

Anticipatory Guide Twelve Months

FEEDING:

It is now okay to give your baby whole milk and stop the formula. Low-fat and non-fat milk should not be given at this age. If you have questions, talk to your physician. Most babies will take less milk than they did formula. They should drink at least two full bottles/cups a day, but no more than four bottles/cups of milk per day. Breast-feeding babies can also be started on whole milk, along with breast milk. Yogurt is good food for your baby.

It is not too early to think about weaning your baby off the bottle. Many babies are ready to use a “tippy cup.” There is no real need to force your baby to give up the bottle if your child is not yet ready. If you think your child is ready for the weaning, begin to put only plain water in the bottle. You can use a “tippy cup” for milk and juice. If your baby really wants the bottle for sucking and security, you should not take the bottle away. If only plain water is in the bottle, the baby will not like the bottle as much. In time your baby will leave the bottle alone. The baby should give up the bottle by 18 months.

It is important not to let your baby sleep with the bottle. The sugar in juice and milk may cause severe tooth decay if your baby sleeps sucking on the bottle with milk or juice. Your baby can eat most of the table foods you can eat by now. The food should be served so that your baby can eat them as finger foods or small enough to be eaten with a spoon. It is important that he/she be allowed to finger the food and try to feed him/herself. Babies are messy, so be prepared! Do not give peanuts, popcorn, raisins, or hard candy, foods that baby can choke on or accidentally inhale into his lungs. You will see changes in your child’s eating patterns. Sometimes your child will eat well and other times eat very little. This is normal because of changes in growth.

At the time baby changes over to whole milk, he/she will need a supplement vitamin with iron. Without the iron supplement, a baby may become anemic. Many foods have vitamin supplements and if your baby eats a balanced diet, he/she may receive all the nutrients he/she needs. Check with your physician if your baby needs fluoride drops.

TEETHING:

By now your baby may have several teeth. The average number of teeth at one year of age is six to eight. Some children don’t get their first tooth until fifteen months. When your child has teeth, you should begin brushing with a child-sized toothbrush and fluoride toothpaste. At four years of age, he can brush his own teeth with your help. His first dental checkup should come at three years of age. By this time, your child should have all of his baby teeth and this is a good time for him to become acquainted with the dentist.

TOILET TRAINING:

You should not start toilet training before your child is 18 months unless your baby shows a strong interest and gives you clear signals he/she is ready. Girls are usually trained before boys. Your child is ready when he/she can walk well. Your child may have a usual time that he/she has a bowel movement. Your child can let you know that he/she is uncomfortable. When your child has these skills, he/she is ready to begin toilet training.

SHOES:

Again, a soft sole shoe is best for your child's feet. Low cut, cheap tennis shoes produce as good a foot as expensive high hard-sole shoes.

As your child begins to walk, you may notice that his feet turn in. This provides him with added support and does not necessarily mean something is wrong with his feet. As children begin to walk, they tend to trip a great deal. Your child may fall or trip often, because he/she fails to look where he/she is going.

SAFETY:

Children are very active and curious at this age. Your baby will try to see, touch, and play with anything within reach. It is important that the baby have a safe area where he/she can explore his/her area. Watch open doors and stairs. Use gates to protect your child. Be aware of poisoning. Be aware of the danger from house plants, chemicals, and medicines. Have Syrup of Ipecac, the poison control phone number, and first aid kit on hand for accidents. The **Poison Control Center** phone number is **1-800-492-2414** or **410-706-7701**. Make your child's play area safe and interesting. Guard against scratches and bites from stray cats and dogs. Avoid hot water burns. Keep your water heater thermostat turned down to 120 degrees. Never leave a child alone in the tub or near any amount of water – even a pail or puddle of water.

GROWTH AND DEVELOPMENT:

The baby will learn to stand alone and later begin to take steps. Soon your baby will run with few falls by 24 months. His hand and finger control are improving with time. He/she can pick up small objects and feed himself.

SELF-ESTEEM:

Here are some simple steps to guide your child with a strong sense of his own worth. Build on your child's strengths. Catch him when he is doing something right and tell your child he/she is doing well. Tell your child "thank-you" when they are being helpful and listen to you. Everyone wants to feel they are OK. You will be letting your child know he/she is worthwhile and an important person. Encourage your child in learning a new task. Support your child in the right behavior and learning skills. Confidence is gained by doing, taking action and getting involved. Expose your child to new experiences. Your child will have more confidence. Praise your child when he/she succeeds. Children need to feel they are loved and able to do things well. When talking about your child, talk about his/her past successes. Start building your child's self-esteem now. It is the best gift you can give to your child and yourself.

