actions such as written correspondence, collection activities, reporting to outside credit bureaus and termination of your patient relationship with IHA.

Payment options if you have no insurance: Payment is expected on the day that treatment is rendered unless prior arrangements have been made. You can pay by cash, check, MasterCard, VISA or Discover. Alternative payment plans may be available for those patients who qualify (when made prior to your appointment). You may inquire about this with an IHA financial representative at your office.

Patient Appointments: We make every effort to see our patients promptly, likewise we ask that you arrive 15 minutes before your scheduled time to register and complete paperwork so that your arrival time does not impact our ability to keep our scheduled times with you or other patients. Note that patients who are sick or have a serious problem often need to be seen on the same day. The office reserves the right to charge for "missed appointments", and you should be familiar with our missed appointment policy. We ask that patients call the office promptly if you expect to be a late arrival, are unable to keep an appointment, or need to reschedule.

Minors: The parent(s) or guardian(s) accompanying a minor are responsible for payment. Minors must be accompanied by a parent or legal guardian to be treated. Any exception requires the parent or legal guardian to provide IHA, prior to treatment, a signed "Authorization" to provide medical treatment.

Monthly Statement: If you have a balance on your account you will be billed promptly. It will show separately the patient balance due for each visit. The total amount due from you will be summarized at the bottom of the statement. Unless we approve other arrangements in writing, the balance on your statement is due upon receipt.

Billing Fees: Any balances not paid upon receipt of your statement will be assessed a monthly **late charge** at the rate of 1.5% of the outstanding adjusted balance of your account. The adjusted balance is determined by taking the patient balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Collection Fees of \$33 per transaction will be assessed for returned or NSF checks. Further collection activity and late charges can be avoided by the timely payment of your account.

I HAVE READ THE ABOVE PATIENT OBLIGATIONS AND I AGREE TO FOLLOW THIS POLICY. I ALSO UNDERSTAND THAT I SHOULD CONTACT AN IHA FINANCIAL REPRESENTATIVE FOR ASSISTANCE WITH BILLING QUESTIONS AT: 800.494.5797.

PURPLE Crying

The **Period of PURPLE Crying**[®] is the phrase used to describe the time in a baby's life when they cry more than any other time. This period of increased crying is often described as colic, but there have been many misunderstandings about what "colic" really is.

The **Period of PURPLE Crying** is a new way to help parents understand this time in their baby's life, which is a normal part of every infant's development. It is confusing and concerning to be told your baby "has colic" because it sounds like it is an illness or a condition that is abnormal. When the baby is given medication to treat symptoms of colic, it reinforces the idea that there is something wrong with the baby, when in fact, the baby is going through a very normal developmental phase. That is why we prefer to refer to this time as the **Period of PURPLE Crying**. This is not because the baby turns purple while crying. The acronym is a meaningful and memorable way to describe what parents and their babies are going through.

The **Period of PURPLE Crying** begins at about 2 weeks of age and continues until about 3-4 months of age. There are other common characteristics of this phase, or period, which are better described by the acronym **PURPLE**. All babies go through this period. It is during this time that some babies can cry a lot and some far less, but they all go through it.

There are other characteristics of this stage. For example, studies have shown that the crying tends to be much more common in the late afternoon and evening, just when parents are getting home from work and are the most tired. Parents try many ways to keep the baby from crying. Some of them work, some work temporarily, and some don't work at all. I take my baby in the car and drive around the block in my PJ's, said one mom. That worked for three nights, but on the fourth he would not stop crying. I tried several other things like warm baths, singing, swaying, and nothing worked. Then all of a sudden he would just stop, for no apparent reason. His crying was so unpredictable, she said.

When these babies are going through this period they seem to resist soothing. Nothing helps. Even though certain soothing methods may help when they are simply fussy or crying, bouts of inconsolable crying are different. Nothing seems to soothe them.

During this phase of a baby's life they can cry for hours and still be healthy and normal. Parents often think there must be something wrong or they would not be crying like this. However, even after a check-up from the doctor which shows the baby is healthy they still go home and cry for hours, night after night. "It was so discouraging," said one dad. "Our baby giggles and seems fine during the day and almost like clockwork, he starts crying around 6 pm. He is growing and healthy, so why does he cry like this?"

Often parents say their baby looks like he or she is in pain. They think they must be, or why would they cry so much. Babies who are going through this period can act like they are in pain even when they are not.



In my own case, I know my son was not sick. He was in the top percentile for growth, he giggled and was happy other times Then he would start to cry, and cry, and cry. The doctor kept telling me he is just fine.

After learning all of this, we decided we needed to share this information with other parents. We had to take this information and put it into a statement that told the story about this phase in a baby's life. Dr. Ronald Barr, a developmental pediatrician who has likely done more studies on infant crying than anyone in the world, came up with the phrase the **Period of PURPLE Crying**. His idea was to explain this phase to parents of new babies so they would know it was normal and they would be encouraged that it would come to an end.

The acronym PURPLE is used to describe specific characteristics of an infant's crying during this phase and let parents and caregivers know that what they are experiencing is indeed normal and, although frustrating, is simply a phase in their child's development that will pass. The word Period is important because it tells parents that it is only temporary and will come to an end.

The Letters in **PURPLE** Stand for

P	U	R	P	L	E
PEAK OF CRYING	UNEXPECTED	RESISTS SOOTHING	PAIN-LIKE FACE	LONG LASTING	EVENING
Your baby may cry more each week. The most at 2 months, then less at 3-5 months	Crying can come and go and you don't know why	Your baby may not stop crying no matter what you try	A crying baby may look like they are in pain, even when they are not	Crying can last as much as 5 hours a day, or more	Your baby may cry more in the late afternoon and evening

Parents, after learning about **Period of PURPLE Crying** have said, "Finally they have called it something that describes what we are going through. This word colic was hard to get a handle on."

For more information go to www.purplecrying.info

Protect Babies from Whooping Cough

If you're pregnant get a Tdap shot!



Whooping cough (pertussis) is a respiratory infection that can cause severe coughing or trouble breathing.

About half of infants who get whooping cough are hospitalized!

1 out of 2

I got my whooping cough vaccine and will encourage everyone caring for my baby to get a shot, too!

Whooping cough is deadly for babies

This vaccine helps protect you from whooping cough and passes some protection to your baby.

Whooping cough cases across the U.S. have been on the rise since the 1980s.

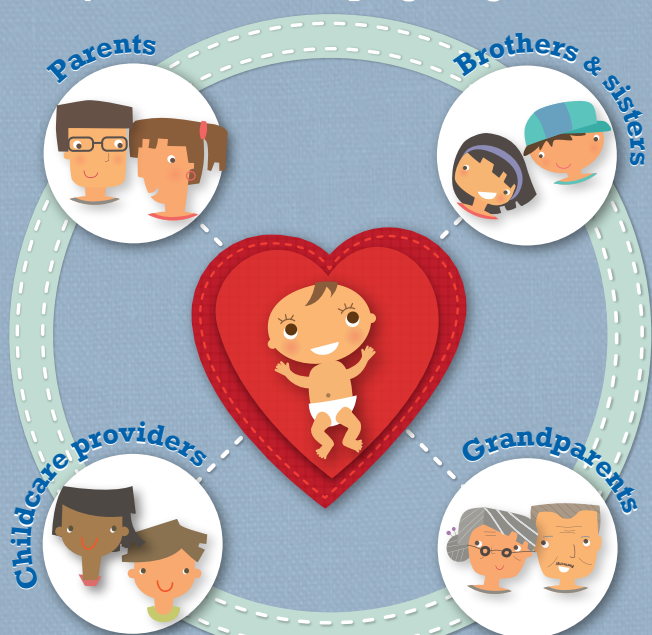


Create a circle of protection around your baby

4 out of 5 babies who get whooping cough catch it from someone at home*

*When source was identified

Everyone needs whooping cough vaccine:



Your baby needs whooping cough vaccine at:



Make sure your baby gets all **5** doses of whooping cough vaccine on time

You can get whooping cough vaccines at a doctor's office, local health department, or pharmacy

Like it? Tell a friend! It's important!



www.cdc.gov/whoopingcough



Breastfeeding Your Baby: Getting Started



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

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

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

Benefits of Breastfeeding

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

Why is breastfeeding so good for my baby?

Breastfeeding is good for your baby because

- 1. Breastfeeding provides warmth and closeness.** The physical contact helps create a special bond between you and your baby.
- 2. Human milk has many benefits.**
 - It's easier for your baby to digest.
 - It doesn't need to be prepared.
 - It's always available.
 - It has all the nutrients, calories, and fluids your baby needs to be healthy.
 - It has growth factors that ensure the best development of your baby's organs.
 - It has many substances that formulas don't have that help protect your baby from many diseases and infections. In fact, breastfed babies are less likely to have
 - Ear infections
 - Diarrhea
 - Pneumonia, wheezing, and bronchiolitis
 - Other bacterial and viral infections, such as meningitis
 - Research also suggests that breastfeeding may help protect against obesity, diabetes, sudden infant death syndrome (SIDS), asthma, eczema, colitis, and some cancers.

Why is breastfeeding good for me?

Breastfeeding is good for your health because it helps

- Release hormones in your body that promote mothering behavior.
- Return your uterus to the size it was before pregnancy more quickly.
- Burn more calories, which may help you lose the weight you gained during pregnancy.
- Delay the return of your menstrual period to help keep iron in your body.
- Provide contraception, but only if these 3 conditions are met: (1) you are exclusively breastfeeding at daytime and nighttime and not giving your baby any other supplements, (2) it is within the first 6 months after birth, (3) your period has not returned.
- Reduce the risk of ovarian cancer and breast cancer.
- Keep bones strong, which helps protect against bone fractures in older age.

How Breastfeeding Works

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

What is colostrum?

