



BRIGHT FUTURES HANDOUT ► PARENT FIRST WEEK VISIT (3 TO 5 DAYS)

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

✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Tobacco-free spaces keep children healthy. Don't smoke or use e-cigarettes. Keep your home and car smoke-free.
- Take help from family and friends.

✓ FEEDING YOUR BABY

- Feed your baby only breast milk or iron-fortified formula until he is about 6 months old.
- Feed your baby when he is hungry. Look for him to
 - Put his hand to his mouth.
 - Suck or root.
 - Fuss.
- Stop feeding when you see your baby is full. You can tell when he
 - Turns away
 - Closes his mouth
 - Relaxes his arms and hands
- Know that your baby is getting enough to eat if he has more than 5 wet diapers and at least 3 soft stools per day and is gaining weight appropriately.
- Hold your baby so you can look at each other while you feed him.
- Always hold the bottle. Never prop it.

If Breastfeeding

- Feed your baby on demand. Expect at least 8 to 12 feedings per day.
- A lactation consultant can give you information and support on how to breastfeed your baby and make you more comfortable.
- Begin giving your baby vitamin D drops (400 IU a day).
- Continue your prenatal vitamin with iron.
- Eat a healthy diet; avoid fish high in mercury.

If Formula Feeding

- Offer your baby 2 oz of formula every 2 to 3 hours. If he is still hungry, offer him more.

✓ HOW YOU ARE FEELING

- Try to sleep or rest when your baby sleeps.
- Spend time with your other children.
- Keep up routines to help your family adjust to the new baby.

✓ BABY CARE

- Sing, talk, and read to your baby; avoid TV and digital media.
- Help your baby wake for feeding by patting her, changing her diaper, and undressing her.
- Calm your baby by stroking her head or gently rocking her.
- *Never hit or shake your baby.*
- Take your baby's temperature with a rectal thermometer, not by ear or skin; a fever is a rectal temperature of 100.4°F/38.0°C or higher. Call us anytime if you have questions or concerns.
- Plan for emergencies: have a first aid kit, take first aid and infant CPR classes, and make a list of phone numbers.
- Wash your hands often.
- Avoid crowds and keep others from touching your baby without clean hands.
- Avoid sun exposure.

Helpful Resources: Smoking Quit Line: 800-784-8669 | Poison Help Line: 800-222-1222

Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

FIRST WEEK VISIT (3 TO 5 DAYS)—PARENT

SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Make sure your baby always stays in his car safety seat during travel. If he becomes fussy or needs to feed, stop the vehicle and take him out of his seat.
- 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 in the car alone. Start habits that prevent you from ever forgetting your baby in the car, such as putting your cell phone in the back seat.
- Always put your baby to sleep on his back in his own crib, not your bed.
 - Your baby should sleep in your room until he is at least 6 months old.
 - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Swaddling should be used only with babies younger than 2 months.
- Prevent scalds or burns. Don't drink hot liquids while holding your baby.
- Prevent tap water burns. Set the water heater so the temperature at the faucet is at or below 120°F /49°C.

WHAT TO EXPECT AT YOUR BABY'S 1 MONTH VISIT

We will talk about

- Taking care of your baby, your family, and yourself
- Promoting your health and recovery
- Feeding your baby and watching her grow
- Caring for and protecting your baby
- Keeping your baby safe at home 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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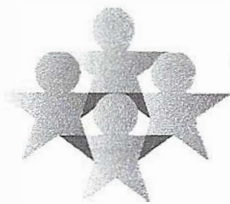


The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures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

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WELCOME TO THE WORLD OF PARENTING

Your baby is finally here.
Congratulations!