IMMUNIZATIONS AND BLOOD TEST:

Your child may be due for a blood test for anemia and if he or she is black, a test for sickle cell anemia. You are entitled to know the results of all tests. Your one year old child may also need a TB skin test in the office. You will need to follow-up with your doctor on the results in two days.

Your child is due for vaccines (shots) and blood tests for lead poisoning for lead poisoning and anemia. Make sure to check with your doctor to see if your child's shots are up to date.

CHICKENPOX VACCINE

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 Why get vaccinated?

Chickenpox (also called varicella) is a common childhood disease. It is usually mild, but it can be serious, especially in young infants and adults.

- It causes a rash, itching, fever, and tiredness.
- It can lead to severe skin infection, scars, pneumonia, brain damage, or death.
- The chickenpox virus can be spread from person to person through the air, or by contact with fluid from chickenpox blisters.
- A person who has had chickenpox can get a painful rash called shingles years later.
- Before the vaccine, about 11,000 people were hospitalized for chickenpox each year in the United States.
- Before the vaccine, about 100 people died each year as a result of chickenpox in the United States.

Chickenpox vaccine can prevent chickenpox.

Most people who get chickenpox vaccine will not get chickenpox. But if someone who has been vaccinated does get chickenpox, it is usually very mild. They will have fewer blisters, are less likely to have a fever, and will recover faster.

2 Who should get chickenpox vaccine and when?

Routine

Children who have never had chickenpox should get 2 doses of chickenpox vaccine at these ages:

1st Dose: 12-15 months of age

2nd Dose: 4-6 years of age (may be given earlier, if at least 3 months after the 1st dose)

People 13 years of age and older (who have never had chickenpox or received chickenpox vaccine) should get two doses at least 28 days apart.

Chickenpox

3/13/08

Catch-Up

Anyone who is not fully vaccinated, and never had chickenpox, should receive one or two doses of chickenpox vaccine. The timing of these doses depends on the person's age. Ask your provider.

Chickenpox vaccine may be given at the same time as other vaccines.

Note: A "combination" vaccine called **MMRV**, which contains both chickenpox and MMR vaccines, may be given instead of the two individual vaccines to people 12 years of age and younger.

3 Some people should not get chickenpox vaccine or should wait

- People should not get chickenpox vaccine if they have ever had a life-threatening allergic reaction to a previous dose of chickenpox vaccine or to gelatin or the antibiotic neomycin.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting chickenpox vaccine.
- Pregnant women should wait to get chickenpox vaccine until after they have given birth. Women should not get pregnant for 1 month after getting chickenpox vaccine.
- Some people should check with their doctor about whether they should get chickenpox vaccine, including anyone who:
 - Has HIV/AIDS or another disease that affects the immune system
 - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer
 - Has any kind of cancer
 - Is getting cancer treatment with radiation or drugs
- People who recently had a transfusion or were given other blood products should ask their doctor when they may get chickenpox vaccine.

Ask your provider for more information.

4**What are the risks from chickenpox vaccine?**

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of chickenpox vaccine causing serious harm, or death, is extremely small.

Getting chickenpox vaccine is much safer than getting chickenpox disease. Most people who get chickenpox vaccine do not have any problems with it. Reactions are usually more likely after the first dose than after the second.

Mild Problems

- Soreness or swelling where the shot was given (about 1 out of 5 children and up to 1 out of 3 adolescents and adults)
- Fever (1 person out of 10, or less)
- Mild rash, up to a month after vaccination (1 person out of 25). It is possible for these people to infect other members of their household, but this is extremely rare.

Moderate Problems

- Seizure (jerking or staring) caused by fever (very rare).

Severe Problems

- Pneumonia (very rare)

Other serious problems, including severe brain reactions and low blood count, have been reported after chickenpox vaccination. These happen so rarely experts cannot tell whether they are caused by the vaccine or not. If they are, it is extremely rare.

Note: The first dose of **MMRV** vaccine has been associated with rash and higher rates of fever than MMR and varicella vaccines given separately. Rash has been reported in about 1 person in 20 and fever in about 1 person in 5. Seizures caused by a fever are also reported more often after MMRV. These usually occur 5-12 days after the first dose.

