



# BRIGHT FUTURES HANDOUT ► PARENT

## 9 MONTH VISIT

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

✓ **HOW YOUR FAMILY IS DOING**

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

✓ **FEEDING YOUR BABY**

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

✓ **YOUR CHANGING AND DEVELOPING BABY**

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

✓ **DISCIPLINE**

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

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

# 9 MONTH VISIT—PARENT



## SAFETY

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

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

### We will talk about

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

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

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

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The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit, 2nd Edition*.

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# A Parent's Guide to Water Safety

Drowning is one of the top causes of injury and death in children. Children can drown in pools, rivers, ponds, lakes, or oceans. They can even drown in a few inches of water in bathtubs, toilets, and large buckets.

Here is information from the American Academy of Pediatrics (AAP) about how to keep your children safe in or around water.

## Water Safety at Home

Parents need to keep a close eye on infants and young children, especially as they learn to crawl.

### To keep your child safe, make sure you

- **Never leave your child alone in the bathtub—even for a moment.** Many bathtub drownings happen (even in a few inches of water) when a parent leaves a small child alone or with another young child. Also, bath seats are just bathing aids. Bath seats can tip over and your child can slip out of them, so they won't prevent drowning.
- **Empty water from containers, such as large pails and 5-gallon buckets, immediately after use.**
- **Keep bathroom doors closed.** Install doorknob covers or a hook-and-eye latch or other lock that is out of the reach of your small child.
- **Keep toilets closed.** Always close the toilet lid, and consider using a toilet lid latch.

## Water Safety at the Pool

An adult should actively watch children at all times while they are in a pool. For infants and toddlers, an adult should be in the water and within arm's reach, providing "touch supervision." For older children, an adult should be paying constant attention and free from distractions, like talking on the phone, socializing, tending to household chores, or drinking alcohol. The supervising adult must know how to swim.

### Pool Rules

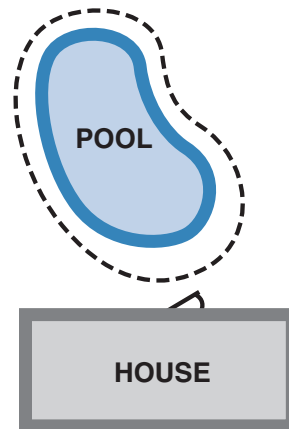
#### If you have a pool, insist that the following rules are followed:

- No one, adult or child, should ever swim alone.
- Keep toys away from the pool when the pool is not in use.
- Empty small blow-up pools after each use.
- No tricycles or other riding toys at poolside.
- No electrical appliances near the pool.
- No diving in a pool that is not deep enough.
- No running on the pool deck.

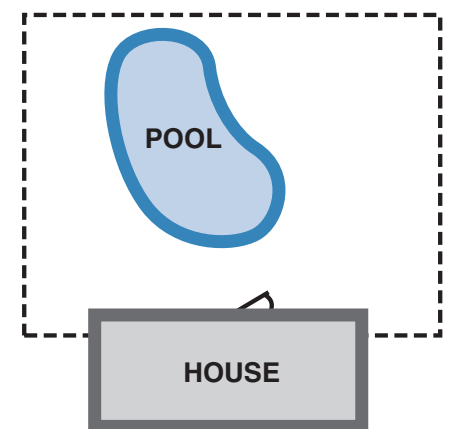
### Pool Fences

Children can climb out a window, climb through a doggy door, or sneak out a door to get to the backyard and the pool. To prevent small children from entering the pool area on their own, there should be a fence that completely surrounds the pool or spa. Combined with the watchful eyes of an adult, a fence is the best way to protect your child and other children who may visit or live nearby.

### RIGHT!



### WRONG!



A fence should completely surround the pool, isolating it from the house.