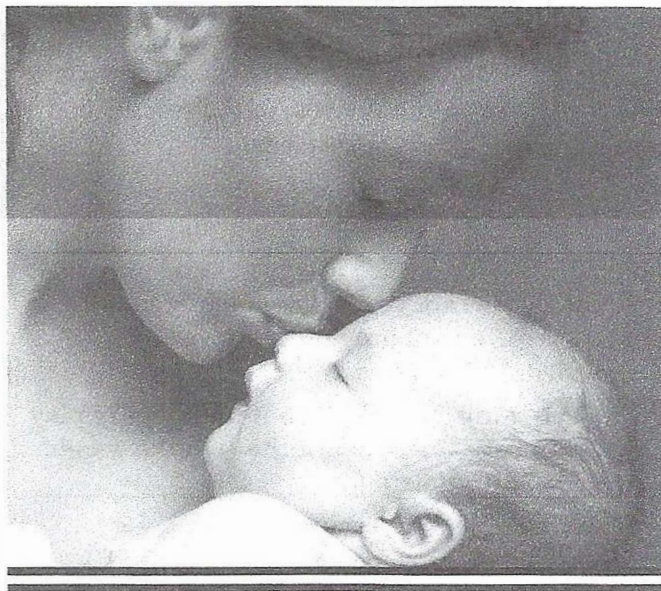
NEWBORNS ARE DELIGHTFUL—AND TIRING

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

BABY’S SLEEP AND MOTHER’S REST

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

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



INFORMATION FOR DADS

It’s a new life for you.

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

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

Ways for you to be involved.

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

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





WHEN YOUR BABY CRIES A LOT

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

- **Calmly hold** your baby close to your shoulder or chest—inside the womb, it was warm and close.
- **Swaddle** (wrap) your baby in a blanket—toward the end of pregnancy, it was very crowded.
- **Quietly sing or talk** to your baby, softly play calm music—voices heard through the womb were very comforting.
- **Gently rock** your baby or go for a quiet walk—before birth, your baby was used to quietly floating.

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

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

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

CRYING BABIES UPSET THEIR PARENTS

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

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

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

Never yell at, hit, or shake your baby!

INFORMATION FOR NEW MOMS

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

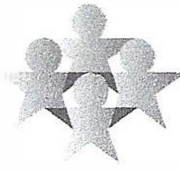
You may feel tired much of the time.

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

You may have wild mood swings.

As your body begins to adjust, you may go from great highs to hopeless lows. This is common during the first weeks after giving birth, but please let people know if you feel down or overwhelmed.





Your feelings deserve attention and support from your family and friends, and from your doctors. If you think you need help, ask for it. Taking care of your emotional and physical health also helps your baby.

You may feel lonely.

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

BABY BEHAVIOR

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

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

Babies cry the most from ages 2 to 10 weeks.

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

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

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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.

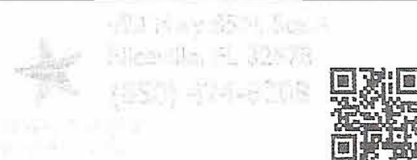
Q: Do vaccines even work? It seems like most of the people who get these diseases have been vaccinated.

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.

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Table 1

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs	
Hepatitis B (HepB)	1 st dose	← 2 nd dose →		← 3 rd dose →					[Green bar]									
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)		1 st dose	2 nd dose	See Notes														
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)	1 st dose	2 nd dose	3 rd dose	[Green bar]			← 4 th dose →		[Green bar]		5 th dose							
Haemophilus influenzae type b (Hib)	1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose → See Notes			[Green bar]				[Purple bar]						
Pneumococcal conjugate (PCV13)	1 st dose	2 nd dose	3 rd dose	← 4 th dose →			[Green bar]				[Purple bar]							
Inactivated poliovirus (IPV <18 yrs)	1 st dose	2 nd dose	← 3 rd dose →					[Green bar]		4 th dose	[Green bar]							
Influenza (IIV)	Annual vaccination 1 or 2 doses										Annual vaccination 1 dose only							
Influenza (LAIV4)	Annual vaccination 1 or 2 doses										Annual vaccination 1 dose only							
Measles, mumps, rubella (MMR)	See Notes					← 1 st dose →		[Green bar]			2 nd dose	[Green bar]						
Varicella (VAR)	See Notes					← 1 st dose →		[Green bar]			2 nd dose	[Green bar]						
Hepatitis A (HepA)	See Notes					2-dose series, See Notes					[Green bar]							
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)													[Green bar]	Tdap	[Green bar]			
Human papillomavirus (HPV)													[Green bar]	*	See Notes	[Green bar]		
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)	See Notes													1 st dose	[Green bar]	2 nd dose	[Green bar]	
Meningococcal B													See Notes					
Pneumococcal polysaccharide (PPSV23)													See Notes					

