

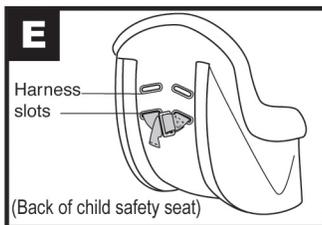
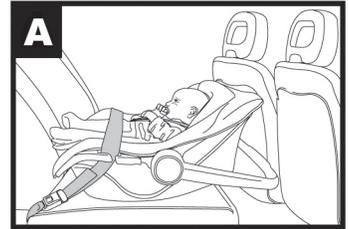
TIP #2: TRAVELING SAFELY WITH INFANTS, TODDLERS, AND PRESCHOOLERS

INFANTS: BIRTH TO 1 YEAR OLD

The safest way for infants to ride is rear-facing in the back seat. Rear-facing child safety seats protect the infant's head, neck, and back in a crash. The infant should ride rear-facing until at least 1 year of age **AND** at least 20 pounds, longer if possible.

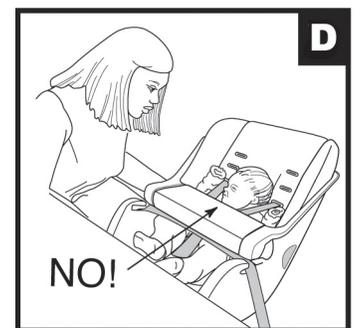
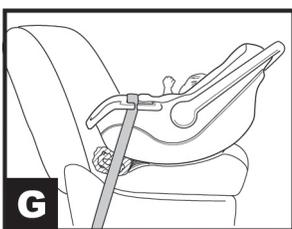
Two kinds of child safety seats for babies:

1. Small, lightweight "infant-only" child safety seats are designed for rear-facing only (A).
 - Baby's head must be at least one inch below the top of the seat.
 - The label on the seat gives the upper weight.
2. Larger "convertible" seats can be used rear-facing (B) from about 5 to 35 pounds.
 - Some older models only go up to 20-22 pounds rear-facing. Always check the label and instructions for the rear-facing weight limit.
 - If a baby under 1 year old grows too tall or too heavy for an infant-only seat, a convertible seat with a higher rear-facing weight limit (over 22 pounds) is recommended.
 - Convertible safety seats may be turned around to face the front when the baby is over 1 year old **AND** at least 20 pounds (C). It is recommended that a child ride rear-facing as long as she/he fits. Follow the seat manufacturer's instructions.
 - A convertible seat with a 5-point harness works best for a newborn baby. Seats with a padded overhead shield do not fit small babies properly. The shield comes up too high and may make proper adjustment of the harness difficult. (D).



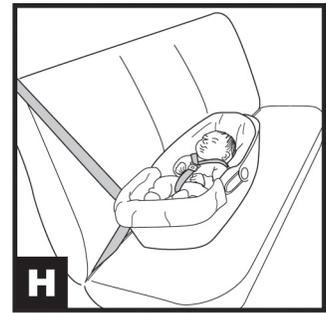
BUCKLING BABY IN THE SAFETY SEAT

- Use the lowest harness slots (E) for a newborn infant. Keep the straps in the slots at or below the baby's shoulders for the rear-facing position.
- Harness straps must fit properly on the baby's shoulders and between the legs. Dress the baby in clothes that keep the legs free.
- Keep harness straps very snug and flat on baby's shoulders, not arms. If the harness is even slightly loose, the baby can be thrown out of the seat.
- Place the plastic harness retainer clip (F) near the child's armpits to hold the harness straps on the shoulders. Check instructions if the seat doesn't have a harness clip.
- Always buckle baby in the seat first, then place blankets **OVER** the harness.
- If baby needs support, fill empty spaces with small, rolled blankets on each side of the baby's shoulders and head (F). A rolled diaper or small towel can also be put between her/his legs behind the crotch strap.
- Thick padding should **NOT** be put under or behind the baby.
- Babies must ride sitting in a semi-reclined (halfway back or a 30-45 degree angle from vertical) to keep the airway open.
- If the safety seat is too upright for the baby, and the base is not adjustable, put a tightly rolled bath towel, or part of a foam pool noodle, under the front edge of the child safety seat to tilt it back a little (G). Do not tip it too far back or the child could be ejected.



WHAT ABOUT SEATS FOR PREMIES?