### Pool fences should also

- Be climb-resistant and not have anything alongside them (such as lawn furniture) that can be used to climb them.
- Be at least 4 feet high and have no footholds or handholds that could help a child climb them.
- Have no more than 4 inches between vertical slats. Chain-link fences are very easy to climb and are not recommended as pool fences. If they must be used, the diamond shape should not be bigger than 13/4 inches.
- Have a gate that is well maintained and is self-closing and self-latching. It should only open away from the pool. The latches should be higher than a child can reach—54 inches from the bottom of the gate.
- For aboveground pools always keep children away from steps or ladders. When the pool is not in use, lock or remove ladders to prevent access by children.

Other protection products, when used with an "isolation" fence, may be of some benefit; however, these are not substitutes for adequate fencing.

### These may include

- Automatic pool covers (motorized covers operated by a switch). Pool covers should cover the entire pool so that a child can't slip under them. Make sure there is no standing water on top of the pool cover. Be aware that floating solar covers are *not* safety covers.
- Door alarms pool alarms, and window guards.
- Doors to the house that are self-closing or self-latching.

## Swimming Lessons

Children need to learn to swim. The AAP supports swimming lessons for most children 4 years and older and for children 1 to 4 years of age who are ready to learn how to swim. Keep in mind that because children

## Don't Drink and Swim

Swimmers are at serious risk of drowning when they drink alcohol or use other drugs while swimming, diving, and playing water sports. These activities require clear thinking, coordination, and the ability to judge distance, depth, speed, and direction. Alcohol impairs all of these skills. People who are supervising other swimmers should not be using alcohol or drugs.

develop at different rates, each child will be ready to swim at her own time. Also, swimming lessons do not provide “drown-proofing” for children of any age, so supervision and other layers of protection are necessary—even for children who have learned swimming skills.

Some factors you may consider before starting swimming lessons for younger children include frequency of exposure to water, emotional maturity, physical limitations, and health concerns related to swimming pools (for example, swallowing water, infections, pool chemicals). While some swim programs claim to teach water survival skills to infants younger than 12 months, evidence does not show that they are effective in preventing drowning.

Swim classes should be taught by qualified teachers. For children younger than 3 years, the World Aquatic Babies & Children Network recommends that parents must participate, the time the head is submerged underwater is limited (swallowing too much water can make your child sick), and classes should be fun and include one-on-one teaching.

Pool conditions should be monitored to make sure chemical and water temperature levels are safe. Another safety measure is to check with the pool operator if there are protective drain covers or vacuum release systems.

## Diving

Serious spinal cord injuries, permanent brain damage, and death can occur to swimmers who dive into shallow water or spring upward on the diving board and hit it on the way down.

**Keep safe by following these simple commonsense diving rules.**

- Check how deep the water is. Enter the water feetfirst, especially when going in for the first time.
- Never dive into aboveground pools.
- Never dive into the shallow end of a pool.
- Never dive through inner tubes or other pool toys.
- Learn how to dive properly by taking classes.

## Water Safety in Other Bodies of Water

Swimming in a pool is different from swimming in other bodies of water. In addition to rules for pool safety, parents and children should know the rules for swimming in oceans, lakes, ponds, rivers, and streams.

**These include**

- Never swim without adult supervision.
- Never dive into water unless an adult who knows the depth of the water says it's OK.

- Always use an approved personal flotation device (life jacket or life vest) when boating, riding on a personal watercraft, fishing, waterskiing, or playing in a river or stream. Water wings and other blow-up swimming aids should not be used in place of life jackets.
- Never try water sports such as skiing, scuba diving, or snorkeling without instructions from a qualified teacher.
- Never swim around anchored boats, in motorboat lanes, or where people are waterskiing.
- Never swim during electrical storms.
- If you swim or drift far from shore, stay calm and tread water, or float on your back until help arrives.
- Other water hazards found near many homes include canals, ditches, postholes, wells, fishponds, and fountains. Watch your child closely if he is playing near any of these areas.