[Yellow box] Range of recommended ages for all children

[Green box] Range of recommended ages for catch-up immunization

[Purple box] Range of recommended ages for certain high-risk groups

[Light blue box] Recommended based on shared clinical decision-making or

[White box] No recommendation/

Immunizations for Babies

A Guide for Parents

These are the vaccinations your baby needs!

At birth	HepB
2 months	HepB _{1-2 mos¹} + DTaP + PCV13 + Hib + Polio + RV
4 months	HepB ² + DTaP + PCV13 + Hib + Polio + RV
6 months	HepB _{6-18 mos¹} + DTaP + PCV13 + Hib ³ + Polio _{6-18 mos¹} + RV ⁴ + Influenza ⁵
12 months and older	MMR _{12-15 mos¹} + DTaP _{15-18 mos¹} + PCV13 _{12-15 mos¹} + Hib _{12-15 mos¹} + Chickenpox _{12-15 mos¹} + HepA ⁶ _{12-23 mos¹} + Influenza ⁵

Check with your doctor or nurse to make sure your baby is receiving all vaccinations on schedule. Many times vaccines are combined to reduce the number of injections. Be sure you ask for a record card with the dates of your baby's vaccinations; bring this with you to every visit.

Here's a list of the diseases your baby will be protected against:

HepB: hepatitis B, a serious liver disease

DTaP: diphtheria, tetanus (lockjaw), and pertussis (whooping cough)

PCV13: pneumococcal conjugate vaccine protects against a serious blood, lung, and brain infection

Hib: *Haemophilus influenzae* type b, a serious brain, throat, and blood infection

Polio: polio, a serious paralyzing disease

RV: rotavirus infection, a serious diarrheal disease

Influenza: a serious lung infection

MMR: measles, mumps, and rubella

HepA: hepatitis A, a serious liver disease

Chickenpox: also called varicella

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Notes to above chart:

1. This is the age range in which this vaccine should be given.
2. Your baby may not need a dose of Hep B vaccine at age 4 months, depending on the vaccine used. Check with your doctor or nurse.
3. Your baby may not need a dose of Hib vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
4. Your baby may not need a dose of RV vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
5. All children age 6 months and older should be vaccinated against influenza in the fall or winter of each year.
6. Your child will need 2 doses of HepA vaccine, given at least 6 months apart.

immunization
action coalition



Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p4010.pdf • Item #P4010 (8/20)

After the Shots...

Your child may need extra love and care after getting vaccinated. Some vaccinations that protect children from serious diseases also can cause discomfort for a while. Here are answers to questions many parents have after their children have been vaccinated. If this sheet doesn't answer your questions, call your healthcare provider.

Vaccinations may hurt a little... but disease can hurt a lot!

Call your healthcare provider right away if you answer "yes" to any of the following questions:

- Does your child have a temperature that your healthcare provider has told you to be concerned about?
- Is your child pale or limp?
- Has your child been crying for more than 3 hours and just won't quit?
- Is your child's body shaking, twitching, or jerking?
- Is your child very noticeably less active or responsive?

► Please see page 2 for information on the proper amount of medicine to give your child to reduce pain or fever.

What to do if your child has discomfort

I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. An easy way to do this is by taking a temperature in the armpit using an electronic thermometer (or by using the method of temperature-taking your healthcare provider recommends). If your child has a temperature that your healthcare provider has told you to be concerned about or if you have questions, call your healthcare provider.

Here are some things you can do to help reduce fever:

- Give your child plenty to drink.
- Dress your child lightly. Do not cover or wrap your child tightly.
- Give your child a fever- or pain-reducing medicine such as acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil, Motrin). The dose you give your child should be based on your child's weight and your healthcare provider's instructions. See the dose chart on page 2. *Do not give aspirin.* Recheck your child's temperature after 1 hour. Call your healthcare provider if you have questions.