Colostrum is the first milk your body makes. It's thick with a yellow or orange tint. Colostrum is filled with all the nutrients your newborn needs. It also contains many substances to protect your baby against diseases and infections. It's very important for your baby's health to get this early milk, though it may seem like a small amount. Your baby only needs less than 1 tablespoon per feeding on the first day and about 2 tablespoons per feeding on the second day.

What's the difference between milk coming in (increase in milk production) and let-down?

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

- *Milk comes in* 2 to 5 days after your baby is born. This is when colostrum increases quickly in volume and becomes milky-white transitional milk. Signs that your milk is coming in include
 - Full and tender breasts
 - Leaking of milk
 - Seeing milk around your baby's mouth
 - Hearing your baby swallow when fedBreast milk changes daily and will adjust to your baby's needs for the rest of the time you breastfeed. Because the color or creaminess of the milk can change daily, don't worry about how your milk looks.
- *Let-down* is the reflex that creates the flow of milk from the back of the breast to the nipple. Let-down occurs each time the baby suckles. It is triggered when you are relaxed and your baby is latched on to your breast properly. Let-down may also happen between feedings, such as when the breasts are somewhat full or when you hear a baby's cry. The first few times you breastfeed, the let-down reflex may take a few minutes. Afterward, let-down occurs faster, usually within a few seconds. Let-down occurs in both breasts at the same time. It may occur several times during each feeding.

The signs of let-down are different for each woman. Some women feel nothing, even though breastfeeding is going fine. Other women feel

- Cramping in the uterus. This can be strong for the first few days after delivery but often goes away after breastfeeding is well-established.
- A brief prickle, tingle, or even slight pain in the breast.
- A sudden feeling that breasts are heavier.
- Milk dripping from the breast that's not being used.
- Their baby swallowing or gulping when fed.

What is *demand and supply*?

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

Getting Started

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

How soon can I breastfeed?

You can and should breastfeed within the first hour after birth if you and your baby are physically able to do so. After delivery, your baby should be placed on your chest or stomach, skin to skin. The early smell and taste of your milk helps your baby learn to nurse. Your breast milk is all your baby needs if your baby is healthy. Other liquids, including water, sugar water and formula, will only lessen the benefits your baby receives from the early breast milk. Try to stay with your baby as much as you can. Rooming in with your baby day and night during your hospital stay has been shown to help start breastfeeding and keep it going longer.

What are different breastfeeding positions?

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

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



Clutch hold or football hold—may be more comfortable if you've had a cesarean delivery because it keeps the baby's weight off of the stitches.

Reclining—feeding your baby while lying down

lets you relax and can be helpful if you've had a cesarean delivery or are tired.



How can I get comfortable while breastfeeding?

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

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

Early Signs of Hunger

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

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

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

A good latch-on means that your baby has opened his mouth wide and is well back on the breast, taking both the areola and nipple far back into his mouth. Correct latch-on is very important because it

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

You can help your baby latch on by holding your breast with your free hand. Place your fingers under your breast and with your thumb on top. Move your fingers well back from the areola so they don't get in the way. Position your baby with his entire body facing you.

Touch your nipple to the center of your baby's lower lip. This will cause your baby to open his mouth widely. This is called the *rooting reflex*. As this occurs, pull your baby onto the nipple and areola. Keep in mind that when your baby is correctly positioned, or latched on, your nipple and much of the areola are pulled well into his mouth. Your baby's lips and gums should be around the areola and not just on the nipple. Your baby's chin should be touching your breast and his nose should be close to the breast.

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

Hospital staff should watch a feeding and make suggestions. If breastfeeding continues to hurt, you may need the help of a lactation specialist. Let your pediatrician know if there's a problem.



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



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

Beyond the First Feedings

How often should I nurse?

Newborns feed often and will give cues or signs when they are ready to feed. The length of each feeding varies and your baby will show signs when she is finished. Newborns are hungry at different times, with a long cluster of feedings in the late afternoon or night. Most breastfed newborns feed 8 to 12 or more times per 24 hours (once the milk has come in). If your baby isn't waking on her own during the first few weeks, wake her if more than 4 hours have passed since the last feeding. If you are having a hard time waking up your baby for feedings, let your pediatrician know.

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

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

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

How long does breastfeeding take?

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

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

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

How can I tell if my baby is hungry?

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

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

While in the hospital keeping your baby with you skin to skin will make it easier for you to recognize hunger cues and also will make it easier for your baby to be alert and feed often. Watch for the early signs of hunger. This is the

time to pick your baby up, gently awaken her, check her diaper, and try to feed her. (See "Early Signs of Hunger".)

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

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

- Your baby has frequent wet and dirty diapers.
- Your baby appears satisfied after feeding.
- Milk is visible during feedings (leaking or dripping).
- Your baby is gaining weight after the first 4 to 5 days of life.

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

Your baby's feeding patterns are an important sign that he is feeding enough. If you add up all the feedings over the course of the day, your baby should feed at least 8 to 12 times a day. Remember, newborns feed often and will give cues or signs when they are ready to feed. The length of each feeding varies and your baby will show signs when she is finished.

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

Your child will be weighed at each doctor's visit. This is one of the best ways to tell how much milk your baby is getting. The AAP recommends that babies be seen for an office visit (or home visit) between 3 to 5 days of age to check on breastfeeding and baby's weight. During the first week, most infants lose several ounces of weight, but they should be back up to their birth weight by the end of the second week. Once your milk supply is established, your baby should gain between ½ and 1 ounce per day during the first 3 months.

Breastfeeding: A Natural Gift

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

For more information about breastfeeding, read the AAP book *New Mother's Guide to Breastfeeding*.

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.

Illustrations by Anthony Alex LeTourneau.

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

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

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

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STORAGE AND PREPARATION OF BREAST MILK

BEFORE EXPRESSING/PUMPING MILK

Wash your hands well with soap and water.



Inspect the pump kit and tubing to make sure it is clean.

Replace moldy tubing immediately.



Clean pump dials and countertop.



STORING EXPRESSED MILK



Use breast milk storage bags or clean food-grade containers with tight fitting lids.



Avoid plastics containing bisphenol A (BPA) (recycle symbol #7).

HUMAN MILK STORAGE GUIDELINES

TYPE OF BREAST MILK	STORAGE LOCATIONS AND TEMPERATURES		
	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40 °F (4°C)	Freezer 0 °F (-18°C) or colder
Freshly Expressed or Pumped	Up to 4 Hours	Up to 4 Days	Within 6 months is best Up to 12 months is acceptable
Thawed, Previously Frozen	1-2 Hours	Up to 1 Day (24 hours)	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding		

STORE

Label milk with the date it was expressed and the child's name if delivering to childcare.

Store milk in the back of the freezer or refrigerator, not the door.

Freeze milk in **small amounts of 2 to 4 ounces** to avoid wasting any.



When freezing leave an inch of space at the top of the container; breast milk expands as it freezes.

Milk can be stored in an insulated cooler bag with frozen ice packs for **up to 24 hours** when you are traveling.

If you don't plan to use freshly expressed milk **within 4 days**, freeze it right away.

THAW

Always thaw the oldest milk first.

Thaw milk under lukewarm running water, in a container of lukewarm water, or overnight in the refrigerator.

Never thaw or heat milk in a microwave. Microwaving destroys nutrients and creates hot spots, which can burn a baby's mouth.

Use milk **within 24 hours** of thawing in the refrigerator (*from the time it is completely thawed, not from the time when you took it out of the freezer*).

Use thawed milk **within 2 hours** of bringing to room temperature or warming.

Never refreeze thawed milk.



FEED

Milk can be **served cold, room temperature, or warm.**

To heat milk, place the sealed container into a bowl of warm water or hold under warm running water.

Do not heat milk directly on the stove or in the microwave.



Test the temperature before feeding it to your baby by putting a few drops on your wrist. It should feel warm, **not hot.**

Swirl the milk to mix the fat, which may have separated.

If your baby did not finish the bottle, leftover milk should be used **within 2 hours.**

CLEAN

Wash disassembled pump and feeding parts in a clean basin with soap and water. **Do not wash directly** in the sink because the germs in the sink could contaminate items.

Rinse thoroughly under running water. Air-dry items on a clean dishtowel or paper towel.

Using clean hands, store dry items in a clean, protected area.

For extra germ removal, sanitize feeding items daily using one of these methods:

- clean in the dishwasher using hot water and heated drying cycle (*or sanitize setting*).
- boil in water for 5 minutes (*after cleaning*).
- steam in a microwave or plug-in steam system according to the manufacturer's directions (*after cleaning*).



June 2019



Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

FOR MORE INFORMATION, VISIT:
<https://bit.ly/2dxVYLU>

296657-B

Over - the – Counter (OTC) Medications Compatible with Breast Feeding

Please note the medications listed below are recommendation for nursing moms NOT infants.

Cough and Cold - General Measures:

- Adequate rest and nutrition
- Oral hydration, humidification (e.g., shower, vaporizer)
- Sore throat: hard candy, salt water gargle, fruit juices, hot tea with lemon

Pain or Fever	
acetaminophen (Tylenol)	Drug of choice in this category
ibuprofen (Advil, Motrin)	Preferred over other NSAIDs like Aleve
Cough	
guaifenesin (Robitussin, Mucinex)	No information. Unlikely to cause harm, especially in infants over 2 months. Avoid alcohol containing products.
guaifenesin / dextromethorphan (Robitussin DM, etc.)	
codeine (Robitussin AC, etc.)	Not recommended
Allergies / Cold – Decongestants (stuffy)	
Non- Drug Therapy	Best option: Nasal Spray (Ocean), Breathe Right Strips
pseudoephedrine (Sudafed, etc))	Avoid if milk production is insufficient or not established. May cause irritability in infant. Preferred over phenylephrine.
nasal steroids (Nasacort OTC)	Amounts in breast milk probably too small to cause harm. Use acceptable. Use lowest effective dose to maximize safety.
Allergies / Cold – Antihistamines (sneezy, itchy, runny)	
fexofenadine (Allegra, etc)	Preferred choice , if an antihistamine is needed. Levels in milk are low, and it would not be expected to cause sedation or other effects in the infant. Might reduce milk supply.
loratidine, cetirizine (Claritin, Zyrtec, etc)	Preferred choice at lowest dose if an antihistamine is needed. Levels in milk are low, and it would not be expected to cause sedation or other effects in the infant. Might reduce milk supply.