## Life Jackets and Life Preservers

If your family enjoys spending time on the water, make sure everyone wears an approved personal flotation device or life jacket. Some people think life jackets are hot, bulky, and ugly. However, today's models have improved in looks, comfort, and protection. Many states require the use of life jackets and life preservers. They must be present on all boats traveling in water supervised by the US Coast Guard. Remember, without wearing a life jacket, your child is not protected.

**Keep the following tips in mind:**

- A life jacket should not take the place of adult supervision.
- Choose a life jacket that fits your child's weight and age. It should be approved by the US Coast Guard and tested by Underwriters Laboratories (UL). Check the label to be sure. The label should also say whether the jacket is made for an adult or a child.
- Teach your child how to put on her own life jacket and make sure it is worn the right way.
- Blow-up water wings, toys, rafts, and air mattresses should never be used as life jackets or life preservers.

## In an Emergency

**Here are ways to be ready for an emergency.**

- **Learn CPR.** Anyone caring for or watching children should know CPR (cardiopulmonary resuscitation). CPR can save a life and help reduce injury after a near drowning. The American Red Cross, the American Heart Association, and your local hospital or fire department offer CPR training.
- **Always have a phone near the pool.** Clearly post your local emergency phone number (usually 911).
- **Post safety and CPR instructions at poolside.**
- **Make sure all rescue equipment is nearby.** This includes a shepherd hook, safety ring, and rope.

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# Choking Prevention and First Aid for Infants and Children

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

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

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

Read more about choking prevention and first aid.

## Dangerous Foods

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

Here are foods that can be choking hazards:

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

## Dangerous Household Items

Keep the following household items away from infants and children:

- Balloons
- Coins
- Marbles

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

## What You Can Do To Prevent Choking

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

## First Aid for the Child Who Is Choking

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

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# CHOKING/CPR

## LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION). IF ALONE WITH A CHILD WHO IS CHOKING...

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

### START FIRST AID FOR CHOKING IF

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

### DO NOT START FIRST AID FOR CHOKING IF

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

## FOR INFANTS YOUNGER THAN 1 YEAR

### INFANT CHOKING

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



ALTERNATING WITH



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

### INFANT CPR

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

#### 1 START CHEST COMPRESSIONS.

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



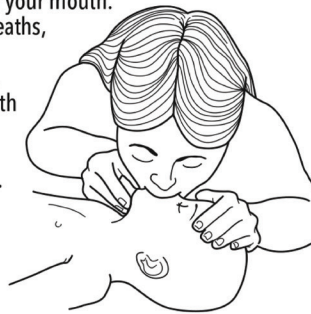
#### 2 OPEN AIRWAY.

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



#### 3 START RESCUE BREATHING.

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



#### 4 RESUME CHEST COMPRESSIONS.

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



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

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

# CHOKING/CPR

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## FOR CHILDREN 1 TO 8 YEARS OF AGE

### CHILD CHOKING (HEIMLICH MANEUVER)

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

#### 1. Perform Heimlich maneuver.

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

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



### CHILD CPR

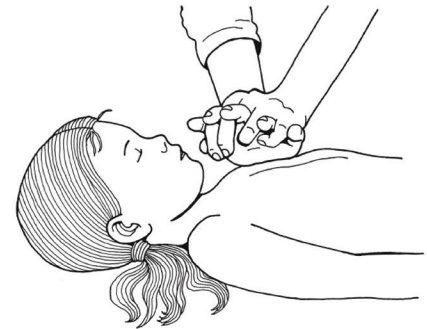
To be used when the child is **UNCONSCIOUS/UNRESPONSIVE** or when breathing stops. Place child on flat, hard surface.