- A baby born earlier than 37 weeks may need to use a car bed if he/she has any problems breathing or other medical problems when sitting semi-reclined.
- Ask the baby's doctor if the baby needs to be tested for breathing problems or other medical problems before he/she is discharged from the hospital.
- If the baby's doctor recommends it, a baby with medical problems may need to ride lying flat in a car bed (H).

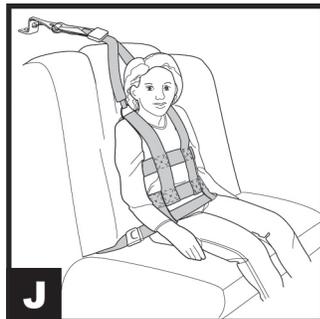


TODDLERS AND PRESCHOOLERS: 1 TO 4 YEARS OLD

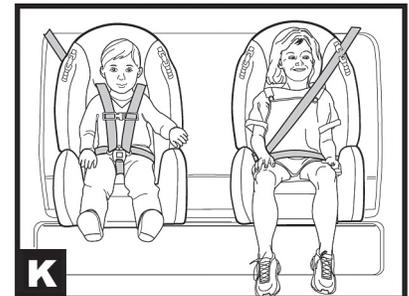
Children over 1 year old AND over 20 pounds may face forward in a convertible seat (I), forward-facing child vest (J), or a combination child seat/booster (K). Some child safety seats are built into the vehicle seat. A child should ride in a child safety seat with a harness until about 4 years old.



This convertible seat (a seat that can be used rear-facing or forward-facing) may face the front for a child **OVER** 1 year old AND **OVER** 20 pounds.



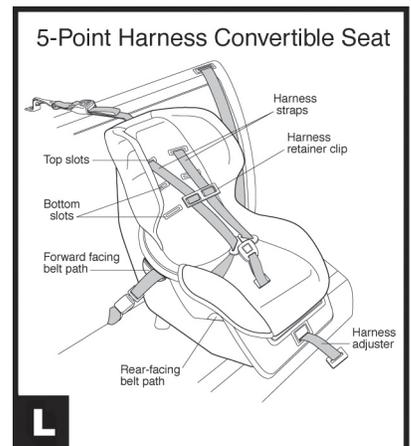
This vest requires use of a tether. The vehicle's safety belt goes through loops near the hips.



This combination child seat/booster is used with the harness (left) for younger children and with the vehicle's lap and shoulder belt (right) for older children. Remove the harness before using with the lap and shoulder belt. Check the manufacturer's instructions for weight limits.

Most toddlers and preschoolers (up to age 4) are not big enough or old enough for a belt-positioning booster seat. They need a full harness for upper body protection and to hold them in their seats. A full harness should be used as long as possible. **Follow the manufacturer's instructions and weight limit.**

For children 40 pounds or more who are too young or too active to sit still in a booster seat, or if a vehicle has only lap belts, use child restraints labeled for use over 40 pounds.



5-Point Harness Convertible Seat

USING FORWARD-FACING CHILD SAFETY SEATS

- When a child rides in a safety seat that faces forward, harness straps (L) must be at or above the child's shoulders.

Most convertible seats require use of the top-most slot for the forward-facing position. These slots are reinforced to prevent the seat from failing in a crash.

Check the manufacturer's instructions for the best and safest placement of the harness straps.

- Place the harness retainer clip (L) at armpit level. Check the instructions if the seat doesn't have a harness clip.
- Use the correct belt path (L) for the direction the seat is facing. Check the instructions and look for labels on the safety seat.

ALWAYS read and follow the child safety seat instructions and the vehicle owner's manual!

A Guide to Children's Dental Health



The road to a bright smile begins long before the first tooth breaks through the gum. Parents play a big part in helping their children develop healthy teeth. Early monitoring by a pediatrician is important. Regular care by a dental professional, getting enough fluoride, and eating right are all steps to good dental health. By following these steps and teaching them to your children, you can help your children grow up to have healthy teeth and winning smiles.

When do teeth start to form?

Teeth start forming under the gums even before a child is born. During pregnancy, a woman can get her child's teeth off to a healthy start by following her doctor's advice and eating a well-balanced diet. A child's first tooth generally breaks through the gum at about 5 or 6 months of age, but this can vary quite a bit. Some children already have a tooth when they are born. It may be a real tooth or an extra tooth. To find out, your pediatrician may have your child see a pediatric dentist. Other children may not get their first tooth until after 1 year of age.