Breast Pump Rentals

Most insurance plans now cover Breast Pumps

The best way to find out if your insurance plan will cover the cost of your Breast Pump is to call the Member Services number located on the back of your insurance card or look on their website. Insurance companies do require a prescription for the breast pump under the mother's name. This can be obtained from the mother's OB provider or Primary Care Provider (PCP). Most insurances that do cover breast pumps are providing the Medela Pump In Style double breast pump.

Hospital Grade Breast Pump Rentals

Both the Medela Symphony and Ameda Elite breast pumps are recommended for mothers of premature infants, babies you are not latching well or any breastfeeding mother needing to build or maintain her milk supply and the baby is not feeding effectively and consistently at breast. In addition to the rental price, there is an additional fee for purchase of the pumping kit.

Breast Pump and Supply Rental/Purchase

Advanced Medical Solutions – 734-528-2522

Reichart Health Center, St Joseph Mercy Hospital Campus

Rental – Medela Symphony - \$55 deposit and \$55/month – need to have major credit card on file

Sales and supplies also available

Work with most insurances

MedEquip – 1-800-530-0714

Industrial Ave, Ann Arbor

Rental – Ameda Elite - \$50/month with prescription and \$52/month without

Sales and supplies also available

Work with most insurances

Other Suppliers and Resources

Ann Arbor

My Urban Toddler 734.585.0788

Novi

Mom and Baby Shop / Baby Love LLC 313.444.2229

Livonia

St Mary Mercy 734.655.1162

Brighton/Howell/Lansing

Advanced Medical 800.248.2229

Medela

www.medela.com

800.835.5968

Ameda

www.amedadirect.com

877.992.6332

How Much Formula Does My Baby Need?

Age	Number of Feedings Per Day	Amount of formula Per Feeding
Birth-1 week	6-10	2-3 oz
1-3 weeks	6-8	2-3 oz
3 wks-2 mos	5-7	4-5 oz
2-3 mos	5-6	5-6 oz
3-4 mos	4-5	6-7 oz

A good rule to follow is that your baby needs 2 ounces of formula per pound of body weight each day. For example, if your baby weighs 8 pounds, your baby needs 16 ounces of formula each day.

Spitting up after feeding is normal

If your baby spits up:

- Feed smaller amounts (one ounces less) more often
- Burp baby 2-3 times each feeding when baby slows down or stops sucking
- Do not lay baby on stomach after feeding
- Hold baby upright for 30 minutes after feeding
- Avoid bouncing baby after feeding
- Lay baby on back or right side and raise head of bed a bit

How to know when your baby is hungry

Baby might:

- Suck on hands
- Make sucking movements
- Put fist to chin

How to know when your baby is full

Baby might:

- Spit out the nipple or formula
- Fall asleep
- Play with or bite the nipple
- Lie quietly and suck once in a while

Baby knows how much to eat. Do not force baby to finish the bottle.

Call your Healthcare provider if your baby:

- Vomits 1/3 or more of the feeding most feedings
- Does not have at least 6 wet diapers in 24 hours
- Vomits so hard the formula shoots out of mouth
- Is not gaining weight
- Chokes after vomiting

Successful Bottle feeding

Do's:

- Always hold baby when feeding. Baby will feel more loved, secure, and safe
- Cradle your baby in a semi-upright position and support the head
- Make sure that baby can see your face during feedings
- Talk, sing, to the baby during feedings
- Let baby eat when hungry

Don'ts:

- Avoid feeding baby lying down. Do not prop bottle or put baby to bed with bottle. Baby may choke or have more ear infections.
- No strict feeding schedules
- Do not put cereal in your baby's bottle. Cereal will not help baby to sleep all night.
- Do not feed cereal or other solid foods before 4 months, they are less nutritious than formula for your baby.
- Do not microwave bottles; this may cause "hot spots" that can burn baby's mouth.
- Avoid changing your baby's formula without calling the health care provider first.

When Preparing Bottles and Formula

- Keep everything clean. Wash bottles and nipples in hot, soapy water and rinse well or run through dishwasher.
- An opened can of ready-to-feed formula is safe for up to 48 hours when covered tightly and refrigerated.
- Powdered and concentrated formula should be refrigerated and used within 48 hours after mixing.
- Throw out leftover formula after each feeding. It should not be reheated and used again.
- Always use iron-fortified formula, not low iron formula.

Do Not Use Low Iron Formula because:

- Does not meet baby's need for iron
- Can cause low iron levels in the blood (anemia)
- Does not prevent constipation

Do not give your baby honey.

Do not give your baby cow's milk, it is:

Too much protein and is too hard for baby to digest

Not enough vitamins or iron for baby's growth

Too high in minerals and is hard on baby's kidneys



CHICKENPOX CASES
in Michigan
increased by
57%
from 2015 to 2016.

1980
7
DISEASES COVERED



2017
16
DISEASES COVERED

I VACCINATE. DO YOU?

Only
54%
of Michigan
toddlers
are up-to-date
on their
vaccinations.

Cases of pertussis (whooping cough) are on the rise again in Michigan, with 136 cases reported as of Feb. 2017.

Michigan ranks
43RD LOWEST
in the US in
immunization
coverage
among toddlers.



Only
29%
of Michigan
teens ages
13 to 18 years
are up-to-date
on their
vaccinations.



5,311
cases of mumps reported
to the CDC in 2016.

The CDC estimates
that, in the US, vaccinations
will prevent more than
21 million hospitalizations.



SOURCE: IVaccinate.org

IVACCINATE

IHAcares.com     



Home Safety Checklist

Is your house a safe place for your child to live and play?

This safety checklist can help you prevent serious injuries or even death. Keep in mind that every house is different. Because there may be other safety concerns in your house, a more thorough safety check is recommended at least every 6 months.

Throughout the Home

- Teach your child how to call 911 in an emergency.
- Post the Poison Help number 1-800-222-1222 by every phone in your home and program the number into your cell phone.
- Make sure to have a plan of escape from your home in case of a fire. Review and practice the plan with your family.
- Install smoke alarms inside every bedroom, outside each sleeping area, 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.
- Install carbon monoxide (CO) alarms outside each sleeping area and on each floor of your home. CO is a toxic gas that has no taste, no color, and no odor. It comes from appliances or heaters that burn gas, oil, wood, propane, or kerosene.
- 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, with the bullets locked in another place.
- 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. Keep magnets and button-cell batteries out of sight and out of reach of children. Frequently check in, around, and under furniture for these items.
- Secure bookshelves, dressers, TVs, and all tall or heavy furniture to the wall with straps, brackets, or screws.
- 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 they are out of reach.
- Make sure window guards are secured to prevent a child from falling out the window.
- Block all stairs by using child gates.
- Check electrical cords and 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. Remove unused cords.
- Store matches and lighters out of your child's reach or in a locked cabinet. Teach your child that matches and lighters are to be used by adults only.
- Only use candles when an adult is in the room. Blow out candles if you leave the room or go to sleep.
- Keep houseplants out of your child's reach because some may be poisonous. Teach your child to never pick and eat anything from an indoor or outdoor plant. Also, teach your child to ask an adult first before picking and eating homegrown fruits or vegetables.

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.
- If you use baby powder, use one made with cornstarch. Pour it out carefully and keep the powder away from baby's face. Published reports indicate that talc (also called *talcum powder*) in baby powder can injure a baby's lungs.

Crib

- Reduce 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 for your baby to sleep is in a crib, on a firm mattress with a fitted sheet. Infants should never sleep in an adult bed or on a couch.
- Keep pillows, quilts, bumpers, 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.
- Don't hang anything with strings or ribbons over cribs. Keep monitor cords well away from the crib and make sure your baby cannot reach any window cords.
- Use a crib that meets current standards. It should not have a drop side or any raised corner posts or cutouts, where loose clothing could get snagged and strangle your baby. Also, the slats should be no more than $2\frac{3}{8}$ inches apart, and the mattress should fit snugly to prevent entrapment. All cribs purchased after June 28, 2011, are required to meet the current standard.
- Tighten all the screws, bolts, and other hardware securely to prevent the crib from collapsing. Only use hardware provided by the manufacturer.

Other Bedroom Items

- Keep night-lights away from drapes or bedding, where they could start a fire. Buy only cool night-lights that do not get hot.
- Store toys in a box or basket without a lid. If a toy chest 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 in case your child gets trapped inside.
- Use a cool-mist humidifier or vaporizer to avoid burns. Clean it according to manufacturer instructions to avoid bacteria and mold growth.

Kitchen

- Store sharp knives, other sharp utensils, dishwasher detergent, and other cleaning supplies in a locked cabinet.
- 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.

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 the bathroom is 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.
- Place 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 locked cabinets. 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).
- To prevent scalding, adjust your water heater so the hottest temperature at the faucet is no more than 120 degrees Fahrenheit (48.9 degrees Celsius).

Family Room

- Pad edges and corners of tables.
- Secure TVs to the wall with anchoring straps so they don't tip over. TVs should only be put on furniture that is low, sturdy, and designed to hold them.
- Place a barrier around the fireplace or other heat sources.

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. Rake it back under the swings and slides often 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.

Pool

- Make sure to have a fence at least 4 feet high around all sides of the pool to separate the pool from the house and the rest of the yard. A child should not be able to climb the fence. The gate on the fence should open outward, 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, by the pool.
- 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 in an emergency, your CPR skills can save your child's life. CPR performed by bystanders has been shown to improve outcomes in drowning victims.