#### 1 START CHEST COMPRESSIONS.

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



1-hand technique



2-hand technique

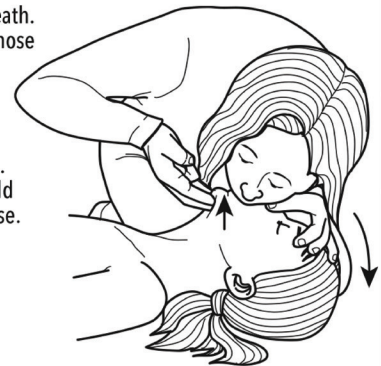
#### 2 OPEN AIRWAY.

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



#### 3 START RESCUE BREATHING.

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



#### 4 RESUME CHEST COMPRESSIONS.

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

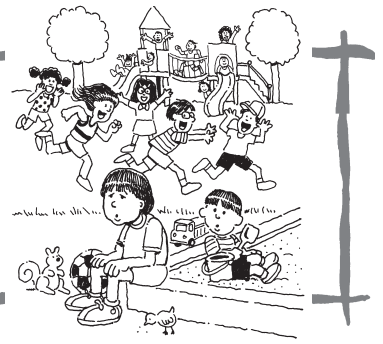
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**Ask your pediatrician for information on choking/CPR instructions for children older than 8 years and for information on an approved first aid or CPR course in your community.**

# Anemia and Your Young Child

## Guidelines for Parents

Adapted from *Caring for Your Baby and Young Child: Birth to Age 5*.



Anemia is a condition that is sometimes found in young children. It can make your child feel cranky, tired, and weak. Though these symptoms may worry you, most cases of anemia are easily treated. This brochure explains the different types of anemia and its causes, symptoms, and treatments.

### What is anemia?

Anemia is a condition that occurs when there are not enough red blood cells or hemoglobin to carry oxygen to the other cells in the body. The body's cells need oxygen to survive. Your child may become anemic for any of the following reasons:

- Her body does not produce enough red blood cells.
- Her body destroys or loses (through bleeding) too many red blood cells.
- There is not enough hemoglobin in her red blood cells. *Hemoglobin* is a special pigment that makes it possible for the red blood cells to carry oxygen to all the cells of the body, and to carry waste material (carbon dioxide) away.

### Types of anemia

*Iron-deficiency anemia* is the most common type of anemia in young children. It is caused by a lack of iron in the diet. The body needs iron to produce hemoglobin. If there is too little iron, there will not be enough hemoglobin in the red blood cells. Infants who are given cow's milk too early (before 1 year of age) often develop anemia because there is very little iron in cow's milk. Also, it is hard for young infants to digest cow's milk. Cow's milk can irritate a young infant's bowel and cause slight bleeding. This bleeding lowers the number of red blood cells, and can result in anemia.

A lack of other nutrients in the diet can also cause anemia. Too little folic acid can lead to anemia, though this is very rare. It is most often seen in children fed on goat's milk, which contains very little folic acid. Rarely, too little vitamin B12, vitamin E, or copper can also cause anemia.

*Blood loss* can also cause anemia. Blood loss can be caused by illness or injury. In rare cases, the blood does not clot properly. This can cause a newborn infant to bleed heavily from his circumcision or a minor injury. Because newborns often lack vitamin K, which helps the blood clot, infants generally get a vitamin K injection right after birth.

*Hemolytic anemia* occurs when the red blood cells are easily destroyed. *Sickle-cell anemia*, a very severe hemolytic anemia, is most common in children of African heritage. Sickle-cell anemia is caused by an abnormal hemoglobin. Children with sickle-cell anemia may suffer many "crises" or periods of great pain, and need to be hospitalized. *Thalassemia*, another hemolytic anemia, is most common in children of Mediterranean or East Asian origin. If you have a history of sickle-cell anemia or thalassemia in your family, make sure you tell your pediatrician so that your child is tested for it.

### Signs and symptoms of anemia

Anemia causes the following signs and symptoms:

- Pale, gray, or "ashy" skin (also, the lining of the eyelids and the nail beds may look less pink than normal)
- Irritability
- Mild weakness
- Tiring easily

Children with severe anemia may have the following additional signs and symptoms:

- Shortness of breath
- Rapid heart rate
- Swollen hands and feet

Also, a newborn with hemolytic anemia may become jaundiced (turn yellow), although many newborns are mildly jaundiced and do not become anemic.