What can I expect when my child starts teething?

When teething begins, your child's gum may be swollen in the spot where a tooth is about to break through. To ease the sensation of teething, you can give infants a one-piece teething ring or pacifier to suck on. (Teething rings and pacifiers made up of more than one piece may become unattached and may cause choking.) You should never give infants pacifiers that have been dipped in sweet liquids. Sugar from such liquids stays on the teeth and provides food for bacteria that can cause tooth decay.

When they are several months old, infants begin to produce more saliva than they are able to swallow, which causes them to drool. Also at about the same age they begin to put objects in their mouths and bite or chew on them. Drooling and chewing on objects (or rubbing them against the gum) are a natural part of an infant's development and may or may not signify teething.

Why are baby teeth important?

Baby teeth, or primary teeth, help children chew food, speak clearly, and retain space for their permanent teeth that start to come in at about 5 or 6 years of age.

It is important to get children into the habit of good dental care at an early age. Children who begin to take care of their teeth at a young age are more likely to have good dental habits as adults.

What is fluoride and why is it important?

Your toothpaste and drinking water may have fluoride in them, but you may not know what fluoride is or why it is important. Fluoride is a natural chemical that can be added to drinking water. It strengthens enamel, the hard outer coating on teeth. Enamel production occurs before teeth break through; so even before teeth actually appear, fluoride helps prevent decay. Fluoride also helps repair

early damage to teeth. The fluoride content of local water supplies varies. Water that has low levels of fluoride can be a problem for infants who get very little fluoride from breast milk or formula. Check with your local water department to find out the exact water-fluoride level in your area. Then talk with your pediatrician to see if your child needs additional fluoride. Infants who are not getting enough fluoride should start taking additional amounts at 6 months of age. These children should continue to take additional fluoride until they are at least 16 years old.

When should I start cleaning my child's teeth?

Daily dental cleaning should start as soon as your infant's first tooth appears. Wipe the teeth with a piece of gauze or a damp cloth. Switch to a toothbrush with a fluoride toothpaste as the child gets older. Fluoride in toothpaste absorbs into the tooth enamel and helps prevent tooth decay. Because children tend to swallow toothpaste, put only a small (pea-sized) amount of fluoride toothpaste on your child's toothbrush. Ingesting too much fluoride while brushing can result in bright white tooth staining (mottling).

Also check the teeth for early signs of decay. These appear as white, yellow, or brown spots on the teeth. Some children may develop decay in spite of the best preventive efforts. This may be because it runs in their family. Genetic influence also plays a role in a person's overall dental health.

Does thumb sucking hurt teeth?

Thumb sucking is normal in infants and young children and should cause no permanent problems if not continued past the age of 5. Likewise, it is harmless for infants to use pacifiers. Children who suck their thumbs past the age of 5 may need a referral to a pediatric dentist to determine if problems are developing.

Can putting children in bed with a bottle harm their teeth?

Infants put to bed with a bottle filled with milk or juice have a higher risk of developing "baby bottle tooth decay" or "nursing bottle decay." When these infants fall asleep, they can end up with a small pool of liquid in their mouths. The sugar in milk or juice creates a breeding ground for bacteria, which damage their teeth. This process may lead to severe decay. Toddlers who carry around and suck on a bottle filled with milk, juice, or other sugary liquids can also develop baby bottle tooth decay.

There are some steps parents can take to avoid baby bottle tooth decay:

- Do not put children to bed with a bottle.
- Do not use a bottle of milk or juice as a pacifier during the day. This means you should not let a child walk around with the bottle.
- Teach children to drink from a cup as soon as they are old enough to hold one. Most children can do this well before their first birthday.

Are there other eating habits that are bad for a child's teeth?

Sweets like candy or cookies can lead to tooth decay. Starchy foods such as crackers and sticky foods such as raisins, tend to stay on the teeth long. These foods are also more likely to lead to tooth decay. Sugar from fruits and fruit juices left on the teeth for long periods of time is also not healthy for teeth. Starches and fruits, however, are a necessary part of any child's diet. To avoid tooth decay, give children these foods only at mealtime (before the teeth have been brushed), not at bedtime. For healthy teeth, offer children a well-balanced diet with a variety of foods.

