

Starting Finger Foods

Babies are generally ready to start trying finger foods between 8-9 months of age. When you begin to move your baby from pureed foods to finger/table foods it is an exciting time for babies and parents--and somewhat of an anxious time for first-time parents. Parents often worry their baby will choke on more textured foods. Babies may increase parental worry as they begin eating table foods and sometimes gag/choke a bit in the learning process. Thankfully, for the most part, this transitional phase only lasts a few months and before long your baby (toddler!) is off and eating. Also, it is wise to be prepared for a mess in your kitchen!

Quick Tips:

- Your baby doesn't need to have teeth to start eating! He will mostly gum foods
- Sit your child in a high chair or booster seat at the table for meals
- Offer foods on the table or chair tray. In the beginning, you may need to place some foods in her mouth to stimulate curiosity
- Have patience in letting your baby learn pick up foods himself--this aids in the development of fine motor control as well as healthy self-feeding habits
- Introduce new foods gradually. Offer a new food for three days in a row to make sure she has no adverse reactions
- Choose first foods that are naturally soft or easily mash in your mouth with your tongue
- Offer small bite-sized pieces your baby can easily handle
- Eat meals with your baby--this helps further her curiosity and sets the stage for healthy family eating habits in the future
- Baby/toddler food does not need to be bland. It is fine to use spices and ethnic flavoring in your cooking.
- Allow your baby to self-regulate and stop when she's full. You will gradually notice between months 9-12 that your baby eats more at meal/snack times and drinks less milk which is appropriate for her nutritional needs
- Offer water in a sippy-cup at mealtimes
- Review infant choking first aid skills so you feel prepared in an emergency: http://www.babycenter.com/0_infant-first-aid-for-choking-and-cpr-an-illustrated-guide_9298.bc

Finger Food (Bite Sized) Examples

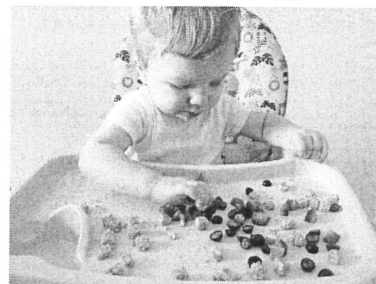
- Soft fruits: banana, avocado, soft mango, strawberries, watermelon, peaches, pears
- Cooked and soft veggies: squash, carrots, green beans, peas
- Puffed cereals or cheerios
- Black beans, pinto beans, white beans
- Scrambled or hard-boiled eggs
- Tofu
- Soft pasteurized cheeses such as mozzarella, string cheese and muenster
- Toasted bread with melted cheese
- Boneless Salmon or white fish
- Soft pastas
- Very soft cooked meats like rotisserie chicken
- Ground beef, turkey or chicken
- Deli meats such as turkey
- Freeze dried fruits or veggies

A few other points:

- Avoid honey until after 1 year of age for botulism concerns
- Stool changes are normal as the diet changes. If your child's stools are getting harder, focus on offering foods such as peaches, prunes, pears, squash and water. Sometimes 2-4 oz of prune, pear or peach juice daily helps too.
- Red bumpy rashes around the mouth or bottom rarely indicate a food allergy. This is a common reaction of sensitive baby skin to the acidity in some foods.

Foods to Avoid for Choking Hazard Concerns

- Nuts
- Seeds
- Whole grapes: should be quartered
- Large chunks of hot dogs & sausage
- Hard crackers and pretzels
- Popcorn
- Hard or gummy candies
- Chunks of hard cheese
- Raisins and other dried fruits
- Thick layers of peanut or other nut butters on breads
- Raw vegetables



Preventing and Treating Iron Deficiency

Iron is an element critical to formation of red blood cells. Chronic lack of iron eventually leads to anemia (low red-blood-cell count). Anemia can cause fatigue, irritability and headaches (although these common symptoms can also occur with other medical conditions and in otherwise healthy people). Many people, particularly children and menstruating teens and women, find it challenging to include enough iron in their diets to maintain red-blood-cell formation. Others at risk to develop iron-deficiency anemia include those who lose blood through their gastrointestinal tract, those with inadequate vitamin C intake, those who diet to lose weight, and those who have had major surgery. Anemia is diagnosed by a simple blood test.

Daily iron requirements: How much do you need?