5**What if there is a moderate or severe reaction?****What should I look for?**

- Any unusual condition, such as a high fever, weakness, or behavior changes. Signs of a serious

allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

6**The National Vaccine Injury Compensation Program**

A federal program has been created to help people who may have been harmed by a vaccine.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at www.hrsa.gov/vaccinecompensation.

7**How can I learn more?**

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC website at: www.cdc.gov/vaccines



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

Vaccine Information Statement (Interim)
Varicella Vaccine (3/13/08) 42 U.S.C. §300aa-26

MEASLES, MUMPS & RUBELLA (MMR) VACCINES

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 Why get vaccinated?

Measles, mumps, and rubella are serious diseases.

Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

Mumps

- Mumps virus causes fever, headache, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and, rarely, death.

Rubella (German Measles)

- Rubella virus causes rash, mild fever, and arthritis (mostly in women).
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

You or your child could catch these diseases by being around someone who has them. They spread from person to person through the air.

Measles, mumps, and rubella (MMR) vaccine can prevent these diseases.

Most children who get their MMR shots will not get these diseases. Many more children would get them if we stopped vaccinating.

2 Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

- The first at **12-15 months of age**
- and the second at **4-6 years of age**.

These are the recommended ages. But children can get the second dose at any age, as long as it is at least 28 days after the first dose.

Some **adults** should also get MMR vaccine:

Generally, anyone 18 years of age or older who was born after 1956 should get at least one dose of MMR vaccine,

unless they can show that they have had either the vaccines or the diseases.

Ask your provider for more information.

MMR vaccine may be given at the same time as other vaccines.

Note: A “combination” vaccine called **MMRV**, which contains both MMR and varicella (chickenpox) vaccines, may be given instead of the two individual vaccines to people 12 years of age and younger.

3 Some people should not get MMR vaccine or should wait

- People should not get MMR vaccine who have ever had a life-threatening allergic reaction to gelatin, the antibiotic neomycin, or to a previous dose of MMR vaccine.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting MMR vaccine.
- Pregnant women should wait to get MMR vaccine until after they have given birth. Women should avoid getting pregnant for 4 weeks after getting MMR vaccine.
- Some people should check with their doctor about whether they should get MMR vaccine, including anyone who:
 - Has HIV/AIDS, or another disease that affects the immune system
 - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer.
 - Has any kind of cancer
 - Is taking cancer treatment with x-rays or drugs
 - Has ever had a low platelet count (a blood disorder)
- People who recently had a transfusion or were given other blood products should ask their doctor when they may get MMR vaccine

Ask your provider for more information.

4

What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting any of these three diseases.

Most people who get MMR vaccine do not have any problems with it.

Mild Problems

- Fever (up to 1 person out of 6)
- Mild rash (about 1 person out of 20)
- Swelling of glands in the cheeks or neck (rare)

If these problems occur, it is usually within 7-12 days after the shot. They occur less often after the second dose.

Moderate Problems

- Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

Severe Problems (Very Rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been known to occur after a child gets MMR vaccine. But this happens so rarely, experts cannot be sure whether they are caused by the vaccine or not. These include:
 - Deafness
 - Long-term seizures, coma, or lowered consciousness
 - Permanent brain damage

Note: The first dose of **MMRV** vaccine has been associated with rash and higher rates of fever than MMR and varicella vaccines given separately. Rash has been reported in about 1 person in 20 and fever in about 1 person in 5. Seizures caused by a fever are also reported more often after MMRV. These usually occur 5-12 days after the first dose.

5

What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever, weakness, or behavior changes. Signs of a serious

allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

6

The National Vaccine Injury Compensation Program

A federal program has been created to help people who may have been harmed by a vaccine.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at www.hrsa.gov/vaccinecompensation.

7

How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC website at: www.cdc.gov/vaccines



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Vaccine Information Statement (Interim)
MMR Vaccine (3/13/08) 42 U.S.C. §300aa-26

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mmr.pdf>

Guidelines on Disciplining Your Child

1. Your child needs your love more than anything else.
2. You should use discipline to teach rather than to punish your child.
3. You should not discipline your child before he or she is old enough to understand the reason for the punishment.
4. You should not punish your child for behavior that is part of normal development, such as accidents that occur during toilet training.
5. You should not punish your child for something that is accidental.
6. You and your partner should be consistent in the application of discipline.
7. You should explain to your child in language he or she can understand why the unacceptable behavior must be punished.
8. You should not deprive your child of essentials, such as food, as a form of punishment or subject your child to physical punishment.
9. You should make as few rules as necessary and make them simple to understand.
10. You should be a good role model for your child.