When should children be seen by a dentist?

Before the age of 3, your child's basic dental care can be handled by your pediatrician. During regular well-child visits, your pediatrician will check your child's teeth and gums to make sure they are healthy. However, if dental problems do arise, your pediatrician may refer your child to a dental professional. A pediatric dentist (pedodontist) specializes in the care of children's teeth, but some general dentists are interested in treating children's dental needs and will also see children.

Situations in which a pediatrician may wish to refer a child to a dental professional before age 3 include:

- If the child chips or injures a tooth or has an injury to the face or mouth.
- If the teeth show any signs of discoloration. This could be a sign of tooth decay.
- If a tooth is painful or is sensitive to hot or cold foods or liquids. This could also be a sign of decay.

Most mouth pain in children is not dental in origin. It could be a sign of infection. A pediatrician can rule out medical conditions that are not related to a child's dental health.

Prevention

Children should get regular dental checkups after age 3 or when all 20 baby teeth have come in. Parents might prefer to take their children to a pediatric dentist for these regular checkups. As previously noted, some children may need earlier visits to the dentist.

Regular dental checkups, a balanced diet, fluoride, injury prevention, and brushing are all important for healthy teeth. Starting children off with good dental habits now will help them grow up with healthy smiles.

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



Lead Poisoning in Children

What problems does lead cause?

High levels of lead in the body can cause problems with the brain, kidneys and bone marrow (the soft tissue inside bones). Symptoms of high lead levels can include belly pain, headaches, vomiting, confusion, muscle weakness, seizures, hair loss and anemia (a low red blood cell count).

Lower levels of lead in the body can also cause problems, like trouble paying attention, behavior problems, learning difficulties and a fall in the IQ of young children. (IQ stands for "intelligence quotient" and is one measure of how smart a person is.)

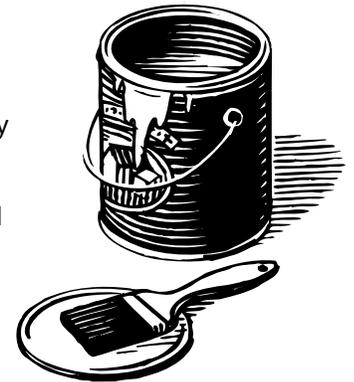
In what ways are children exposed to lead?

Lead is a heavy metal that is found naturally in the Earth's crust. It has historically been used in a number of household products.

More than 4% of children in the United States have lead poisoning. Rates of lead poisoning are higher in large cities and among people with low incomes.

The most common cause of lead poisoning today is old paint with lead in it. Lead has not been used in house paint since 1978. However, many older houses and apartment buildings (especially those built before 1960) have lead-based paint on their walls.

Toddlers explore their world by putting things in their mouths. Therefore, young children who live in older buildings are at especially high risk of getting lead poisoning. Children can get lead poisoning by chewing on pieces of peeling paint or by swallowing house dust or soil that contains tiny chips of the leaded paint from these buildings.



Lead can also be in air, water and food. Lead levels in the air have gone down greatly since lead was taken out of gasoline in the 1970s. Lead is still found in some old water pipes, although using lead solder to mend or put together water pipes is no longer allowed in the United States. Lead can also be found in food or juice stored in foreign-made cans or improperly fired ceramic containers.

How can I lower the risk that my child will get lead poisoning?

Here are some things you can do to lower your family's risk of lead poisoning:

- If you live in a house or an apartment built before 1978, ask your doctor about blood lead testing for your child and keep your child away from peeling paint. Peeling paint needs to be removed from all surfaces up to 5 feet above the floor. It is also a good idea to repaint the rooms to seal in the lead paint.
- If you're remodeling an old home, seal off the rooms that are being worked on. For example, put heavy sheets of plastic over doorways and windows of the work area.
- If there's a problem with lead poisoning in the area where you live, or if a lot of older houses in your neighborhood are being remodeled, have your family wipe their feet and take their shoes off before they come into your home. This will lower the chance of tracking soil with lead in it into your home.
- Wash your child's hands and face before meals.

To get more information about what else you can do to lower your family's exposure to lead, talk to your doctor or call your local health department (the number is in the phone book). Tell your doctor if you are concerned that your child may have been exposed to lead.

What will my doctor do if my child's blood has a high level of lead?