From Your Doctor

American Academy of Pediatrics

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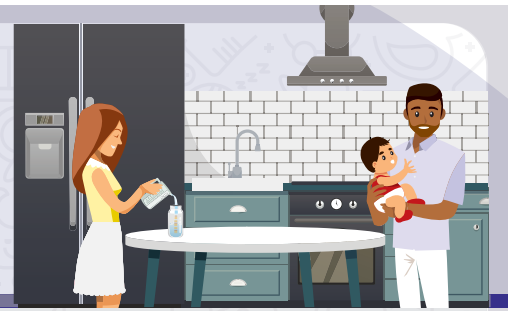
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The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

HOW TO PREPARE AND STORE POWDERED INFANT FORMULA



ARE YOU FEEDING YOUR BABY POWDERED INFANT FORMULA?

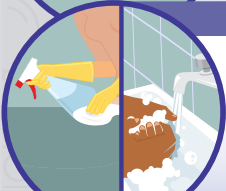
Follow these steps to prepare and store your infant formula safely and correctly

STEP 1



Make sure the formula is **not expired** and the container is **in good condition** (no dents, puffy ends, or rust spots).

STEP 2



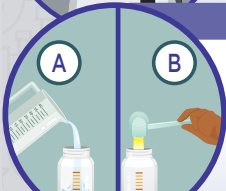
Clean the countertops and wash your hands with soap and warm water before preparing bottles. Use a clean bottle and nipple.

STEP 3



Use water from a safe source to mix with formula. Tap water is usually safe, but contact your local health department if you are not sure.

STEP 4



Use the exact amount of water and formula listed on the instructions of the infant formula container. **Always measure the water first and then add the infant formula powder. NEVER dilute formula** by adding extra water. This can make your baby sick.

STEP 5



Shake infant formula in the bottle to mix. Do not stir.

STEP 6



You do not need to warm infant formula before feeding. If you decide to warm the formula, place the bottle under running warm water or into a bowl of warm water for a few minutes. Avoid getting water into the bottle or nipple. This could contaminate the prepared formula. Test the temperature of the formula before feeding it to your baby by putting a few drops on the inside of your wrist. **It should feel warm, not hot.** **Never warm infant formula in a microwave. Microwaving creates hot spots, which can burn your baby's mouth.**

STEP 7



After feeding, be sure to **thoroughly clean the bottle and nipple before the next use.**

To learn about cleaning and sanitizing infant feeding items, visit <https://go.usa.gov/xpg4F>

To learn about infant formula feeding, visit <https://www.cdc.gov/nutrition/InfantandToddlerNutrition/formula-feeding/index.html>

USE QUICKLY OR STORE SAFELY



Use prepared infant formula within **1 hour from start of feeding** and **within 2 hours of preparation**.




If you are not going to use the prepared infant formula within 2 hours, immediately store the bottle in the refrigerator and use it **within 24 hours**.



Throw out any infant formula that's left in the bottle after feeding your baby. **Do not refrigerate it to save for later.** The combination of infant formula and your baby's saliva can cause bacteria to grow.

TIPS FOR BOTTLE FEEDING



Watch your baby for signs that he or she is full, and then stop feeding, even if the bottle is not empty.

Let your baby take breaks from drinking when he or she seems to want them.

Position the bottle at an angle rather than straight up and down so the infant formula only comes out when your baby sucks.

REMEMBER

- **Do not** use a bottle to feed your baby anything besides infant formula or breast milk.
- **Hold your baby close** when you feed him or her a bottle.
- **Always hold the bottle for your baby while feeding.** Propping the bottle in your baby's mouth can increase your baby's risk of choking, ear infections, and tooth decay.
- **Do not put your baby to bed with a bottle.** Infant formula can pool around the baby's teeth and this can cause tooth decay.
- **Do not force your baby to finish the bottle** if your baby is showing signs of fullness.

If your baby is younger than 2 months old, was born prematurely, or has a weakened immune system, you may want to take extra precautions when preparing infant formula.

Visit <https://www.cdc.gov/cronobacter/infection-and-infants.html> to learn more.

Safe Sleep and Your Baby:

How Parents Can Reduce the Risk of SIDS and Suffocation

About 3,600 babies die each year in the United States during sleep because of unsafe sleep environments. Some of these deaths are caused by entrapment, suffocation, or strangulation. Some infants die of sudden infant death syndrome (SIDS). However, there are ways for parents to keep their sleeping baby safe.

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

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

What You Can Do

- **Place your baby to sleep on his back for every sleep.**

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

- **Place your baby to sleep on a firm, flat sleep surface.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- If you are breastfeeding, wait until breastfeeding is going well before offering a pacifier. This usually takes 3 to 4 weeks. If you are not breastfeeding, you can start a pacifier as soon as you like.
- It's OK if your baby doesn't want to use a pacifier. You can try offering a pacifier again, but some babies don't like to use pacifiers.
- If the pacifier falls out after your baby falls asleep, you don't have to put it back in.

- Do not use pacifiers that attach to infant clothing.
- Do not use pacifiers that are attached to objects, such as stuffed toys and other items that may be a suffocation or choking risk.
- **Do not use home cardiorespiratory monitors to help reduce the risk of SIDS.**
- Home cardiorespiratory monitors can be helpful for babies with breathing or heart problems, but they have not been found to reduce the risk of SIDS.
- **Use caution when using products that claim to reduce the risk of SIDS.**
- Products such as wedges, positioners, special mattresses, and specialized sleep surfaces have not been shown to reduce the risk of SIDS.

What Expectant Moms Can Do

- Schedule and go to all prenatal doctor visits.
- Do not smoke, drink alcohol, or use drugs while pregnant or after the birth of your newborn. Stay away from smokers and places where people smoke.
- Remember to hold your newborn skin to skin while breastfeeding. If you can, do this as soon as you can after birth. Skin-to-skin contact is also beneficial for bottle-fed newborns.

Remember Tummy Time

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

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When Do Children and Teens Need Vaccinations?

Age	HepB Hepatitis B	DTaP/Tdap Diphtheria, tetanus, pertussis (whooping cough)	Hiib <i>Haemophilus influenzae</i> type b	IPV Polio	PCV Pneumococcal conjugate	RV Rotavirus	MMR Measles, mumps, rubella	Vari-cella Chickenpox	HepA Hepatitis A	COVID-19	Dengue	HPV Human papillomavirus	Men-ACWY Meningococcal	MenB	Influenza Flu
at Birth (within 24 hours of birth)	✓														
2 months	✓	✓	✓	✓	✓	✓									
4 months	✓ ¹	✓	✓	✓	✓	✓									
6 months	✓ (6-18 mos)	✓	✓ ¹	✓ (6-18 mos)	✓	✓ ¹									✓ (6 mos and older)
12 months			✓ (12-15 mos)				✓ (12-15 mos)	✓ (12-15 mos)	✓✓ (2 doses given 6 months apart routinely at age 12-23 months)						
15 months		✓ ² (15-18 mos)							HepA vaccine (2 doses) is also recommended for children and teens not previously vaccinated						
18 months															
19-23 months															
4-6 years		✓		✓			✓			✓ ³ As of 5/1/22, COVID-19 vaccine is recommended for everyone age 5 yrs and older					
7-10 years											✓✓✓ ⁴ Dengue vaccine is recommended for certain children	✓✓✓ ^{5,6}			Influenza vaccine is recommended every year for everyone age 6 months and older
11-12 years		✓ (Tdap)											✓		
13-15 years															
16-18 years													✓	✓✓ ^{7,8}	

- NOTES**
- Your child may not need this dose depending on the brand of vaccine that your healthcare provider uses.
 - This dose of DTaP may be given as early as age 12 months if it has been 6 months since the previous dose.
 - The number of doses and possible booster is determined by the vaccine brand given.
 - HPV vaccine is routinely given at age 11 or 12 years but may be started at age 9.
 - Children ages 9 through 16 years living in Puerto Rico, American Samoa, U.S. Virgin Islands, Federated States of Micronesia, Republic of Marshall Islands, and the Republic of Palau, and have lab-confirmed previous dengue infection are recommended to receive a 3-dose series of Dengue vaccine.
 - HPV vaccine is routinely given at age 11 or 12 years but may be started at age 9.
 - Children with certain medical conditions will need a third dose. This vaccine may be given to healthy teens. It is also recommended for adolescents with certain health conditions.
 - Your teen may need an additional dose depending on your healthcare provider's recommendation.



Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTap* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTap* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTap* vaccine protects against tetanus.*	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTap combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

Reliable Sources of Immunization Information: Where Parents Can Go to Find Answers!

Websites

American Academy of Pediatrics (AAP)
www.aap.org/immunization

Centers for Disease Control and Prevention (CDC)
FOR PARENTS: www.cdc.gov/vaccines/parents
FOR HEALTHCARE PROVIDERS: www.cdc.gov/vaccines

History of Vaccines
www.historyofvaccines.org

Immunization Action Coalition (IAC)
FOR THE PUBLIC: www.vaccineinformation.org
FOR HEALTHCARE PROVIDERS: www.immunize.org

U.S. Dept. of Health and Human Services (HHS)
www.vaccines.gov

Vaccinate Your Family (formerly Every Child by Two)
www.vaccinateyourfamily.org

Vaccine Education Center (VEC), Children's Hospital of Philadelphia
www.chop.edu/centers-programs/vaccine-education-center

Vaxopedia
www.vaxopedia.org/about/

Voices for Vaccines (VFV)
FOR PARENTS, OTHER ADULTS, AND HEALTHCARE PROVIDERS:
www.voicesforvaccines.org

Apps for Mobile Devices

Child Health Tracker Developed by the American Academy of Pediatrics, this “tracker” gives parents the power of on-demand access to guidance on vaccinations and milestones they should be expecting with each birthday. Also included are tools like parent handouts for each well child visit. Available at a nominal cost from the American Academy of Pediatrics.

Vaccines on the Go: What You Should Know – This app provides parents with reliable information about the science, safety, and importance of vaccines and the diseases they prevent. A free app from the Vaccine Education Center at the Children's Hospital of Philadelphia. Available for Android and Apple devices.