Age	Iron Requirement
Infants < 6 months	No supplement
Infants > 6 months, Formula Fed	Iron-fortified formula
Infants > 6 months, Breast Fed	11 mg.
Children from 1 through 3 years	7 mg.
Children from 4 through 8 years	10 mg.
Children from 9 through 13	8 mg.
Teens 14 through 18 years	11 mg. males; 15 mg. females
Adults 19 through 50	8 mg. males; 18 mg. females
Adults 51 to over 70	8 mg.
Pregnancy, all ages	27 mg.
Lactation 14 through 18 years	10 mg.
Lactation 19 through 50 years	9 mg.
Adolescents and adults < 50 years	10 mg.
Adults > 50 years	10 mg.

Food Sources of Iron

There are many excellent food sources of iron. Please see the next page for iron content in common foods. Iron from animal sources is more efficiently absorbed than iron from plant sources. However, iron absorption from all foods can be enhanced in several ways:

- Eat foods rich in vitamin C, such as orange or grapefruit juice.
- Cook in iron pots and pans.
- Avoid caffeine when eating iron-rich foods, since caffeine reduces iron absorption.
- Infants who are formula fed generally should drink iron-fortified formulas; breast-fed infants should begin iron-fortified cereals at age 6 months.

Iron Supplements

An oral iron supplement is sometimes recommended for people. If you are not iron deficient, you should not take such a supplement, because too much iron can be harmful. Several iron supplements are available without a prescription. All may cause some gastric distress or constipation, although individual reactions may differ. You may tolerate one product better than another. Taking iron supplements with food decreases such symptoms. All are better absorbed on an empty stomach, taken with orange or grapefruit juice or vitamin C. Avoid taking supplements with milk or calcium supplements, which decrease iron absorption. Some iron supplement examples are:

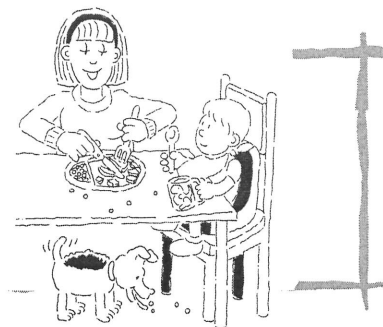
- Ferrous Sulfate (such as Slow Fe, Feosol, Fer-In-Sol): usually the cheapest form, well absorbed, can cause gastric distress or constipation.
- Ferrous Gluconate (such as Fergon): more expensive and causes less gastric distress.
- Ferrous Fumarate (such as Ferro-Sequels): similar to ferrous gluconate; contains stool softener.

Common Foods and Iron Content

Food	Amount	Iron (mg.)	Calories
Beef			
Liver, braised	3.5 oz.	6.77	161
Round, top, broiled, 1/4" fat trim	3.5 oz.	2.88	215
Ground, 85% lean, baked	3 oz.	2.2	213
Pork			
Loin, braised	3.5 oz.	1.40	273
Poultry			
Turkey, dark, no skin, roasted	3.5 oz.	1.78	175
Chicken, breast, no skin, roasted	1/2 breast	0.89	142
Chicken, thigh, no skin, roasted	1 thigh	0.68	109
Fish, Shellfish			
Clams, cooked by moist heat	3 oz. (19 small)	23.76	126
Mussels, blue, cooked by moist heat	3 oz.	5.71	147
Trout, rainbow, cooked by dry heat	3 oz.	2.07	129
Ocean perch, cooked by dry heat	3 oz.	1.00	103
Grains and Grain Products			
Bran Flakes, Kellogg's	3/4 cup (1 oz.)	18.00	90
Spaghetti, enriched, cooked	1 cup	1.96	197
Tortilla, corn, enriched	1 tortilla	1.42	67
Bread, whole wheat, Roman Meal	1 oz. slice	1.20	65
Oats, regular/quick/instant dry	1/3 cup (1 oz.)	1.14	104
Vegetables/Fruits/Legumes			
Lentils, boiled	1 cup	6.59	230
Kidney beans, boiled	1 cup	5.20	225
Beans, baked, Van De Camp's	1 cup	3.60	260
Spinach, boiled	1/2 cup	3.21	21
Potato, baked, with skin	1 potato	2.75	220
Prunes, dried	10 prunes	2.08	201
Raisins, seedless	2/3 cup	2.08	300
Apricots, dried, sulfured	10 halves	1.65	83
Peas, green, frozen, boiled	1/2 cup	1.26	63
Tomato juice	6 fluid oz.	1.06	32
Dates, dried	10 dates	0.96	228
Turnip greens, boiled and chopped	1/2 cup	0.57	15
Misc. foods			
Molasses, blackstrap	1 tablespoon	3.50	47
Molasses, regular	1 tablespoon	0.94	53
Peanut butter, creamy/smooth	2 tablespoon	0.53	188
Sunflower seeds, dried	1 oz.	1.98	162
Spices*			

* Spices high in iron content include cumin, coriander, cardamom, fenugreek and tumeric. For lists of additional foods with iron content, see <http://fnic.nal.usda.gov/>

Choking Prevention and First Aid for Infants and Children



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

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

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

Read more about choking prevention and first aid.