During regular well-child checkups for your baby, toddler or preschooler, your doctor will ask you questions to see if there is a chance that your child might get lead poisoning. The doctor might test your child's blood for lead.

If your child's blood lead level is above normal, your doctor will give you information on how you can lower your child's lead level. Your doctor will then test your child's blood lead level every few months until the level drops into the normal range.

Fortunately, only a small number of babies and children have high enough levels of lead in their blood that they need treatment. If your child's blood lead level is very high, your doctor will treat your child with medicine to lower the amount of lead in the blood.

If one or more of your children has high blood lead levels, your doctor will call your local health department. Persons from the health department can help by inspecting your home for old peeling paint and getting workers to remove the paint or cover it with new paint.

Dental Hygiene: How to Care for Your Child's Teeth

How can I best care for my child's teeth?

Good dental hygiene habits should begin before your child's first tooth comes in. Wiping your baby's gums with a soft damp cloth after feedings helps to prevent the buildup of bacteria. When teeth appear, start using a soft children's toothbrush twice a day.



Once your child is preschool-age, start using fluoride toothpaste. Don't cover the brush with toothpaste; a pea-sized amount is just right (see picture above). Young children tend to swallow most of the toothpaste, and swallowing too much fluoride toothpaste can cause permanent stains on their teeth.

What about using fluoride tablets?

Fluoride helps make teeth strong by hardening the tooth enamel. Many cities are required to add fluoride to tap water. If you live in an area where the tap water doesn't contain fluoride, your doctor may prescribe daily fluoride tablets when your child is about 6 months old. Fluoride is an important part of your child's dental health, but don't give him or her more than the directions call for. If you miss a dose, don't give your child extra fluoride to make up. Just as with swallowed toothpaste, too much oral fluoride can cause stains on your child's teeth.

What are cavities?

Cavities are holes that are formed when bacteria (germs) in your mouth use the sugar in food to make acid. This acid eats away at the teeth. Cavities are the most common disease in children. Good tooth care can keep cavities from happening in your child.

Is my child at risk for cavities?

Your child might be at risk for cavities if he or she eats a lot of sugary foods (such as raisins, cookies and candy) and drinks a lot of sweet liquids (such as fruit juice and punch, soda and sweetened drinks). Your child also might be at risk if he or she has any of the following risk factors:

- Was born early (prematurely) or weighed very little at birth (low birth weight)
- Has ongoing special health care needs
- Has white spots or brown areas on any teeth
- Does not go to the dentist very often

How can I help stop cavities?

Everyone in your family should take good care of their teeth. Family members with lots of cavities can pass the cavity-causing bacteria to babies and children.

Teeth should be brushed at least twice a day and adults should floss once a day. Everyone should see the dentist twice a year. Have your doctor or dentist show you the right way to brush your child's teeth.

Does diet affect my child's teeth?

Yes. Avoiding sweets, sticky foods and between-meal snacks is good advice. To avoid cavities, limit sweet snacks and drinks between meals. Have meals and snacks at regular times. Teeth-friendly snacks include fresh fruits and vegetables, and cheese and crackers.

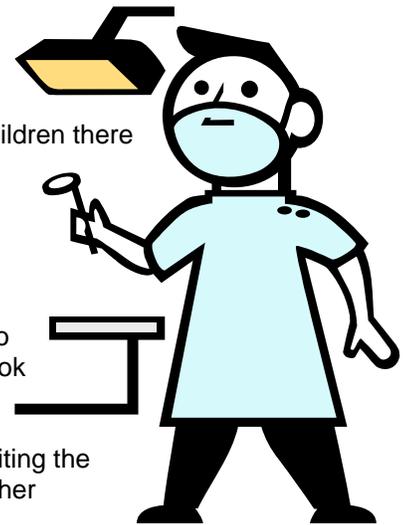
Baby bottles can create additional problems with your child's dental health. When liquid from a bottle--like milk and juice--stays in contact with the teeth for a long time, the sugars cause tooth decay. This can create a condition called bottle mouth. Your baby's teeth can develop cavities and become pitted or discolored. Never put a baby to bed with a bottle, unless it contains plain water. Don't let your child walk around during the day with a bottle, and teach your child to use a drinking cup around his or her first birthday.

Is thumb-sucking bad for my child?