Children who lack iron in their diets may also eat strange things such as ice, dirt, clay, and cornstarch. This behavior is called "pica." It is not harmful unless your child eats something toxic, such as lead paint chips. Usually the pica stops after the anemia is treated and as the child grows older.

If your child shows any of these symptoms or signs, see your pediatrician. A simple blood count can diagnose anemia in most cases.

### Treatment for anemia

Since there are so many different types of anemia, it is very important to identify the cause before beginning any treatment. Do not try to treat your child with vitamins, iron, or other nutrients or over-the-counter medications unless your pediatrician recommends it. This is important because such treatment may mask the real cause of the problem. This could delay a proper diagnosis.

If the anemia is due to a lack of iron, your child will be given an iron-containing medication. This comes in a drop form for infants, and liquid or tablet forms for older children. Your pediatrician will determine how long your child should take the iron medication by checking her blood regularly. Do not stop giving the medication until your pediatrician tells you it is no longer needed.

**Iron medications are extremely poisonous if too much is taken. Iron is one of the most common causes of poisoning in children under 5 years of age. Keep this and all medication out of the reach of small children.**



Following are a few tips concerning iron medication:

- Do not give iron with milk. Milk blocks the absorption of iron.
- Vitamin C increases iron absorption. You might want to follow the dose of iron with a glass of orange juice.
- Liquid iron can turn the teeth a grayish-black color. Have your child swallow it quickly and then rinse her mouth with water. You also may want to brush your child's teeth after every dose of iron. Tooth-staining by iron looks bad, but it is not permanent.
- Iron can cause the stools to become a dark black color. Do not be worried by this change.

## Preventing anemia

Iron-deficiency anemia and other nutritional anemias can be prevented easily. Make sure your child is eating a well-balanced diet by following these suggestions:

- Do not give your baby cow's milk until he is over 12 months old.
- If your child is breast-fed, give him foods with added iron, such as cereal, when you begin feeding him solid foods. Before then, he will get enough iron from the breast milk. However, feeding him solid foods with too little iron will decrease the amount of iron he gets from the milk.
- If you formula-feed your baby, give him formula with added iron.
- Make sure your older child eats a well-balanced diet with foods that contain iron. Many grains and cereals have added iron (check labels to be sure). Other good sources of iron include egg yolks, red meat, potatoes, tomatoes, molasses, and raisins. Also, to increase the iron in your family's diet, use the fruit pulp in juices, and cook potatoes with the skins on.

With proper treatment, your child's anemia should improve quickly. Be sure to contact your pediatrician if you think your child might be anemic.

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## From your doctor

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# Car Safety Seat Checkup

Using a car safety seat correctly makes a big difference. Even the right seat for your child's size must be used correctly to properly protect your child in a crash. Here are car safety seat tips from the American Academy of Pediatrics.

## Does your car have airbags?

- Never place a rear-facing car safety seat in the front seat of a vehicle that has a front passenger airbag. If the airbag inflates, it will hit the back of the car safety seat, right where your baby's head rests, and could cause serious injury or death.
- The safest place for all children younger than 13 years to ride is in the back seat regardless of weight and height.
- If an older child must ride in the front seat, a child in a forward-facing car safety seat with a harness may be the best choice. Be sure you move the vehicle seat as far back from the dashboard (and airbag) as possible.

## Is your child facing the right way for weight, height, and age?

- All infants and toddlers should ride in a rear-facing car safety seat until they reach the highest weight or height allowed by their car safety seat manufacturer. When infants outgrow a rear-facing-only seat, they should use a rear-facing convertible seat. Most convertible seats have limits that will allow children to ride rear facing for 2 years or more.
- Any child who has outgrown the rear-facing weight or height limit for his convertible car safety seat should use a forward-facing seat with a harness for as long as possible, up to the highest weight or height allowed by his car safety seat manufacturer. Many seats can accommodate children up to 65 pounds or more.