Dangerous foods

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

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

Dangerous household items

Keep the following household items away from infants and children:

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

What you can do to prevent choking

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

First aid for the child who is choking

Make a point to learn the instructions on the 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 office or the American Heart Association to find out about classes offered in your area. Most of the classes teach basic first aid, CPR, and emergency prevention along with what to do for a choking infant or child. Your pediatrician also can help you understand these steps and talk to you about the importance of supervising mealtime and identifying dangerous foods and objects.

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

From your doctor

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

American Academy of Pediatrics
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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

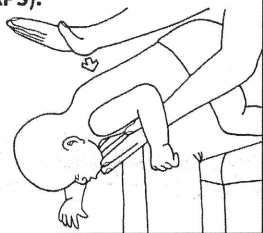
- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR INFANTS YOUNGER THAN 1 YEAR

INFANT CHOKING

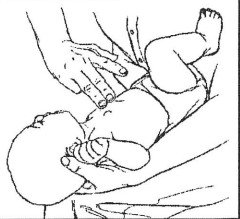
If the infant is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911.

1 GIVE 5 BACK BLOWS (SLAPS).



ALTERNATING WITH

2 GIVE 5 CHEST COMPRESSIONS.



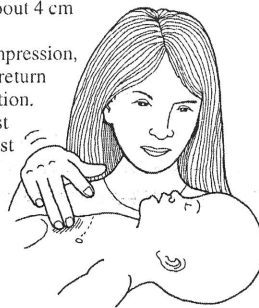
Alternate back blows (slaps) and chest compressions until the object is dislodged or the infant becomes unconscious/unresponsive. If the infant becomes unconscious/unresponsive, begin CPR.

INFANT CPR

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

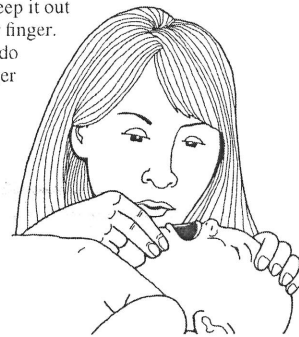
1 START CHEST COMPRESSIONS.

- Place 2 fingers of 1 hand on the breastbone just below the nipple line.
- Compress chest at least $\frac{1}{2}$ 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.



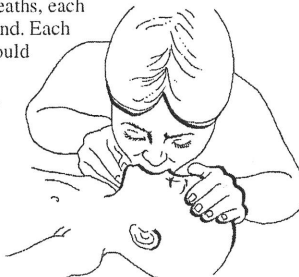
2 OPEN AIRWAY.

- Open 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), 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.

Fun in the Sun: Keep Your Family Safe



Warm, sunny days are wonderful. It's great to exercise outside, and the sun feels good on your skin. But what feels good can harm you and your family. Read on for information from the American Academy of Pediatrics about how to keep your family safe from the sun's harmful rays.

The sun and skin cancer

The sun gives energy to all living things on earth, but it can also harm us. Its ultraviolet (UV) rays can damage skin and eyes and cause skin cancer. All skin cancers are harmful and some, especially malignant melanoma, can be deadly.

One-quarter of our lifetime sun exposure happens during childhood and adolescence. Since children spend a lot of time outdoors, especially in the summer, it's important to protect them from the sun.

Research shows that 1 or more blistering sunburns as a child or teen can increase the risk of melanoma skin cancer later in life. Sunburns can also be very painful. Too much sun exposure can cause other problems, too, such as

- Dehydration (loss of fluids) and fever
- Damage to skin, such as changes in color and wrinkles
- Cataracts (clouding of eye lens) of the eye
- Damage to the body's immune system

Sun safety tips

It's good for children and adults to spend time playing and exercising outdoors, and it's important to do so safely. Follow these simple rules to protect your family from sunburns now and from skin cancer later in life.