It's normal for children to suck their thumbs, their fingers or a pacifier. Most children give up this habit on their own by age 4, with no harm done to their teeth. If your child still has a sucking habit after age 4, tell your dentist. Your dentist can watch carefully for any problems as the teeth develop. In most children there is no reason to worry about a sucking habit until around age 6, when the permanent front teeth come in.

When should I start taking my child to the dentist?

The American Dental Association recommends that parents take their child to a dentist around his or her first birthday. This gives the dentist a chance to look for early problems with your child's teeth. Pediatric dentists specialize in treating children's dental health. You and your child's dentist should review important information about diet, bottles, tooth brushing and fluoride use. Visiting the dentist from a young age will help your child become comfortable with his or her dentist. It also establishes the good habit of regular dental check-ups.



Lead

Lead is a metallic element found in the environment. Number 82 on the Periodic Table, lead's symbol, Pb is derived from the Latin Plumbum (lead). Lead is soft, malleable, solid, grayish and resistant to corrosion. However, lead is a known neurotoxin and carcinogen capable of harming all of the body's major systems and is particularly devastating to proper development in children under 6 years of age.

Lead enters the body through either ingestion or inhalation. Small children and pregnant women absorb 50% of the lead that enters their bodies. The lead that is absorbed travels through the blood stream and lodges in soft tissue such as the liver, kidney and brain. Most of the lead that enters our bodies is stored in our bones and teeth. Lead can remain in bone and teeth for over 30 years and can actually be released back into the blood stream during times of high stress such as pregnancy.

Lead can be found in paint used on residential interiors and exteriors until 1978, soil, water, old painted furniture and toys, imported ceramics, imported children's jewelry and numerous other sources.

Health Effects

Children are frequently poisoned by ingesting lead dust that has accumulated on their hands, fingers, toys, or clothing from lead hazard sources like floors and windowsills. It takes only small amounts of lead to harm a child.

There is no safe level of lead. Currently, the Centers for Disease Control acknowledges a level of 10 $\mu\text{g}/\text{dL}$ as the level of concern. Lead will continue to accumulate in a child's body as long as the child is exposed to lead hazards. Without detection, lead levels will continue to rise and if this continues untreated it creates greater and greater health complications.

Even at levels below 10 $\mu\text{g}/\text{dL}$, studies show that lead disrupts proper cognitive development and can result in lower IQ. Levels above 40 $\mu\text{g}/\text{dL}$ may require hospitalization (chelation therapy) and may put the child's life in risk.

Lead poisoned children rarely exhibit physical symptoms until lead levels are dangerously high. Symptoms like

- headache
- excessive sleeping
- irritability
- abdominal pains
- problems with balance and motor control

may be difficult to detect. The only way to know for certain if a child is being exposed to lead hazards is through a blood lead test.

Lead poisoning causes damage to the brain and nervous system as well as the heart and red blood cells resulting in:

- Learning Disabilities
- Lowered I.Q.
- Hyperactivity
- Attention Deficit Disorder

- Speech Delay
- Hearing Loss
- Slowed or Reduced Growth
- Behavioral Problems
- Violent or Aggressive Behavior

High Level Poisoning can result in: Severe Cognitive Disabilities, Coma and Death.

Even though medical treatment like chelation can reduce the amount of lead in a child's body, the damage done is irreversible. The harmful effects of lead poisoning are permanent. The ONLY cure is prevention.

Protect Your Family

Due to the harmful effects of lead on developing children, the best way to protect your child is to take some simple but important steps to prevent lead poisoning.

- 1. Get your child tested for lead.** The Coalition recommends testing children yearly from ages 1-6. Early detection means early intervention.
- 2. Wash your child's hands often.** Before eating or sleeping, thoroughly wash your child's hands to reduce the chance of lead dust entering their mouth. Also, clean your child's toys regularly, especially those used on the floor and on the ground.
- 3. Feed your child healthy foods.** Proper nutrition helps children grow and reduces the effects of lead. Feed children foods high in Iron, Calcium and Vitamin C.
- 4. Choose lead free housing.** When renting or purchasing a home, ask detailed questions about when the home was built (lead paint was used until 1978) and if the house has been inspected for lead. In older homes, choose homes or apartments with replacement (vinyl) windows.
- 5. Have your home made lead safe.** Hire a certified lead contractor or attend lead safe work practice trainings to make sure the work is done safely. Check for grants and loans to help pay some or all of the cost. The best way to prevent exposure is to remove lead hazards from your home.
- 6. Clean your home frequently and thoroughly.** Special cleaning techniques can reduce the amount of lead dust in your home. Especially after any renovation work that disturbs painted surfaces in homes built before 1978.