## Is the harness snug?

- Harness straps should fit snugly against your child's body. Check the car safety seat instructions to learn how to adjust the straps.
- Place the chest clip at armpit level to keep the harness straps secure on the shoulders.

## Does the car safety seat fit correctly in your vehicle?

- Not all car safety seats fit properly in all vehicles.
- Read the section on car safety seats in the owner's manual for your car.

## Can you use the LATCH system?

- LATCH (lower anchors and tethers for children) is a car safety seat attachment system that can be used instead of the seat belt to install the seat. These systems are equally safe, but in some cases, it may be easier to install the car safety seat using LATCH.
- Vehicles with the LATCH system have anchors located in the back seat, where the seat cushions meet. All car safety seats have attachments that fasten to these anchors. Nearly all passenger vehicles made on or after September 1, 2002, and all car safety seats are equipped to use LATCH. All lower anchors are rated for a maximum weight of 65 pounds (total weight includes car safety seat and child). Check the car safety seat manufacturer's recommendations for the maximum weight a child can be to use lower anchors. New car safety seats have the maximum weight printed on their label.
- The top tether improves safety provided by the seat. Use the tether for all forward-facing seats. Check your vehicle owner's manual for the location of tether anchors. Always follow both the car safety seat and vehicle manufacturer instructions, including weight limits, for lower anchors and tethers. Remember, weight limits are different for different car safety seats and different vehicles.

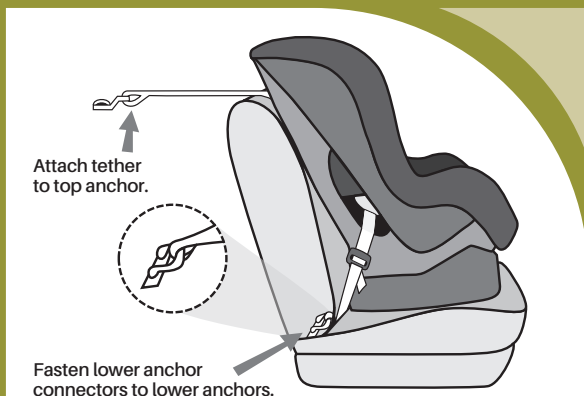


FIGURE 1.  
Car safety seat with LATCH.



FIGURE 2.  
Rear-facing-only car safety seat.



FIGURE 3.  
Convertible car safety seat used rear facing.



FIGURE 4.  
Forward-facing car safety seat with harness.



FIGURE 5.  
Belt-positioning booster seat.



FIGURE 6.  
Lap and shoulder seat belt.

## Is the seat belt or LATCH strap in the right place and pulled tight?

- Route the seat belt or LATCH strap through the correct path. Convertible seats have different belt paths for when they are used rear facing or forward facing (check your instructions to make sure).
- Pull the belt tight. Apply weight into the seat with your hand while tightening the seat belt or LATCH strap. When the car safety seat is installed, be sure it does not move more than an inch side to side or toward the front of the car.
- If you install the car safety seat using your vehicle's seat belt, you must make sure the seat belt locks to keep a tight fit. In most newer cars, you can lock the seat belt by pulling it all the way out and then allowing it to retract to keep the seat belt tight around the car safety seat. Many car safety seats have built-in lock-offs to lock the belt. Check your vehicle owner's manual and car safety seat instructions to make sure you are using the seat belt correctly.
- It is best to use the tether that comes with your car safety seat to the highest weight allowed by your vehicle and the manufacturer of your car safety seat. Check your vehicle owner's manual and car safety seat instructions for how and when to use the tether and lower anchors.