My child has been fussy since getting vaccinated. What should I do?

After vaccination, children may be fussy because of pain or fever. To reduce discomfort, you may want to give your child a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.* If your child is fussy for more than 24 hours, call your healthcare provider.

My child's leg or arm is swollen, hot, and red. What should I do?

- Apply a clean, cool, wet washcloth over the sore area for comfort.
- For pain, give a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.*
- If the redness or tenderness increases after 24 hours, call your healthcare provider.

My child seems really sick. Should I call my healthcare provider?

If you are worried **at all** about how your child looks or feels, call your healthcare provider!

HEALTHCARE PROVIDER: PLEASE FILL IN THE INFORMATION BELOW.

If your child's temperature is 102.5°F or 39 °C or higher, or if you have questions, call your healthcare provider.
Healthcare provider phone number (850) 424-6208

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Jaundice and Your Newborn

Congratulations on the birth of your new baby!

To make sure your baby's first week is safe and healthy, it is important that

1. You find a primary care provider, such as a pediatrician you are comfortable with, for your baby's ongoing care.
2. Your baby is checked for jaundice in the hospital.
3. If you are breastfeeding, you get the help you need to make sure it is going well.
4. You make sure your baby is seen by a doctor or nurse at 3 to 5 days of age.
5. If your baby is discharged before age 72 hours, your baby should be seen by a doctor or nurse within 2 days of discharge from the hospital.

Q: What is jaundice?

A: Jaundice is the yellow color seen in the skin of many newborns. It happens when a chemical called *bilirubin* builds up in the baby's blood. Jaundice can occur in babies of any race or color.

Q: Why is jaundice common in newborns?

A: Everyone's blood contains bilirubin, which comes from red blood cells and is removed by the liver. Before birth, the mother's liver does this for the baby. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to get better at removing bilirubin.

Q: How can I tell if my baby is jaundiced?

A: The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms, and legs as the bilirubin level increases. The whites of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin color.

Q: Can jaundice hurt my baby?

A: Most babies have mild jaundice that is harmless, but in unusual situations the bilirubin level can get very high and might cause brain damage. This is why newborns should be checked carefully for jaundice and treated to prevent a high bilirubin level.

Q: How should my baby be checked for jaundice?

A: If your baby looks jaundiced in the first few days after birth, your baby's doctor or nurse may use a skin or blood test to check your baby's bilirubin level. However, because estimating the bilirubin level based on the baby's appearance can be difficult, most experts recommend that a skin or blood test be done in the first 2 days even if your baby does not appear jaundiced. A bilirubin level is always needed if jaundice develops before the baby is 24 hours old. Whether a test is needed after that depends on the baby's age, the amount of jaundice, and whether the baby has other factors that make jaundice more likely or harder to see.

Q: Does breastfeeding affect jaundice?

A: Breast milk (human milk) is the ideal food for your baby. Jaundice is more common in babies who are breastfed than babies who are formula-fed. However, this occurs more often in newborns

who are not getting enough breast milk because their mothers are not producing enough milk (especially if the milk comes in late) or if breastfeeding is not going well, such as babies not latching on properly.

For the first 24 hours after birth, normal breastfed newborns receive only about 1 teaspoon of milk with each feeding. The amount of breast milk provided increases with each day. If you are breastfeeding, you should breastfeed your baby at least 8 to 12 times a day for the first few days. This will help you produce enough milk and will help keep the baby's bilirubin level down. If you are having trouble breastfeeding, ask your baby's doctor or nurse or a lactation specialist for help.

Q: When should my baby get checked after leaving the hospital?

A: It is important for your baby to be seen by a nurse or doctor when the baby is between 3 and 5 days old, because this is usually when a baby's bilirubin level is highest. This is why, if your baby is discharged before age 72 hours, your baby should be seen within 2 days of discharge. The timing of this visit may vary depending on your baby's age when released from the hospital and other factors.

Q: Why do some babies need an earlier follow-up visit after leaving the hospital?