Time-Out Technique

1. When your child misbehaves, take your child to a quiet room. The place must be safe. A bedroom is often a good place for a time-out.
2. Tell your child that he or she must remain alone for a set period of time.
3. You should limit the time-out to one minute for each year of the child's age. For example, a three-year-old child should sit out no longer than for three minutes.
4. During the time-out, do not talk to your child.
5. After each time-out, you should welcome your child back into the family circle. It is important that you show your child that he or she has been forgiven.
6. For a time-out to be effective, there must also be a "time-in." Make sure that you and your partner regularly tell and show your child that he or she is loved.

This information provides a general overview on childhood discipline and may not apply in each individual case. Consult your physician to determine whether this information can be applied to your personal situation and to obtain additional information.

This handout is provided by the American Academy of Family Physicians.

Helping your child to love reading

“It is a great thing to start life with a small number of really good books which are your very own.”

—Sir Arthur Conan Doyle, 1908

Read aloud to your children. Start when they’re young, but don’t stop reading aloud when they can read themselves; make it a family ritual, a special time of day.

Fill your home with books. Buy them new or used; display them prominently, and let children read them all over the house—at the breakfast table (or any meals where family conversation doesn’t take priority), in the living room, in the bathroom.

Make your house comfortable for reading. Make sure there are good reading lights and, especially, make sure your child has a good bedside light.

Let your child see you reading. Show them, by example, that reading is a valuable way to spend leisure time.

Consider a family silent-reading period. This is when all members of the family read, separately, but at the same time.

Establish a bedside reading period. Give children the choice of going to sleep or staying up to read to themselves.

Join the public library and use it. Take family trips to the library. Look for library programs, author readings, and

special events that might interest children.

Take children to bookstores. Even if you can’t buy many new books, give children a chance to browse. Bookstore browsing can be addictive and gives children new ideas about the kind of books they can borrow from the library.

Encourage your children to write. Leave funny messages for your children and urge them to respond in kind. Let an older child use the computer to write to a friend. Join a pen-pal exchange. Give a beautiful journal notebook as a birthday present.

Let children choose their own books. At the library or bookstore, let children pick what they want. Everyone reads more eagerly when the choice has been his or her own.

Limit television. The Commission on Reading suggests 10 hours a week for school-age children. Watch along with your children and discuss what you see.

Subscribe to newspapers and magazines. Look for publications that match your child’s interests. Help children learn their way around a newspaper. Consider subscribing to a children’s magazine—children like getting mail. Here are some good ones:



Calliope (world history); *Cobblestone* (US history); *Faces* (world cultures); *Odyssey* (space, astronomy, physical sciences). Ages 8 to 14. Each issue built around a single theme. Cobblestone Publishing, 7 School St., Petersborough, NH 03458, 800-821-0115.

Cricket. Ages 9 to 14. Stories, games, poems.

Ladybug. Ages 2 to 6. Stories, songs, art—includes a special section for parents.

Spider. Ages 6 to 9. Stories, games, poems.

Cricket, *Ladybug*, or *Spider* can be ordered from PO Box 593, Mt. Morris, IL 61054-7667. 800-827-0227.

Dolphin Log. Ages 7 to 13. Published by the Cousteau Society, focuses on wildlife in the water. 870 Greenbrier Circle, Suite # 402. Chesapeake, VA 23320, 804-523-9335.

National Geographic World. Ages 8 to 14. Science, exploration of the world's natural history. PO Box 2118, Washington, D.C. 200136, 800-638-4077.

Owl. Ages 8 and older. Science, and great puzzles and games. 26 Boxwood Lane, Buffalo, NY 14227-9951, 800-387-4379.

Sesame Street. Ages 2 to 6. Familiar characters, basic skills with letters and numbers. PO Box 52000, Boulder, CO 80321-2000, 800-BIG-BIRD.

Sports Illustrated for Kids. Ages 8 to 14. Stories about professional and amateur athletes—for the child who may not read anything else. PO Box 830607, Birmingham, AL 35283-0607. 800-334-2229.