- Keep babies younger than 6 months out of direct sunlight. Find shade under a tree, an umbrella, or the stroller canopy.
- When possible, dress yourself and your children in cool, comfortable clothing that covers the body, such as lightweight cotton pants, long-sleeved shirts, and hats.
- Select clothes made with a tight weave; they protect better than clothes with a looser weave. If you're not sure how tight a fabric's weave is, hold it up to see how much light shines through. The less light, the better. Or you can look for protective clothing labeled with an Ultraviolet Protection Factor (UPF).
- Wear a hat with an all-around 3-inch brim to shield the face, ears, and back of the neck.
- Limit your sun exposure between 10:00 am and 4:00 pm when UV rays are strongest.
- Wear sunglasses with at least 99% UV protection. Look for child-sized sunglasses with UV protection for your child.
- Use sunscreen.
- Make sure everyone in your family knows how to protect his or her skin and eyes. Remember to set a good example by practicing sun safety yourself.

Sunscreen

Sunscreen can help protect the skin from sunburn and some skin cancers but only if used correctly. Keep in mind that sunscreen should be used for sun protection, not as a reason to stay in the sun longer.

How to pick sunscreen

- Use a sunscreen that says "broad-spectrum" on the label; that means it will screen out both UVB and UVA rays.
- Use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15 (up to SPF 50). An SPF of 15 or 30 should be fine for most people. More research studies are needed to test if sunscreen with more than SPF 50 offers any extra protection.
- If possible, avoid the sunscreen ingredient oxybenzone because of concerns about mild hormonal properties. Remember, though, that it's important to take steps to prevent sunburn, so using any sunscreen is better than not using sunscreen at all.
- For sensitive areas of the body, such as the nose, cheeks, tops of the ears, and shoulders, choose a sunscreen with zinc oxide or titanium dioxide. These products may stay visible on the skin even after you rub them in, and some come in fun colors that children enjoy.

How to apply sunscreen

- Use enough sunscreen to cover all exposed areas, especially the face, nose, ears, feet, hands, and even backs of the knees. Rub it in well.
- Put sunscreen on 15 to 30 minutes before going outdoors. It needs time to absorb into the skin.
- Use sunscreen any time you or your child spend time outdoors. Remember that you can get sunburn even on cloudy days because up to 80% of the sun's UV rays can get through the clouds. Also, UV rays can bounce back from water, sand, snow, and concrete, so make sure you're protected.
- Reapply sunscreen every 2 hours and after swimming, sweating, or drying off with a towel. Because most people use too little sunscreen, make sure to apply a generous amount.

Sunscreen for babies

For babies younger than 6 months. Use sunscreen on small areas of the body, such as the face, if protective clothing and shade are not available.

For babies older than 6 months. Apply to all areas of the body, but be careful around the eyes. If your baby rubs sunscreen into her eyes, wipe her eyes and hands clean with a damp cloth. If the sunscreen irritates her skin, try a different brand or sunscreen with titanium dioxide or zinc oxide. If a rash develops, talk with your child's doctor.

Sunburns

When to call the doctor

If your baby is younger than 1 year and gets sunburn, call your baby's doctor right away. For older children, call your child's doctor if there is blistering, pain, or fever.

How to soothe sunburn

Here are 5 ways to relieve discomfort from mild sunburn.

1. Give your child water or 100% fruit juice to replace lost fluids.
2. Use cool water to help your child's skin feel better.
3. Give your child pain medicine to relieve painful sunburns. (For a baby 6 months or younger, give acetaminophen. For a child older than 6 months, give either acetaminophen or ibuprofen.)
4. Only use medicated lotions if your child's doctor says it is OK.
5. Keep your child out of the sun until the sunburn is fully healed.

Sun myths

Myth: Only people with light skin can get sunburn.

Fact: People with pale skin or light hair need to be more careful in the sun because they sunburn more easily compared to people with darker skin. However, most people can sunburn no matter what their skin color is. Everyone needs to take steps to protect themselves from the sun's harmful rays.

Myth: A suntan is good for you.

Fact: A "base tan" does not protect you from getting sunburn. In fact, it may increase the chance you'll get sunburn because you may think that you can stay out in the sun longer. A tan is actually a sign of skin damage.

Myth: Only adults can get skin cancer, so putting sunscreen on children is not necessary.

Fact: While most of the people who get skin cancer are older, children, teens, and young adults can get it too. Also, too many sunburns and too much sun exposure over the years can cause not only skin cancer but also skin wrinkles and cataracts of the eye. Skin cancer is the most common form of cancer in the United States. According to the American Cancer Society, there are more than 3.5 million new cases of skin cancer each year.

Is indoor tanning safe for teens?