## Has your child outgrown the forward-facing seat?

- All children whose weight or height is above the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are 8 through 12 years of age.
- A seat belt fits properly when the shoulder belt lies across the middle of the chest and shoulder, not the neck or throat; the lap belt is low and snug across the upper thighs, not the belly; and the child is tall enough to sit against the vehicle seat back with her knees bent over the

edge of the seat without slouching and can comfortably stay in this position throughout the trip.

## Do you have the instructions for the car safety seat?

- Follow them and keep them with the car safety seat.
- Keep your child in the car safety seat until she reaches the weight or height limit set by the manufacturer. Follow the instructions to determine whether your child should ride rear facing or forward facing and whether to install the seat using LATCH or the vehicle seat belt.

## Has the car safety seat been recalled?

- You can find out by calling the manufacturer or the National Highway Traffic Safety Administration (NHTSA) Vehicle Safety Hotline at 888/327-4236 or by going to the NHTSA Web site at [www.safercar.gov](http://www.safercar.gov).
- Follow the manufacturer's instructions for making any repairs to your car safety seat.
- Be sure to fill in and mail in the registration card that comes with the car safety seat. It will be important in case the seat is recalled.

## Do you know the history of your child's car safety seat?

- Do not use a used car safety seat if you do not know the history of the seat.
- Do not use a car safety seat that has been in a crash, has been recalled, is too old (check the expiration date or use 6 years from date of manufacture if there is no expiration date), has any cracks in its frame, or is missing parts.
- Make sure it has labels from the manufacturer and instructions.
- Call the car safety seat manufacturer if you have questions about the safety of your seat.

## Resources

If you have questions or need help installing your car safety seat, find a certified child passenger safety technician (CPST) by going to the National Child Passenger Safety Certification Web site at <http://cert.safekids.org> and clicking on "Find a Tech."

The American Academy of Pediatrics (AAP) offers more information in the brochure *Car Safety Seats: Guide for Families*. Ask your pediatrician about this brochure or visit the official AAP Web site for parents, [www.HealthyChildren.org/carseatguide](http://www.HealthyChildren.org/carseatguide).

Figure 1 adapted from US Department of Transportation, National Highway Traffic Safety Administration. *LATCH Makes Child Safety Seat Installation as Easy as 1-2-3*. DOT HS publication 809 489. Published March 2011.

Figures 2, 3, 4, 5, and 6 by Anthony Alex LeTourneau.

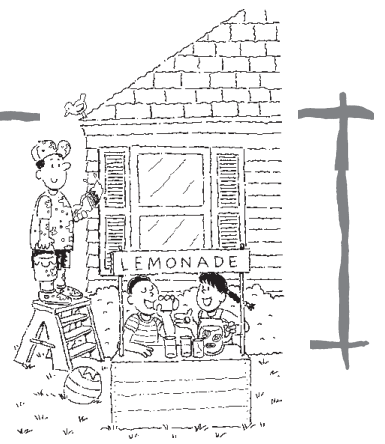
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# Lead is a Poison: What You Need To Know



Lead in the body can affect child development and behavior. Lead is a metal that is found in a lot of places. Though you can't usually see it, there are things you can do to prevent your child from being exposed to lead. No safe level of lead has been identified for children. Children are at highest risk because they often put their hands and objects in their mouths, and their growing bodies tend to easily absorb what they eat. This publication was written by the American Academy of Pediatrics to help parents understand how lead can be harmful, where it may be found, and what they can do to keep their children safe.

## How is lead harmful?

- Lead can interfere with normal growth and development and have an impact on almost every system of the body, including the brain.
- Most children with lead in their blood show no symptoms. However, lead can harm development in ways that are easily seen in a child.
- Some children show learning and behavior problems. These may be seen first during preschool years or later.
- Physical symptoms may include stomach pain, headaches, vomiting, and feeling weak. Very high levels of lead in the body may cause seizures, coma, and death.