A: Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner after discharge from the hospital. Ask your doctor about an early follow-up visit if your baby has any of the following symptoms:

- A high bilirubin level before leaving the hospital
- Early birth (more than 2 weeks before the due date)
- Jaundice in the first 24 hours after birth
- Breastfeeding that is not going well
- A lot of bruising or bleeding under the scalp related to labor and delivery
- A parent, brother, or sister who had a high bilirubin level and received light therapy

Q: When should I call my baby's doctor?

A: Call your baby's doctor if

- Your baby's skin turns more yellow.
- Your baby's abdomen, arms, or legs are yellow.
- The whites of your baby's eyes are yellow.
- Your baby is jaundiced and is hard to wake, fussy, or not nursing or taking formula well.

Q: How is harmful jaundice prevented?

A: Most jaundice requires no treatment. When treatment is necessary, placing your baby under special lights while he or she is undressed will lower the bilirubin level. Depending on your baby's bilirubin level, this can be done in the hospital or at home. Jaundice is treated at levels that are much lower than those at which brain damage is a concern. In some babies, supplementing breast milk with formula

can also help to lower the bilirubin level and prevent the need for phototherapy. Treatment can prevent the harmful effects of jaundice.

From Your Doctor

Note: Exposing your baby to sunlight through a window might help lower the bilirubin level, but this will only work if the baby is undressed. Make sure the temperature in your home is comfortable and not too cold for your baby. Newborns should never be put in direct sunlight outside because they might get sunburned.

Q: When does jaundice go away?

A: In breastfed babies, it is common for jaundice to last 1 month or occasionally longer. In formula-fed babies, most jaundice goes away by 2 weeks. However, if your baby is jaundiced for more than 3 weeks, see your baby's doctor.

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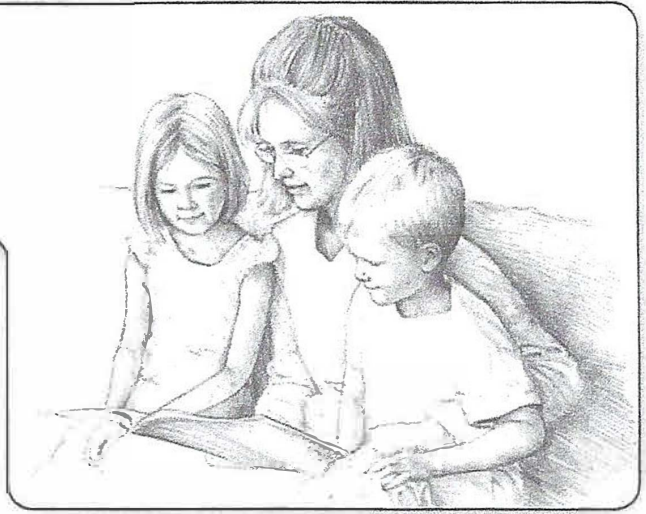
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Start Reading to Your Child Early



How to Help Your Child Learn to Read

A baby can enjoy books by 6 months of age! Here are things you can do with your child at different ages to help your child learn to love words and books.

Birth to Age 1

- Play with your baby often. Talk, sing, and say rhymes. This helps your baby learn to talk.
- Talk with your baby, making eye contact. Give your baby time to answer in baby talk.
- Give your baby sturdy board books to look at. It's OK for a baby to chew on a book.
- Look at picture books with your baby and name things. Say "See the baby!" or "Look at the puppy!"
- Babies like board books with pictures of babies and everyday objects like balls and blocks.
- Snuggle with your baby on your lap and read aloud. Your baby may not understand the story, but will love the sound of your voice and being close to you.
- Don't let your child watch TV until age 2 or older.

1 to 3 Years of Age

- Read to your child every day. Let your child pick the book, even if it's the same one again and again!
- Younger toddlers (1 to 2 years of age) like board books with pictures of children doing everyday things (like eating and playing). They also like "goodnight" books and books with rhymes. Books should only have a few words on each page.