Zillions: Consumer Reports for Kids. Ages 8 to 14. Product evaluations, advice about money, and how to handle it. PO Box 5481, Boulder, CO 80322-4861, 800-288-7898.

Give your kids some guidance. Excellent guides for parents include:

Betsy Hearne: *Choosing for Children: A Commonsense Guide*. New York, Delacorte, 1990.

Mary Leonhardt: *Parents Who Love Reading, Kids Who Don't*. New York, Crown, 1993. A teacher's passionate argument for encouraging children to read whatever interests them. Excellent suggestions for books to tempt various kinds of non-reading kids.

Eden R. Lipson: *The New York Times Parent's Guide to the Best Books for Children*. New York, Times Books, 1991. Thoroughly annotated guide to books for different ages—a pleasure to browse through.

Parent's Choice: A Sourcebook of the Very Best Products to Educate, Inform and Entertain Children of All Ages. A consumer guide to children's books (and videos, tapes, and computer software). Kansas City, MO. Andrews & McNeel, 1993.

D. Taylor, D. S. Strickland: *Family Storybook Reading*. Portsmouth, NH, Heinemann, 1986.

Jim Trelease: *The New Read-Aloud Handbook*, New York: Penguin, 1989. An infectious enthusiastic book about reading aloud and its place in the home, the school, and the world. Contains excellent suggestions for read-aloud books for children of all ages.

*"I cannot live without books."
—Thomas Jefferson, 1815*

Baby Bottle Tooth Decay—

How to Prevent It

Proper dental care is a lifelong commitment that starts even before your baby's first tooth forms. While daily cleanings and fluoride are important, they alone may not prevent Baby Bottle Tooth Decay (BBTD), a major cause of tooth decay in infants. Baby Bottle Tooth Decay is costly to treat. If left untreated, however, it can quickly destroy the teeth involved. It also can lead to pain, infection, early loss of baby teeth, crooked permanent teeth, and an increased risk of decay in permanent teeth. When you consider the possible dental problems that can result from BBTD and the cost of treating those problems, it is best to prevent BBTD from developing in the first place.

How Does Baby Bottle Tooth Decay Develop?

Baby Bottle Tooth Decay can develop if your child's teeth and gums are in prolonged contact with almost any liquid other than water. This can happen from putting your child to bed with a bottle of formula, milk, juice, soft drinks, sugar water, sugared drinks, etc. Allowing your baby to suck on a bottle or breastfeed for longer than a mealtime, either when awake or asleep, also can cause BBTD.

When liquid from a baby bottle builds up in the mouth, the natural or added sugars found in the liquid are changed to acid by germs in the mouth. This acid then starts to dissolve the teeth (mainly the upper front teeth), causing them to decay. Baby Bottle Tooth Decay can lead to severe damage to your child's baby teeth and also can cause dental problems that affect your child's permanent teeth.

Why Are Baby Teeth Important?

Many parents assume that decay does not matter in baby teeth because the teeth will fall out anyway, but decay in baby teeth poses risks. If your child loses his baby teeth too early because of decay or infection, the permanent teeth will not be ready to replace them yet. Baby teeth act as a guide for the permanent teeth. If baby teeth are lost too early, the teeth that are left may shift position to fill in the gaps. This may not leave any room for the permanent teeth to come in.

What Can I Do to Prevent Baby Bottle Tooth Decay?

Take the following steps to prevent Baby Bottle Tooth Decay:

- Never put your child to bed with a bottle. By 7 or 8 months of age, most children no longer need feedings during the night. Children who drink bottles while lying down also may be more prone to getting ear infections.

- Only give your baby a bottle during meals. Do not use the bottle as a pacifier; do not allow your child to walk around with it or to drink it for extended periods. These practices not only may lead to BBTD, but children can suffer tooth injuries if they fall while sucking on a bottle.
- Teach your child to drink from a cup as soon as possible, usually by 1 year of age. Drinking from a cup does not cause the liquid to collect around the teeth, and a cup cannot be taken to bed. If you are concerned that a cup may be messier than a bottle, especially when you are away from home, use one that has a snap-on lid with a straw or a special valve to prevent spilling.
- If your child must have a bottle for long periods, fill it only with water.