TravWell – Use this app to build a trip to get destination-specific vaccine recommendations, a checklist of what is needed to prepare for travel and much more. A free app from Centers for Disease Control and Prevention.

Books for Parents

Baby 411 by Denise Fields and Ari Brown, MD, Windsor Peak Press, 7th edition, 2015. Available from your favorite local or online bookstore.

Mama Doc Medicine: Finding Calm and Confidence in Parenting, Child Health, and World-Life Balance by Wendy Sue Swanson, MD (aka “Seattle Mama Doc”), 2014. Available from American Academy of Pediatrics at <http://shop.aap.org/for-parents>.

Parents Guide to Childhood Immunization from Centers for Disease Control and Prevention. Available at www.cdc.gov/vaccines/parents/tools/parents-guide/index.html to download or order.

Vaccine-Preventable Diseases: The Forgotten Story by Texas Children's Hospital vaccine experts R. Cunningham, et al. Available at www.tchorderprocessing.com to order.

Vaccines and Your Child, Separating Fact from Fiction by Paul Offit, MD, and Charlotte Moser, Columbia University Press, 2011. Available at your favorite local or online bookstore.

Videos

IAC's Video Library – Go to the Immunization Action Coalition's website for parents and the public, www.vaccineinformation.org/videos, for hundreds of video clips about vaccines and vaccine-preventable diseases.

Shot by Shot Video Collection – Go to www.shotbyshot.org to read people's stories of vaccine-preventable diseases shared on the California Immunization Coalition website.

Phone Numbers

CDC-INFO Contact Center – Operated by the Centers for Disease Control and Prevention, this number is for both members of the general public and healthcare professionals who have questions about immunization and vaccine-preventable diseases. Call (800) CDC-INFO or (800) 232-4636. TTY: (888) 232-6348. CDC-INFO's operating hours are Monday through Friday from 8:00 A.M. to 8:00 P.M. (ET).

Immunizations: What You Need to Know

Vaccines (immunizations) keep children healthy. Vaccines are safe. Vaccines are effective. Vaccines save lives.

However, parents may still have questions about why vaccines are needed, and some parents may be concerned about vaccine safety because they have been misinformed.

Read on for answers from the American Academy of Pediatrics (AAP) to some common questions parents have about vaccines. The AAP is a source you can trust for reliable medical information.

Q: What vaccines does my child need?

A: Children need all the following vaccines to stay healthy:

- **Hepatitis A and hepatitis B vaccines** to help protect against serious liver diseases.
- **Rotavirus vaccine** to help protect against the most common cause of diarrhea and vomiting in infants and young children. Rotavirus is the most common cause of hospitalizations in young infants due to vomiting, diarrhea, and dehydration.
- **DTaP and Tdap vaccines** to help protect against diphtheria, tetanus (lockjaw), and pertussis (whooping cough).
- **Hib vaccine** to help protect against *Haemophilus influenzae* type b (a cause of spinal meningitis and other serious infections).
- **Pneumococcal vaccine** to help protect against bacterial meningitis, pneumonia, and infections of the blood.
- **Polio vaccine** to help protect against a crippling viral disease that can cause paralysis.
- **Influenza vaccine** to help protect against influenza (flu), a potentially fatal disease. This vaccine is recommended for all people beginning at 6 months and older.
- **MMR vaccine** to help protect against measles, mumps, and rubella (German measles), all highly contagious and potentially very serious diseases.
- **Varicella vaccine** to help protect against chickenpox and its many complications, including flesh-eating strep, staph toxic shock, and encephalitis (an inflammation of the brain).
- **Meningococcal vaccine** to help protect against very serious bacterial diseases that affect the blood, brain, and spinal cord.
- **HPV (human papillomavirus) vaccine** to prevent cancers of the mouth and throat, cervix, and genitals.

Remember, vaccines prevent diseases and save lives. It's important to follow the schedule recommended by the AAP. Contact your child's doctor if you have any questions.

Q: Why are some of these vaccines still needed if the diseases are not as common anymore?

A: Many of these diseases are not as common as they once were because of vaccines. However, the bacteria and viruses that cause them still exist and can still make children very sick.

For example, before the Hib vaccine was developed in the 1980s, there were about 20,000 cases of Hib disease in the United States a year. Today there are fewer than 100 cases a year. However, the bacteria that causes Hib disease still exists. That is why children still need the vaccine to be protected.

In the United States, vaccines protect children from many diseases. However, in many parts of the world vaccine-preventable diseases are still common. Because diseases may be brought into the United States by Americans who travel abroad or by people visiting areas with current disease outbreaks, it's important that your child is vaccinated.

Q: Chickenpox is not a fatal disease, so why is the vaccine needed?

A: Chickenpox is usually mild. However, there can be serious complications. In fact, before the vaccine was licensed in 1995, there were about 4 million cases, 11,000 hospitalizations, and 100 deaths each year from chickenpox. Chickenpox is also very contagious. Most children feel miserable and miss 1 week or more of school when infected. It is because of the vaccine that the number of cases of chickenpox and its complications, including deaths, have gone down so dramatically.

Q: Does my baby need immunizations if I am breastfeeding?

A: Yes. While breastfeeding gives some protection against many diseases (and is the best nutrition for your baby), it is not a substitute for vaccines. In fact, breastfeeding and vaccines work well together. Studies show that breastfed babies respond better to vaccines and get better protection from them than babies who are not breastfed. And breastfeeding during or right after immunizations may help calm babies upset by the shots.

Q: Do vaccines even work? It seems like most of the people who get these diseases have been vaccinated.

A: Yes. Vaccines work very well. Millions of children have been protected against serious illnesses because they were immunized. Most childhood vaccines are 90% to 99% effective in preventing disease. Children who aren't vaccinated are much more likely to get a disease if they are exposed to it. And if a vaccinated child does get the disease, the symptoms are usually milder with fewer complications than in a child who hasn't been vaccinated.

Q: When should my child get immunized?

A: Children should get most of their shots during their first 2 years after birth. This is because many of these diseases are the most severe in the very young. Most newborns receive their first shot (hepatitis B) at birth before leaving the hospital, and more are given at well-child checkups in the first 6 months after birth. Other shots are given before children go to school. Older children and teens need vaccines to continue to protect them throughout adolescence and early adulthood. (Parents and caregivers also need vaccines so that they can prevent bringing infections home to their children and to keep themselves healthy so that they can care for their children!)

Children who are not immunized or who are behind on their shots are at risk of getting many of these diseases. They can also spread these diseases to others who have not yet been immunized. Ask your child's doctor if your child is up to date. Keep track of the vaccines each child receives and bring this information to each doctor visit.

Q: What side effects will my child have after getting a vaccine? Are they serious?

A: There may be mild side effects, such as swelling, redness, and tenderness where the shot was given, but they do not last long. Your child may also have a slight fever and be fussy for a short time afterward. Your doctor may suggest giving your child pain medicine to help relieve discomfort. It is very rare for side effects to be serious. However, you should call your child's doctor if you have any concerns after vaccines are given.

Q: Should some children not be immunized?

A: Children with certain health problems may need to avoid some vaccines or get them later. In most cases, children with cancer, those taking oral or injected steroids for lung or kidney conditions, or those who have problems with their immune systems should not get vaccines that are made with live viruses. To protect these children, it is very important for others to be vaccinated. On the other hand, a child with a minor illness, such as low-grade fever, an ear infection, cough, a runny nose, or mild diarrhea, can safely be immunized.

Q: Does the MMR vaccine cause autism?

A: No! The MMR vaccine does not cause autism spectrum disorder (ASD). Many research studies have been done to address this issue. There may be confusion because children with ASD are often diagnosed between 18 and 30 months of age—around the same time the MMR vaccine is given. This has led some people to assume that the vaccine is the cause. Increasing evidence shows that even though the symptoms of ASD may not be visible until the second year after birth or later, ASD starts before a baby is born.

Q: Do vaccines cause SIDS?

A: No! Babies get many of their first vaccines between 2 and 4 months of age. This is also the peak age for sudden infant death syndrome (SIDS), which is why some people feel they might be related. However, careful scientific studies have confirmed that vaccinations not only do not cause SIDS but may help prevent it.

Q: How do we know vaccines are safe?

A: The safety and effectiveness of vaccines are under constant study. Because vaccines are designed to be given routinely during well-child visits, they must be safe. Safety testing begins as soon as a new vaccine is considered, continues until it is approved by the US Food and Drug Administration (FDA), and is monitored indefinitely after licensure. The AAP works closely with the Centers for Disease Control and Prevention (CDC) to make recommendations for vaccine use.

Q: What is thimerosal and does it cause neurologic problems?

A: In the 1930s a preservative called thimerosal was added to vaccines to prevent contamination of vaccines. Thimerosal contains very small amounts of mercury, but it is in a different form than the potentially harmful mercury we are all exposed to in the environment. Even after many studies, the type of mercury in thimerosal has never been shown to cause health problems other than rare allergic reactions in some people. Thimerosal does not cause neurologic problems. Since 2001 all vaccines for infants either are thimerosal-free or contain only trace amounts of the preservative. Many are available in single-dose, preservative-free forms.

Q: Is it safe to give more than one vaccine at a time?

A: Yes! Your child's immune system is capable of handling multiple vaccines. Many years of experience and careful research have shown that routine childhood vaccines can be given together safely and effectively. Side effects are not increased when vaccines are given together.

Q: Where can I find more information?

A: Be sure your information comes from reliable and accurate sources. You cannot trust everything you find on the internet. Credible sources include

American Academy of Pediatrics

www.aap.org and www.HealthyChildren.org

CDC Vaccines & Immunizations

www.cdc.gov/vaccines

Immunization Action Coalition

www.immunize.org

Remember

If you have any questions or concerns about your child's health, contact your child's doctor.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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Keep Your Family Safe

Fire Safety and Burn Prevention at Home



Fires and burns cause almost 4,000 deaths and about 20,000 hospitalizations every year. Winter is an especially dangerous time, as space heaters, fireplaces, and candles get more use in the home. It is no surprise that fires in the home are more common between December and February. However, you might be surprised at how easy it is to reduce the risk of fire in your home. Follow these suggestions to help keep your home and family safe from fire all year round.