- Older toddlers (2 to 3 years of age) like board books and books with paper pages. They love books with rhymes and words that are repeated. Books about families, friends, animals, and trucks are also good.
- Let your child "read" to you by naming things in the book or making up a story.
- Take your child to the library. Celebrate your child getting a library card!
- Keep talking, singing, saying rhymes, and playing with your child.
- Don't let your child watch TV until age 2 or older.

Reading Tips

- Set aside time every day to read together. Reading at bedtime is a great way to get ready for sleep.
- Leave books in your children's rooms for them to enjoy on their own. Have a comfortable bed or chair, bookshelf, and reading lamp.
- Read books your child enjoys. Your child may learn the words to a favorite book. Then, let your child complete the sentences, or take turns saying the words.
- Don't drill your child on letters, numbers, colors, shapes, or words. Instead, make a game of it.

Continued on back

3 to 5 Years of Age

- Read ABC books with your child. Point out letters as you read.
- Preschool children like books that tell stories. They also love counting books, alphabet books, and word books. Like toddlers, they love books with rhymes and words they can learn by heart.
- Help your child recognize whole words as well as letters. Point out things like letters on a stop sign or the name on a favorite store.
- Ask your child questions about the pictures and story. Invite him or her to make up a story about what's in the book.
- Some public TV shows, videos, and computer games can help your child learn to read. But you need to be involved too. Watch or play *with* your child and talk about the program. Limit TV time to 1 or 2 hours per day. Avoid violent shows and movies. Try to stick to educational shows.
- Give your child lots of chances to use written words. Write shopping lists together. Write letters to friends or family.



Read Aloud With Your Child

Reading aloud is one of the best ways to help your child learn to read. The more excited you act when you read a book, the more your child will enjoy it.

- Use funny voices and animal noises!
- Look at the pictures. Ask your child to name things in the pictures. Talk about how the pictures go with the story. Ask what is happening in the story.

- Invite your child to join in when a line is repeated over and over.
- Show your child how things in the book are like things in your child's life.
- If your child asks a question, stop and answer it. Books can help children express their thoughts and solve problems.
- Keep reading to your child even after he or she learns to read. Children can listen and understand harder stories than they can read on their own.

Listen to Your Child Read Aloud

Once your child starts reading, have him or her read out loud. Take turns reading.

If your child asks for help with a word, give it right away. But let your child sound out words if he or she wants to.

Know when your child has had enough. Stop if your child is tired or frustrated.

Most of all, give lots of praise! You are your child's first, and most important, teacher!

The American Academy of Pediatrics (AAP) is grateful for the Reach Out and Read program's help with this handout. Reach Out and Read works with children's doctors to make promoting literacy and giving out books part of children's basic health care. This program is endorsed by the AAP. To learn more about Reach Out and Read, go to www.reachoutandread.org.

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To learn more, visit the American Academy of Pediatrics (AAP) Web site at www.aap.org.

Your child's doctor will tell you to do what's best for your child. This information should not take the place of talking with your child's doctor.

We hope the resources in this handout are helpful. The AAP is not responsible for the information in these resources. We try to keep the information up to date but it may change at any time.

Adaptation of the AAP information in this handout into plain language was supported in part by McNeil Consumer Healthcare.