Many teens, especially girls and young women, go to tanning salons because a tan makes them feel more attractive and healthy. But tanning at a salon is dangerous! Like the natural sun, tanning beds give off UV rays that can cause sunburns and skin cancer. Tanning indoors is not safe for anyone—teens or adults!

Sunless tanning lotions, sprays, and airbrush tanning booths are popular too. These products contain a chemical that darkens the skin. The tan usually lasts for several days. However, all sunless tanning products can cause side effects such as skin rashes and irritation. They should also be kept away from the eyes, nose, and mouth. Most of these products do not include sunscreen, so skin is not protected from the real sun. Anyone using a sunless tanner must also use a sunscreen.

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Home Safety Checklist



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

Your child's bedroom

Changing table

- Never leave your child unattended. Keep supplies within arm's reach and always use the safety belt to help prevent falls. Try to keep a hand on your child at all times, even when using the safety belt.
- Use cordless window coverings in all homes where children live or visit. If this is not possible, make sure drapery and blind cords are tied up high with no loops. Loose cords can strangle children so remember to check the cords in all rooms to make sure that they are out of reach.
- If you use baby powder, pour it out carefully and keep the powder away from baby's face. Published reports indicate that talc or cornstarch in baby powder can injure a baby's lungs.

Crib

- Reduce the risk of sudden infant death syndrome (SIDS). All healthy babies younger than 1 year should sleep on their backs—at nap time and at night. The safest place to sleep is in a crib with a firm mattress with a fitted sheet. Infants should never sleep in an adult bed or on a couch. Keep pillows, quilts, bumpers, comforters, sheepskins, and stuffed toys out of your baby's crib. They can cover your baby's face—even if she is lying on her back.
- Don't hang anything with strings or ribbon over cribs. Keep monitor cords well away from the crib and make sure your baby cannot reach any window cords.
- Use a crib that meets current standards. It should not have a drop side or any raised corner posts or cutouts where loose clothing could get snagged and strangle your baby. Also, the slats should be no more than 2 3/8 inches apart and the mattress should fit snugly to prevent entrapment.
- Tighten all the screws, bolts, and other hardware securely to prevent the crib from collapsing. Only use hardware provided by the manufacturer.

Other bedroom items

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

- **Carbon monoxide (CO) detectors.** Install CO detectors on each floor of your home. CO is a toxic gas that has no taste, no color, and no odor. It comes from appliances or heaters that burn gas, oil, wood, propane, or kerosene.
- **Window guards.** Make sure window guards are secured to prevent a child from falling out the window.
- **Toy chest.** The best toy chest is a box or basket without a lid. However, if it has a lid, make sure it has safe hinges that hold the lid open and do not pinch. The chest should also have air holes just in case your child gets trapped inside.
- **Humidifier or vaporizer.** Use a cool-mist humidifier or vaporizer to avoid burns. Clean it according to manufacturer instructions to avoid bacteria and mold growth.

The kitchen

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

The bathroom

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

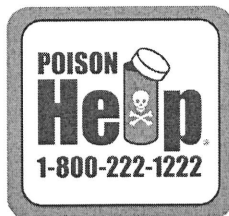
The family room

- Pad edges and corners of tables.
- Keep houseplants out of your child's reach because some may be poisonous.
- Make sure TVs and other heavy items (such as lamps) are secure so they don't tip over. TVs should only be put on furniture that is low, sturdy, and designed to hold them.
- Check electrical cords. Replace any cords that are worn, frayed, or damaged. Never overload outlets. Cords should run *behind* furniture and not hang down for children to pull on them. Remove unused cords.
- Place a barrier around the fireplace or other heat sources.
- Store matches and lighters out of your child's reach or in a cabinet with child locks. Teach your child that matches and lighters are to be used by adults only.

Throughout the home

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

- A home is safest without firearms. If you must have a gun, make sure the gun is stored unloaded and locked in a safe or with a trigger lock, and bullets are locked in another place.
- Block all stairs with gates.
- Make sure all the rooms in your home are free from small parts, plastic bags, small toys, coins, and balloons that your child could choke on. Frequently check in, around, and under furniture.
- Make sure to have a plan of escape from your home in case of a fire. Review and practice the plan with your family.
- Post the Poison Help number by every phone in your home and program the number in your cell phone.
- Teach your child how to call 911 in an emergency.
- Only use candles when an adult is in the room. Blow out candles if you leave the room or go to sleep.
- Teach your child to never pick and eat anything from an indoor or outdoor plant.



The playground

- Make sure swings are made of soft materials, such as rubber, plastic, or canvas.

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

The pool

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

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

From your doctor

American Academy
of Pediatrics



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