Smoke alarms save lives

Half of home fire deaths are due to fires that happen while people are sleeping. One of the most important steps you can take to protect your family against fire is to install smoke alarms and keep them in good working order. You can buy smoke alarms at most home and hardware stores, and they often cost \$10 or less. Check with your fire department to see if they give out and install free smoke alarms.

- **Install** smoke alarms outside every bedroom or any area where someone sleeps. Also install them in furnace areas. Be sure there is at least 1 alarm on every level of your home, including the basement, or at each end of a mobile home.
- **Place** smoke alarms away from the kitchen and bathroom. False alarms can occur while cooking or even showering.
- **Test** smoke alarms every month by pushing the test button. It is best to use smoke alarms that have long-life batteries, but if you do not, change the batteries at least once a year, such as when you change your clocks in the fall.
- **Replace** smoke alarms every 10 years.
- **Never** paint a smoke alarm.
- **Clean** (dust or vacuum) smoke alarms once a month.
- **Use** smoke alarms equipped with a flashing light and an alarm in homes with children or adults who are hard of hearing or deaf.

Safety around the home

Take a careful look at each room of your home.

Use the following checklists and safety tips to reduce the risk of fire:

- **Do not smoke in your home.** If you do, use deep ashtrays and do not smoke in bed.
- **Make an escape plan.** Practice it every 6 months. Every member of the family should know at least 2 exits from each room and where to meet outside. Make sure doors and windows are easy to open to permit easy escape if needed.
- **Check electrical cords.** Replace any electrical cords that are worn, frayed, or damaged. Never overload outlets. Avoid running electrical cords under carpets or furniture because they can overheat and start a fire.

- **Consider installing an automatic home fire sprinkler system.** They are now practical for many homes.
- **Ask your local fire department to make sure woodstoves in your home are safely vented.** They usually cannot be installed safely in mobile homes.
- **Avoid using kerosene heaters and electric space heaters.** If electric space heaters must be used, keep them away from clothing, bedding, and curtains, and unplug them at night. Kerosene heaters give off carbon monoxide and should not be used in enclosed spaces, such as inside your home.

Bedrooms

- Check the labels of your child's pajamas. Children should always wear flame-retardant and/or close-fitting sleepwear.
- If a bedroom is on an upper floor, make sure there is a safe way to reach the ground, such as an escape ladder that will not burn.
 - ♦ *Never smoke in bed or when you are drowsy or have been drinking. Tobacco and smoking products, matches, and lighters are the most common cause of fatal fires in the home.*

Living and family rooms

Make sure all matches, lighters, and ashtrays are out of your child's sight and reach. Better yet, keep them in a locked cabinet.

- Use large, deep ashtrays that won't tip over, and empty them often. Fill ashtrays with water before dumping ashes in the wastebasket.
- Give space heaters plenty of space. Keep heaters at least 3 feet from anything that might burn, like clothes, curtains, and furniture. Always turn space heaters off and unplug them when you go to bed or leave the home.
- Have fireplaces and chimneys cleaned and inspected once a year.
- Use a metal screen or glass doors in front of the fireplace.
 - ♦ *Never leave a room unattended when candles, heaters, or fireplaces are in use.*

Kitchen

- Keep your stove and oven clean and free of anything that could catch fire. Do not place pot holders, curtains, or towels near the burners.
- Install a portable fire extinguisher in the kitchen, high on a wall, and near an exit. (Choose a multipurpose, dry chemical extinguisher.) Adults should know how to use it properly when the fire is small and contained, such as in a trash can. Call your fire department for information on how to use fire extinguishers.
 - ♦ *Never leave cooking food unattended.*

- ◆ *Never pour water on a grease fire.*
- ◆ *If a fire starts in your oven, keep the oven door closed, turn off the oven, and call the fire department.*

Garage, storage area, and basement

- Have your furnace inspected at least once a year.
- Do not store anything near a heater or furnace. Keep the area free of clutter.
- Clean your dryer's lint filter after every use. Lint buildup can start a fire.
- Check to make sure paint and other flammable liquids are stored in their original containers, with tight-fitting lids. Store them in a locked cabinet if possible, out of your child's reach, and away from appliances, heaters, pilot lights, and other sources of heat or flame.
- Never use flammable liquids near a gas water heater.
- Store gasoline, propane, and kerosene outside the home in a shed or detached garage. Keep them tightly sealed and labeled in approved safety containers.
 - ◆ *Gasoline should be used only as a motor fuel, never as a cleaning agent.*
 - ◆ *Never smoke near flammable liquids.*

Outdoors

- Move barbecue grills away from trees, bushes, shrubs, or anything that could catch fire. Never use grills indoors, on a porch, or on a balcony.
- Place a barrier around open fires, fire pits, or campfires. Never leave a child alone around the fire. Always be sure to put the fire out completely before leaving or going to sleep.
- Create a "fire break" around your home. Make sure woodpiles, dead leaves, pine needles, and debris are removed or kept as far away from the home as possible.
 - ◆ *Do not start lawnmowers, snow blowers, or motorcycles near gasoline fumes. Let motors cool off before adding fuel.*
 - ◆ *Be very careful with barbecue grills. Never use gasoline to start the fire. Do not add charcoal lighter fluid once the fire has started.*

Know what to do in a fire

- **Test any closed doors with the back of your hand for heat.** Do not open the door if you feel heat or see smoke. Close all doors as you leave each room to keep the fire from spreading.
- **Crawl low under smoke.** Choose the safest exit. If you must escape through a smoky area, remember that cleaner air is always near the floor. Teach your child to crawl on her hands and knees, keeping her head less than 2 feet above the floor, as she makes her way to the nearest exit.
- **Don't stop. Don't go back.** In case of fire, do not try to rescue pets or possessions. Once you are out, do not go back in for any reason. Firefighters have the best chance of rescuing people who are trapped. Let firefighters know right away if anyone is missing.
- **If you get trapped by smoke or flames,** close all doors. Stuff towels or clothing under the doors to keep out smoke. Cover your nose and mouth with a damp cloth to protect your lungs. If there is no phone in the room, wait at a window and signal for help with a light-colored cloth or flashlight.
- **Stop, drop, and roll! Cool and call.** Make sure your child knows what to do if her clothes catch fire.

Stop!—Do not run.

Drop!—Drop to the ground right where you are.

Roll!—Roll over and over to put out the flames. Cover your face with your hands.

Cool!—Cool the burned area with water.

Call!—Call for help.

Fire and children

A child's curiosity about fire is natural and in most cases is no cause for concern. However, when a child begins to use fire as a weapon, it can be very dangerous. If you suspect that your child is setting even very small fires, address the problem right away. Talk with your pediatrician, who can suggest ways to help.

Use the following tips when talking with your child about preventing fires:

- Teach your child that matches and lighters are tools for grown-ups only.
- Older children should be taught to use fire properly, and only with an adult present.

For your sitters

When you are away from home and someone else cares for your children, make sure that your children and the sitter will be just as safe as when you are there.

- Let your sitter know about your family's escape plan.
- Remind sitters never to leave the children alone.
- Remind sitters that you do not allow smoking in or around your home.

Leave emergency information near the phone. Include the local fire department phone number, your full home address and phone number, and a neighbor's name and phone number.

Burn prevention

Most burn injuries happen in the home. For a young child, many places in the home can be dangerous.

Hot bathwater, radiators, and even food that is too hot can cause burns. The following are tips to help prevent your child from getting burned:

- Keep matches, lighters, and ashtrays out of the reach of children.
- Cover all unused electrical outlets with plastic plugs or other types of outlet covers.
- Do not allow your child to play close to fireplaces, radiators, or space heaters.
- Replace all frayed, broken, or worn electrical cords.
- Never leave barbecue grills unattended.
- Teach your children that irons, curling irons, grills, radiators, and ovens can get very hot and are dangerous to touch or play near. Never leave these items unattended. Unplug and put away all appliances after using them.
- Keep electrical cords from hanging down where children can pull on them or chew on them. Mouth burns can result from chewing on a live extension cord or on a poorly insulated wire.

Kitchen concerns

- Never leave a child alone in the kitchen when food is cooking.
- Enforce a "kid-free" zone at least 3 feet around the oven or stove while you are cooking. Use a playpen, high chair, or other stationary device to keep your child from getting too close.

- Never leave a hot oven door open.
- Use back burners if possible. When using front burners, turn pot handles rearward. Never let them stick out where a child could grab them.
- Do not leave spoons or other utensils in pots while cooking.
- Turn off burners and ovens when they are not being used.
- Do not use wet pot holders because they may cause steam burns.
- Carefully place (not toss) wet foods into a deep fryer or frying pan containing grease. The reaction between hot oil and water causes splatter.
- Remove pot lids carefully to avoid being burned by steam. Remember, steam is hotter than boiling water.
- In case of a small pan fire, carefully slide a lid over the pan to smother the flames, turn off the burner, and wait for the pan to cool completely.
- Never carry your child and hot liquids at the same time.
- Never leave hot liquid, like a cup of coffee, where children can reach it. Don't forget that a child can get burned from hot liquids by pulling on hanging tablecloths.
- Wear tight-fitting or rolled-up sleeves when cooking to reduce the risk of your clothes catching on fire.
- In microwave ovens, use only containers that are made for microwaves. Test microwaved food for heat and steam before giving it to your child. (Never warm a bottle of milk or formula in the microwave oven. It can heat the liquid unevenly and burn your child.)
- Avoid letting appliance cords hang over the sides of countertops, where children could pull on them.
- Do not use mobile baby walkers. They allow your child to move quickly before he knows how to use this mobility safely. It may allow him to gain access to hot liquids, appliance cords, and hot surfaces.