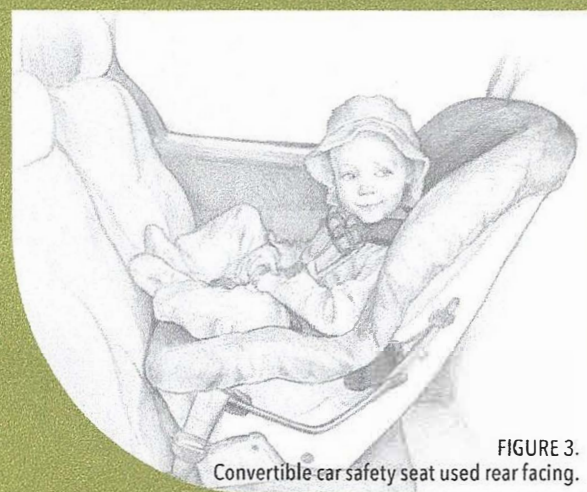
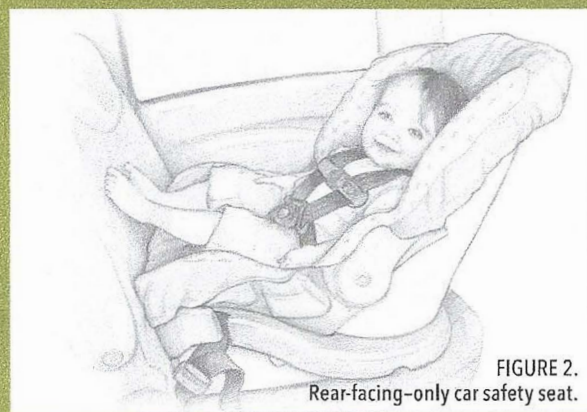
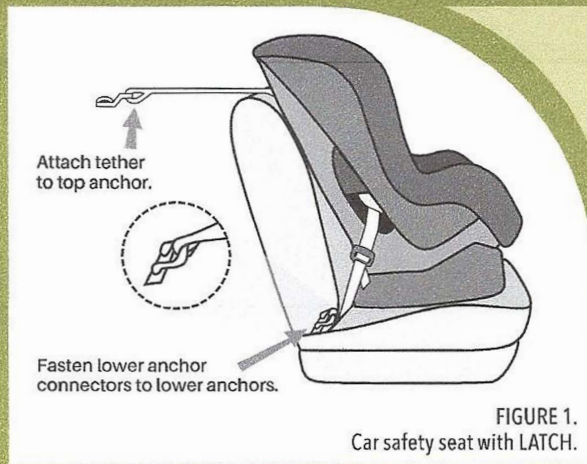
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Car Safety Seat Checkup



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 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.
- 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.

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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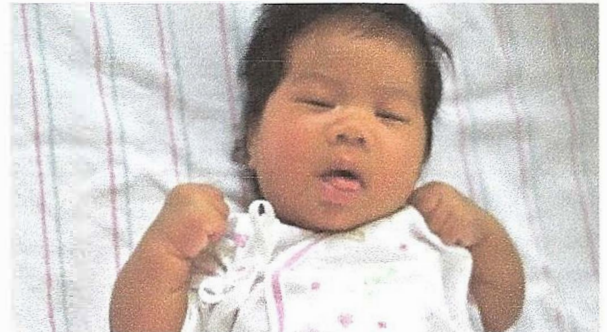
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Movement Milestones: Birth to 3 Months

By: Courtney J. Wusthoff, MD, MS, FAAP

The first weeks and months of a baby's life are a period of amazing development. New skills and movements form quickly. These movement milestones are often called "motor development ([/English/MotorDelay/Pages/default.aspx](#));" they are a source of delight for babies and their families.



Here's an overview of some typical motor milestones to expect from birth to 3 months:

Month one

Your baby will not be able to control many of her movements during the first few weeks. As she begins to develop more physical abilities, her motions may still be jerky or jittery. But she's learning fast, so hold on!

- **Eyes on you.** Did you know one of the first parts of the body a baby can move are her eyes? Newborns can only see about a foot in front of them at first, but that's just enough to move their eyes to gaze at faces near them. Your baby may also look toward familiar sounds ([/English/ages-stages/baby/Pages/Hearing-and-Making-Sounds.aspx](#)) and voices.
- **Neck control.** Newborns can move their head to the side. You may see this with their first feeding, when the "rooting" reflex ([/English/ages-stages/baby/Pages/Newborn-Reflexes.aspx](#)) prompts them to turn toward the nipple. But infants don't have much neck control the first few weeks. Your baby needs your help to support her head.
- **Newborn reflexes.** In addition to rooting, your baby may show other reflex movements these first weeks. To see the step reflex in action, hold your baby securely under his arms (support his head, too!) as his feet touch a flat surface; he may put one foot in front of the other in a sort of "walking" motion. This reflex disappears after the first couple months, and most babies don't take their first "real" steps until about a year old.