## Where lead can be found

- **Homes and buildings.** Lead was added to indoor and outdoor paint until 1978. That is why it is found in so many homes. When lead-based paint surfaces rub together (like when a window is opened or a door closed) or when paint begins to peel or chip, the lead can get into the dust and dirt in and around the home.
- **Hobby materials** (stained glass, paints, solders, fishing weights, and buckshot).
- **Folk or home health remedies** (azarcon and greta, which are used for upset stomach or indigestion; pay-loo-ah, which is used for rash or fever).
- **Workplaces** (foundries, smelters, battery recycling plants, and auto repair shops).
- **Food bowls painted with lead glazes** (especially if made in another country or they are old).
- **Sometimes in products** like toys, jewelry, or furniture (especially if made in another country).
- **Water that has been in contact with lead pipes, lead solder, or older plumbing fixtures** (especially hot water pipes because hot water absorbs lead more quickly than cold water).

## What you can do

- **Test your home for lead.** If your home was built before 1978, talk with your local health department about getting your home tested for lead. If you don't know how old your home is, assume there is lead. In the United States, lead is in paint in 87% of homes built before 1940, 69% of homes built from 1940–1959, and 24% of homes built from 1960–1977. Homes in the Northeast and Midwest are most likely to have lead in paint. Ask the landlord about lead before you sign a lease. Before you buy a home, have it inspected for lead.
- **Before any work is done on your home, learn about safe ways to make repairs.** When repairs are being done, seal off the area until the job is done and keep your child away until everything is cleaned up. Be sure to use a certified contractor. Removing lead paint on your own can often make the condition worse. If work is not done the safe way, you and your child can be harmed by increased exposure to lead in dust.
- **Keep your children away from old windows, old porches, and areas with chipping or peeling paint.** If it is in your home, cover it with duct tape or contact paper until it can be completely removed. If you rent your home, let your landlord know about any peeling or chipping paint. Landlords are legally required to repair lead problems found on their property.
- **Do not allow your child to play in the dirt next to your old home.** Plant grass over bare soil or use mulch or wood chips.
- **Clean your home regularly.** Wipe down floors and other level surfaces with a damp mop or sponge. Taking shoes off at the door can help reduce tracking in dirt.
- **Teach your children to wash their hands, especially before eating.** Wash pacifiers and toys regularly.
- **Keep clean.** If your work or hobbies involve lead, change your clothes and shoes and shower when finished. Keep your clothes at work or wash your work clothes as soon as possible.
- **Use cold flushed tap water for mixing formula, drinking, or cooking.** If you are in an older home, run the water for several minutes before using it in the morning and start with cold water for drinking or cooking.
- **Eat healthy.** Give your child a well-balanced diet that includes breakfast and food high in calcium and iron. A good diet can help your child absorb less lead.

## Treatment for lead poisoning

The first action is to identify the source of exposure and prevent further exposures to lead. Some children with high levels of lead in their blood need to take a medicine that helps the body get rid of it faster. If your child's lead level is too high, it can take months to years for it to come down; close follow-up is needed. Children with development or behavior problems should be evaluated and, if needed, receive services to help them improve.



## Lead screening

The only way to know for sure if your child has been exposed to lead is with a blood test. Lead screening tests sometimes take blood from the finger, but it is better and more accurate to take the blood from a vein in the arm. The test measures the amount of lead in the blood. If you think that your child has been exposed to lead, talk with your pediatrician about getting a blood test to check for lead.

## For more information

### CDC Childhood Lead Poisoning Prevention Program

770/488-3300

[www.cdc.gov/nceh/lead](http://www.cdc.gov/nceh/lead)

### National Lead Information Center

800/424-LEAD (800/424-5323)

[www.epa.gov/lead/nlic.htm](http://www.epa.gov/lead/nlic.htm)

### US Department of Housing and Urban Development

202/755-1785

[www.hud.gov/offices/lead](http://www.hud.gov/offices/lead)

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