Hot water

- The hottest water temperature at the faucet should be no higher than 120°F to prevent scalding. In many cases, you can adjust your water heater to prevent exceeding this temperature.
- When using tap water, always turn on the cold water first, then add hot. When finished, turn off the hot water first.
- Test the temperature of bathwater with your forearm or the back of your hand before placing your child in the water.
- Use a cool-mist vaporizer instead of a hot-water vaporizer. Hot-water vaporizers can cause steam burns or can spill on your child.
- Never leave children alone in the bathroom for any reason. They are at risk of burns and drowning.

First aid for burns

For severe burns, call 911 or your local emergency number right away. Until help arrives, follow these steps.

1. Cool the burn.

For 1st and 2nd degree burns, cool the burned area with cool running water for a few minutes. This helps stop the burning process, numbs the pain, and prevents or reduces swelling. Do not use ice on a burn. It may delay healing. Also, do not rub a burn; it can increase blistering.

For 3rd degree burns, cool the burn with wet, sterile dressings until help arrives.

2. Remove burned clothing.

Lay the person flat on her back and take off the burned clothing that isn't stuck to the skin. Remove any jewelry or tight-fitting clothing from around the burned area before swelling begins. If possible, elevate the injured area.

3. Cover the burn.

After the burn has cooled, cover it loosely with a dry bandage or clean cloth. Do not break any blisters. This could allow bacteria into the wound. Never put grease (including butter or medical ointments) on the burn. Grease holds in heat, which may make the burn worse. It also makes the burn harder to examine by medical personnel later.

4. Keep the child from losing body heat.

Keep the person's body temperature normal. Cover unburned areas with a dry blanket.

Fire drills—be prepared!

Even young children (3 and older) can begin to learn what to do in case of a fire.

Install at least 1 smoke alarm on every level of your home.

Have an escape plan and practice it with your family. This will help you and your family reach safety when it counts. When a fire occurs, there will be no time for planning an escape.

Draw a floor plan of your home. Discuss with your family 2 ways to exit every room. Make sure everyone knows how to get out and that doors and windows can be easily opened to permit escape.

If you live in an apartment building, never use an elevator during a fire. Use the stairs!

Agree on a meeting place. Choose a spot outside your home near a tree, street corner or fence where everyone can meet after escaping. Teach your children that the sound of a smoke alarm means to go outside right away to the chosen place.

Know how to call the fire department. The fire department should be called from outside using a portable phone or from a neighbor's home. Whether the number is 911 or a regular phone number, everyone in the family should know it by heart. Make sure your children know your home address too. Teach your children that firefighters are friends and never to hide from them.

Practice, practice, practice. Practice your exit drill at least twice a year. Remember that fire drills are not a race. Get out quickly, but calmly and carefully. Try practicing realistic situations. Pretend that some exits or doorways are blocked or that the lights are out. The more prepared your family is, the better your chances of surviving a fire.

Note: Parents of very young children or children with special needs should have a safety plan that fits their child's needs and abilities. For example, a child who is hard of hearing or deaf may need a smoke alarm with a flashing strobe-light feature. Parents with children younger than 5 years must plan on an adult rescuing them in the case of a house fire; they are too young to be able to reliably rescue themselves.

Different degrees of burns

Following are the 4 different levels of burns and the symptoms of each:

1st degree burns are minor and heal quickly. Symptoms are redness, tenderness, and soreness (like most sunburns).

2nd degree burns are serious injuries. First aid and medical treatment should be given as soon as possible. Symptoms are blistering (like a severe sunburn), pain, and swelling.

3rd degree burns (also called full-thickness burns) are severe injuries. Medical treatment is needed right away. Symptoms are white, brown, or charred tissue often surrounded by blistered areas. There may be little or no pain at first.

4th degree burns are severe injuries that involve skin, muscle, and bone. These often occur with electrical burns and may be more severe than they appear. They may cause serious complications and should be treated by a doctor right away.

Call your pediatrician if your child suffers anything more than a minor burn. ALL electrical burns and any burn on the hand, foot, face, genitals, or over a joint worse than 1st degree should receive medical attention right away.

From your doctor

Adapted from material provided by the National Fire Protection Association (NFPA). For more information, call 617/770-3000, or visit the NFPA Web site at www.nfpa.org or its family Web site at www.sparky.org.

Please note: Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this publication. Phone numbers and Web site addresses are as current as possible, but may change at any time.

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A Parent's Guide to Toy Safety



Children can have a lot of fun playing with their toys. However, it's important to keep in mind that safety should always come first. Each year thousands of children are injured by toys.

Read on to learn what to look for when buying toys and how a few simple ideas for safe use can often prevent injuries.

How to prevent injuries

Most injuries from toys are minor cuts, scrapes, and bruises. However, toys can cause serious injury or even death. This happens when toys are dangerous or used in the wrong way. The following are ways to help prevent injuries:

Supervise your child's play

- **Do not allow reckless or improper play.** Injuries can happen when toys are thrown, jumped on, or taken apart.
- **Watch out for small, loose, or broken toys.** A small toy or part can easily get stuck in a child's ear, nose, or throat. Children can be seriously injured or killed from inhaling, swallowing, or choking on objects such as magnets, marbles, small balls, toy parts, or balloons. Keep all toys with small parts away from your child until she learns not to do this, usually by about 5 years of age.
- **Watch your child carefully around balloons.** Uninflated and broken balloons are a serious choking hazard. Your child can easily inhale the balloon when she tries to inflate it. Or if she tries to bite the balloon and it bursts, she can swallow the broken pieces.
- **Always check the batteries.** If a toy has small batteries, be sure the battery compartment is sealed tightly so your child cannot get them out. Small batteries are a choking hazard.
- **Watch out for loose strings, ropes, ribbons, or cords.** These can get tangled around a child's neck. They are often found in crib toys; on pull toys; on clothing, such as hood cords; or tied to pacifiers.
- **Have a safe play area for riding toys.** Injuries can happen when children fall off riding toys or play with them in or near the street or near swimming pools, ponds, and lakes. Other riding toys such as skateboards, scooters, and in-line skates go fast, and falls could be deadly. Be sure your child wears a helmet and safety gear when using these toys.

Keep toys in good condition

- **Repair or replace any broken parts.** Look for damaged or broken parts, splinters on wooden toys, loose eyes or small parts on dolls, and exposed wires on electric toys. A broken toy can expose sharp or pointed edges.
- **Don't let toys get rusty.** Never leave metal toys outside overnight, as they may get rusty.
- **Check for fire hazards.** Burns and shocks can result from frayed cords, misuse, or overuse of electric plug-in toys.

Store toys properly

- **Store toys on a shelf or in a toy chest.** Toys should be out of the way and off the floor to avoid being stepped on or tripped over. Also, choose a toy chest carefully. Toy chests can pinch, bruise, or break tiny fingers and hands if they close suddenly. Children can also suffocate if they get trapped inside a 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.
- **Keep toys made for an older child far out of reach of a younger child.** These toys may have small parts or be harmful in other ways.
- **Never store a toy in its original package.** Staples and stiff plastic containers can cause cuts, and plastic wrap can lead to choking or suffocation.

How to buy a safe toy

Here are 10 tips to help you choose safe and appropriate toys for your child.

1. **Read the label.** Warning labels give important information about how to use a toy and what ages the toy is safe for. Be sure to show your child how to use the toy the right way.
2. **Think LARGE.** Make sure all toys and parts are larger than your child's mouth to prevent choking.
3. **Avoid toys that shoot objects into the air.** They can cause serious eye injuries or choking.
4. **Avoid toys that are loud** to prevent damage to your child's hearing.
5. **Look for stuffed toys that are well made.** Make sure all the parts are on tight and seams and edges are secure. It should also be machine washable. Take off any loose ribbons or strings to avoid strangulation. Avoid toys that have small bean-like pellets or stuffing that can cause choking or suffocation if swallowed.
6. **Buy plastic toys that are sturdy.** Toys made from thin plastic may break easily.
7. **Avoid toys with toxic materials that could cause poisoning.** Make sure the label says "nontoxic."
8. **Avoid hobby kits and chemistry sets for any child younger than 12 years.** They can cause fires or explosions and may contain dangerous chemicals. Make sure your older child knows how to safely handle these kinds of toys.
9. **Electric toys should be "UL Approved."** Check the label to be sure.
10. **Be careful when buying crib toys.** Strings or wires that hang in a crib should be kept short to avoid strangulation. Crib toys should be removed as soon as your child can push up on his hands and knees.

Gift ideas by age

Age recommendations on toys can be helpful because they offer guidelines on the following:

- The safety of the toy (for example, if there any possible choking hazards)
- The ability of a child to play with the toy
- The ability of a child to understand how to use a toy
- The needs and interests at various levels of a child's development

These recommendations are based on general developmental levels of each age group. However, every child is different. What is right for one child may not suit the skills and needs of another. Match the toy to your child's abilities. A toy that is too advanced or too simple for your child may be misused, which could lead to an injury.

The following is a list of toys that the American Academy of Pediatrics recommends for specific age groups. Keep in mind, these are only guidelines. Parents should continue to watch out for mislabeled toys and always supervise young children.

Young infants (birth–6 months old)

Toys for this age are for looking, sucking, listening, and touching.

- Mobiles or hanging toys that are out of baby's reach
- Rattles they can easily hold or shake
- Soft squeeze balls
- Large unbreakable mirrors mounted on a crib or wall

Older infants (7–12 months old)

Toys for this age group should appeal to your baby's sight, hearing, and touch.

- Cloth, plastic, or board books with large pictures
- Large blocks (wood or plastic)
- Soft, washable animals, dolls, or balls
- Activity boards and cubes
- Floating bath toys
- Squeeze and squeak toys
- Disks or keys on rings
- Stacking toys

Toddlers (1 to 2 years old)

Toys for this age group should be able to withstand a toddler's curious nature.