Month Two

Your baby's nervous system has matured some by now. Certain newborn reflexes are beginning to give way to voluntary motions. With improved muscle control, movement becomes more fluid and wigglier. Here's what else you can expect:

- **Heads up on tummy time.** Most babies this age can lift their head up when lying on their tummies. Regularly giving your baby some "tummy time" ([/English/ages-stages/baby/sleep/Pages/The-Importance-of-Tummy-Time.aspx](#)) is a great way to help her build strength in her neck and trunk. Some will cry when placed on their tummies, but usually do better after a few tries. It helps to have something interesting, such as mom's face, in front of them so they have encouragement to lift their head. Although too young to actually crawl, your baby may try or begin to push up from a lying position.
- **Hand to mouth.** During these weeks, your baby may begin to wave his arms around more when excited. Increasingly, his hands will catch his attention. He may spend a lot of time trying to move them in front of him where he can see them. After many tries, he may be able to move them to his mouth. His finger motion is still limited, though, so his hands will likely still be clenched in tight little fists. Sucking on them may become a way for him to soothe himself.
- **A tug of the lips.** You may have already noticed random facial movements, including reflexive smiles, while your baby sleeps. But starting sometime around her sixth week, your baby may flash you her first real smile ([/English/ages-stages/baby/Pages/Your-Babys-First-Smile.aspx](#)) in a genuine gesture of affection or amusement.

Month Three

Your baby's arm and leg movements continue to become smoother. The "startle" reflex is probably gone by now. She's becoming stronger and better able to coordinate her motions. Back to Top

- **Straightening out.** You might notice your baby's whole body now looks more relaxed. His hands will no longer be balled up in fists all the time. In fact, he may entertain himself by carefully opening and shutting them. He'll also enjoy more actively kicking his legs, which are straightening out from their pulled-up newborn position.
- **Ready to roll.** As her kicks continue to become more forceful, she may soon be able to kick herself over from her tummy to back. While most babies can't roll from back to tummy yet, some may begin rolling over at this age. Be careful never to leave your baby alone on furniture where they could roll over.
- **Get a grip.** Babies this age may begin to swipe at objects hanging just out of reach. While a newborn reflex causes babies to wrap their fingers around objects that touch the palm, your baby's grasp may now be more deliberate. She may even be able to hold and shake hand toys.
- **Let's bounce.** When held up and supported in a "standing" position on a surface such as your lap, your baby may discover the joy of bouncing. This is a fun way to play together as your baby begins to hold some of his weight in his legs. It's best to avoid leaving babies in bouncer seats (<http://www.aapublications.org/news/2017/10/17/HealthAlerts101717>) or harnesses. These can actually slow your baby's movement progress because they don't let her practice using her muscles as much.

When to See Your Pediatrician

Remember, each baby's movements may be a little different. If your baby doesn't master her movements at exactly the same pace others might, it is usually **not** because of any developmental delay (</English/ages-stages/toddler/Pages/Assessing-Developmental-Delays.aspx>) or other problem.

It is a good idea to talk with your pediatrician if you notice your baby does any of the following:

- **Stops doing something she used to do.** All babies will have good days and bad days. They may go a few days before repeating a new skill. But, if your baby's development is going backwards or consistently stopped, talk with your pediatrician.
- **Is not using a part or side of the body.** Babies this age normally do not show whether they are left or right handed. If your baby only uses one hand or one side of his body, talk with your pediatrician.
- **Seems too floppy.** Young infants may seem "floppy" until they develop more muscle control. But if your baby seems especially limp or droopy, it could mean she is sick or has an infection.
- **Jitters or shakes too much.** Many newborns have shaky hands or quivery chins, but if their whole bodies are shaking, it could signal a medical problem. Call your pediatrician.

Additional Information:

- AAP Motor Delay Tool (</English/MotorDelay/Pages/default.aspx>) - Use this tool to learn more about physical developmental delays in children and when to talk with your pediatrician.
- Learn the Signs. Act Early. (<https://www.cdc.gov/ncbddd/actearly/index.html>) (Centers for Disease Control and Prevention)

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