Finally, make sure your home is lead safe.

Safety For Your Child: 6-12 Months

Did you know that hundreds of children younger than 1 year die every year in the United States because of injuries — most of which can be prevented?

Often, injuries happen because parents are not aware of what their children can do. Your child is a fast learner and will suddenly be able to roll over, crawl, sit, and stand. Your child may climb before walking, or walk with support months before you expect. Your child will grasp at almost anything and reach things they could not reach before.

Falls

Because of your child's new abilities, he or she will fall often. Protect your child from injury. Use gates on stairways and doors. Install operable window guards on all windows above the first floor. Remove sharp-edged or hard furniture from the room where your child plays.

Do not use a baby walker. Your child will tip it over, fall out of it, or fall down the stairs in it. Baby walkers allow children to get to places where they can pull hot foods or heavy objects down on themselves.

If your child has a serious fall or does not act normally after a fall, call your doctor.

Burns

At 6 to 12 months children grab at everything. NEVER leave cups of hot coffee on tables or counter edges. And NEVER carry hot liquids or food near your child or while holding your child. He or she could get burned. Also, if your child is left to crawl or walk around stoves, wall or floor heaters, or other hot appliances, he or she is likely to get burned. A safe place for your child while you are cooking, eating, or unable to provide your full attention is the playpen, crib, stationary activity center, or buckled into a high chair.

If your child does get burned, put cold water on the burned area immediately. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth. Call your doctor for all burns. To protect your child from tap water scalds, the hottest temperature at the faucet should be no more 120°F. In many cases you can adjust your water heater.

Make sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.



Drowning

At this age your child loves to play in water. Empty all the water from a bathtub, pail, or any container of water immediately after use. Keep the door to the bathroom closed. NEVER leave your child alone in or near a bathtub, pail of water, wading or swimming pool, or any other water, even for a moment. Drowning can happen in less than 2 inches of water. Knowing how to swim does NOT make your child water safe at this age. Stay within an arm's length of your child around water.

If you have a swimming pool, now is the time to install a fence that separates the house from the pool. The pool should be fenced in on all 4 sides. Most children drown because they fall into a pool that is not fenced off from the house. Be prepared — install a fence around your pool now, before your child begins to walk!

Poisoning and Choking

Your child will explore the world by putting anything and everything into his or her mouth. NEVER leave small objects or balloons in your child's reach, even for a moment. Don't feed your child hard pieces of food such as hot dogs, raw carrots, grapes, peanuts, or popcorn. Cut all his or her food into thin slices to prevent choking.

Be prepared if your child starts to choke. Learn how to save the life of a choking child. Ask your doctor to recommend the steps you need to take.

Children will put everything into their mouths, even if it doesn't taste good. Many ordinary things in your house can be poisonous to your child. Be sure to keep household products such as cleaners, chemicals, and medicines up, up, and away, completely out of sight and reach. Never store lye drain cleaners in your home. Use safety latches or locks on drawers and cupboards. Remember, your child doesn't understand or remember "no" while exploring.

If your child does eat something that could be poisonous, call the Poison Help Line at 1-800-222-1222 immediately. Do not make your child vomit.

Strangulation and Suffocation

Place your baby's crib away from windows. Cords from window blinds and draperies can strangle your child. Tie cords high and out of reach. Do not knot cords together.

Plastic wrapping and bags form a tight seal if placed over the mouth and nose and may suffocate your child. Keep them away from your child.

And Remember Car Safety

Car crashes are still a great danger to your child's life and health. Most injuries and deaths caused by car crashes can be prevented by the use of car safety seats EVERY TIME your child is in the car. An infant must always ride in a rear-facing car safety seat in the back seat until he or she is at least 1 year of age and at least 20 pounds. A rear-facing car safety seat should NEVER be placed in front of a passenger air bag. Your child, besides being much safer in a car safety seat, will behave better so you can pay attention to your driving. The safest place for all infants and children to ride is in the back seat.

Do not leave your child alone in a car. Keep vehicles and their trunks locked. Death from excess heat may occur in a closed car in warm weather in a short time.

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

The information 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 the individual facts and circumstances.