- Cloth, plastic, or board books with large pictures
- Sturdy dolls
- Stuffed toys (no small or removable parts)
- Ride-on toys (no pedals)
- Rhythm instruments like bells, drums, cymbals, and xylophones
- Nesting and stacking blocks
- Push and pull toys (no long strings)
- Toy phones (no cords)
- Hidden object or pop-up toys
- Matching and sorting games

Preschoolers (3 to 5 years old)

Toys for this age group can be creative or imitate the activity of parents and older children.

- Books (short or action stories)
- Simple board games
- Building blocks
- Crayons, nontoxic paints, clay, chalk
- Toy tools
- Housekeeping toys
- Ride-on toys (tricycles, cars, wagons)
- Number and letter puzzles with large pieces
- Dress-up clothes
- Tea party sets

6- to 9-year-olds

Toys for this age group should help your child develop new skills and creativity.

- Crafts or sewing sets
- Card games
- Doctor and nurse kits
- Hand puppets
- Table games
- Electric trains
- Paper dolls
- Bicycles with helmets
- Roller skates or in-line skates with protective gear
- Other sports equipment like balls or jump ropes

10- to 14-year-olds

Hobbies and scientific activities are ideal for this age group.

- Computer games (Check the ratings on computer games to be sure they are OK for your child.)
- Sewing, knitting, needlework
- Microscopes/telescopes
- Table and board games
- Sports equipment
- Hobby collections

How safe are toy guns?

It has been shown that toy guns can cause serious or deadly injuries to children. This is especially true for pellet and BB guns. Although these are often thought of as toys, they can be high-powered, deadly devices. Parents should also be aware that studies in recent years have raised questions about the effect playing with toy guns has on a child's developing personality. Playing with toy weapons and guns may cause more aggressive, violent behavior in some children. Playing with toy guns may also make it easier for a child to mistake a real gun for a toy.

For more information

If you're not sure about a toy's safety or proper use, call the manufacturer. To check whether a toy is unsafe or to report a toy-related injury, call the Consumer Product Safety Commission at 800/638-2772 or visit its Web site at www.cpsc.gov.

Important information about recalled toys

One of the goals of the Consumer Product Safety Commission (CPSC) is to protect consumers and families from dangerous toys. It sets up rules and guidelines to ensure products are safe and issues recalls of products if a problem is found. Toys are recalled for various reasons including unsafe lead levels, choking or fire hazards, or other problems that make them dangerous. Toys that are recalled should be removed right away. If you think your child has been exposed to a toy containing lead, ask your child's doctor about testing for elevated blood lead levels.

If you are not sure about the safety of a toy or want to know if a toy has been recalled, see the CPSC Web site (www.cpsc.gov) for photos and descriptions of all recalled toys.

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From your doctor

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Teens Need Vaccines, Too!

Be sure your older children are up-to-date on all of their shots before they turn 19!

Getting caught up on immunizations before graduation is as much a part of finishing up the school year as studying for finals or going to the prom.

If your high school senior is planning to move away during the next year, it's going to be easier to get to the doctor now, before the big move.

For full protection, some vaccines require several doses. Make sure your child gets up-to-date on immunizations now.



For More Information

If you have questions on the VFC program, call your doctor or your local health department for more information.

Websites

- www.cdc.gov/vaccines/programs/vfc/index.html
- www.michigan.gov/vfc
- www.michigan.gov/teenvaccines
- www.michigan.gov/immunize



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MICHIGAN VACCINES for CHILDREN PROGRAM

Vaccines for Your Child



Vaccines for Children

What is the Vaccines for Children program?

The Vaccines for Children (VFC) program gives childhood vaccines to eligible children. The government pays for the vaccines. Doctors and clinics enroll in VFC and give vaccines to children who qualify. This program helps kids stay healthy.

Is my child eligible?

Children from birth through 18 years of age can get VFC vaccine if they:

- are on Medicaid
- are eligible for Medicaid
- do not have health insurance
- are American Indian or Alaskan Native
- are under-insured

If your health insurance does not pay anything for vaccines, your child may be able to get VFC vaccine. Check with your doctor or your local health department.



How much will I have to pay?

Your doctor will not charge you for the vaccine, but may ask you to pay a small fee to give the vaccine to your child. Talk with your doctor or nurse if you cannot afford the fee.



Where can I get VFC vaccines for my child?

You may be able to get VFC vaccine at your child's health care provider and at local health departments. Call and ask your child's health care provider if they have VFC vaccine. If your provider does not have VFC vaccine, ask them to sign up! Your local health department can give them, and you, more information about how your child can get VFC vaccine.

Diseases that VFC vaccines can prevent:

- Diphtheria, tetanus, and pertussis (whooping cough)
- *Haemophilus influenzae* type b (Hib)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella
- Meningococcal disease
- Pneumococcal disease
- Polio
- Rotavirus
- Varicella (chickenpox)



CHILD CAR SEAT LATCH SYSTEM

Keeping your child safe.

A car seat LATCH (LOWER ANCHORS AND TETHERS FOR CHILDREN) SAFETY SYSTEM.



The Lower Anchors and Tethers for Children (LATCH) is designed to make car seat installation easier—without using seat belts.

How does LATCH work?

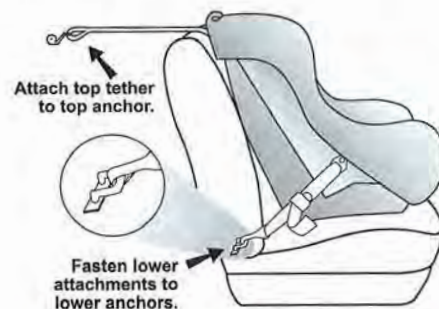
The vehicle will have at least two sets of small bars (anchors) in the back seat where the cushions meet. Some trucks will have them in the front seat as well.

Car seats have lower anchor attachments that fasten to the anchors. Most forward-facing car seats also have a strap that attaches to the top anchor. Together, they make up the LATCH system.

If your vehicle or car seat are not LATCH-equipped, use a seat belt to secure the seat. The seat belt should also be used to secure the car seat if the weight of the seat and the weight of the child total more than 65 pounds.

For more information on the vehicle's LATCH system, refer to the owner's manual.

Always read the instructions that come with the car seat.



To learn more or to locate a certified child passenger safety technician, visit Nhtsa.gov



Not paid for with state funds. Paid for with funds from the U.S. Department of Transportation.
Michigan Office of Highway Safety Planning | P.O. Box 30634 | Lansing, Michigan 48909 | Michigan.gov/ohsp

Car Seat Basics

Motor vehicle crashes are the leading cause of death for young children, and properly restrained children have a more than 50 percent greater chance of surviving a crash. When driving with children, always use the appropriate car seat or seat belt.

The 4 Steps for Keeping a Child Riding Safely

STEP

1

REAR-FACING



All babies and toddlers should ride in rear-facing car seats until they are 2 years old or until they reach the highest weight or height limit allowed by the car seat.

STEP

2

FORWARD-FACING



All children 2 years or older, or those who have outgrown the weight or height limit of their rear-facing seat, should ride in a forward-facing car seat with a harness for as long as possible up to the highest weight or height allowed by the car seat.

STEP

3

BOOSTER SEATS



All children whose weight or height is above the forward-facing limit for their seat should use a belt-positioning booster seat until the vehicle lap/shoulder belt fits properly, typically when the child reaches 4'9" tall at 8–12 years old.

STEP

4

SEAT BELTS



When children are old enough and large enough to use the vehicle seat belt alone, always use lap and shoulder belts for optimal protection.

ALL CHILDREN YOUNGER THAN 13 YEARS OLD SHOULD BE RESTRAINED IN THE REAR SEAT OF VEHICLES.

Source: American Academy of Pediatrics, Policy Statement, April 2011

To learn more or locate a certified child safety technician, visit NHTSA.gov.

Common car seat mistakes and how to avoid them

**More than 70 percent of car seats are not installed properly.
Most common errors are easy to fix with just a few adjustments.**

THE HARNESS STRAPS ARE NOT TIGHT ENOUGH.

- Harness straps should fit snug to the child's body and should pass the "pinch test," meaning you should not be able to pinch any excess strap material.

THE CAR SEAT ISN'T INSTALLED TIGHT ENOUGH.

- Car seats, whether installed with the seat belt or LATCH system, should not move more than one inch from side to side when tested at the point where the car seat attaches to the vehicle.

MOVING CHILDREN TO THE NEXT STEP TOO SOON.

- Children should stay in their car seats until they outgrow the height or weight limit of the seat before moving to the next step, such as rear-facing to forward-facing.

THE CHEST CLIP IS TOO LOW.

- The chest clip should be secured at the child's armpits to ensure straps remain in the correct position.

PUTTING KIDS IN THE FRONT SEAT TOO EARLY.

- Children should ride in the back seat of the vehicle until they reach 13 years old. The force of an air bag may be too intense for children under the age of 13.

TIPS FOR BUYING CAR SEATS

You should never purchase or borrow a used car seat that:

- Has been involved in a crash
- Has been recalled
- Has no date of manufacture and/or model number
- Has expired (typically after six years)
- Is damaged or missing parts

Car seats should not be purchased at garage sales or second-hand stores since the history of the seat is unknown.

MICHIGAN CHILD PASSENGER SAFETY LAWS

Michigan law requires all children younger than age 4 to ride in a car seat in the rear seat if the vehicle has a rear seat. In addition:

- If all back seats are occupied by children under 4, then a child under 4 may ride in a car seat in the front seat.
- A child in a rear-facing car seat may only ride in the front seat if the air bag is turned off.
- Children must be properly buckled in a car seat or booster seat until they are 8 years old or 4'9" tall.
- All passengers under 16 years old must use a seat belt in any seating position. All front seat occupants must use a seat belt regardless of age.

Children should never ride on a lap, in a portable crib, or in any other device not approved for use in the vehicle.



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