Keeping your baby's mouth clean is also important in preventing tooth decay. After feedings, gently brush your baby's gums and any baby teeth with a soft infant toothbrush.

Start using water and a soft child-sized toothbrush for daily cleanings once your child has seven to eight teeth. By the time your toddler is 2 years of age, you should be brushing her teeth once or twice a day, preferably after breakfast and before bedtime.

Begin using a fluoride toothpaste when you are sure the toothpaste will not be swallowed (usually when your child is around 3 years of age). Use a pea-sized amount of toothpaste to limit the amount your child can swallow. Too much fluoride can be harmful to a child.

Detect Decay Early

Baby Bottle Tooth Decay first shows up as white spots on the upper front teeth. These spots are hard to see at first—even for a pediatrician or dentist—without proper equipment. A child with tooth decay needs to get treatment early to stop the decay from spreading and to prevent lasting damage to the teeth.

If you are concerned that your child may have BBTD, your pediatrician can refer you to a pediatric dentist who will carefully examine your child's teeth for signs of decay.

With the right balance of proper home and professional dental care, your child can grow up to have healthy teeth for a lifetime of 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.

American Academy
of Pediatrics



The American Academy of Pediatrics is an organization of 57,000 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
PO Box 747
Elk Grove Village, IL 60009-0747
Web site — <http://www.aap.org>

Copyright ©1995, Updated 9/98
American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



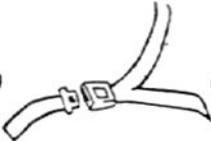
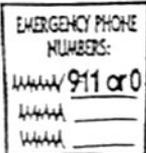
FAMILY SAFETY CHECK

HEY KIDS!



Help the National SAFE KIDS Campaign® Check ✓ America. Take this home, fill it out with grown-ups, and help keep your family safe.

YES NO

- | | | | |
|-----------|---|--------------------------|--------------------------|
| 1 | Our family buckles up  on every car ride. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 |  Our family wears bike helmets when bicycling. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Kids under 10 never cross streets alone. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Kids are always supervised in or near water. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Our home has working smoke detectors and we check the batteries monthly.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Our water heaters are set no higher than 120° F to prevent scald burns. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | If guns are in our home, they are kept unloaded and locked away. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 |  Kids are protected against falls from windows, stairs, furniture, and playground equipment. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Household cleaners, medicines, and vitamins are stored out of young kids' reach. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Our home has emergency numbers near telephones and first aid supplies.  | <input type="checkbox"/> | <input type="checkbox"/> |



This list is not comprehensive. It is meant to assist families in taking steps to prevent childhood injuries. Please see the reverse side for more safety tips. For additional information, write the National SAFE KIDS Campaign, 111 Michigan Ave., NW, Washington, DC 20010-2970. © National SAFE KIDS Campaign, CNMC.



FAMILY SAFETY CHECK



GROWN-UPS: Did you know that the #1 health risk for America's kids ages 14 and under isn't violence, drugs or disease? It's injuries. Each year, approximately 7,200 kids ages 14 and under are killed from unintentional injuries and 50,000 are permanently disabled. Fortunately, you can help protect your family from these needless tragedies with simple steps like the ones listed below.

TRAFFIC INJURIES (Items 1-3)



- Use a safety seat until your child outgrows it (through age 4 and 40 pounds). When your child is 40 to 60 pounds, use a booster seat. Follow manufacturer's instructions carefully.
- Wear bike helmets properly. A helmet should sit on top of your head in a level position and should not rock back and forth or from side to side. Always fasten the safety strap.
- Teach children to stop at the curb or edge of the road, and to look left, right, and left again for traffic before and while crossing the street.

DROWNINGS (Item 4)

- Install four-sided, five-foot high fencing with a self-closing and self-latching gate around your pool or spa. Use personal flotation devices in open bodies of water. Be aware that drownings can also happen in bathtubs, buckets, and toilet bowls.

FIRE AND BURNS (Items 5-6)

- Install smoke detectors in sleeping areas and on every level of your home. Replace batteries yearly. Plan and practice two fire escape routes.
- Keep hot foods and drinks away from kids. The water heater should be set no higher than 120° F. Test the water temperature before placing kids in the bathtub. Consider installing anti-scald plumbing.



FIREARM INJURIES (Item 7)

- Keep your guns unloaded and locked up. Lock and store bullets in a separate location.



FALLS (Item 8)

- Install stairway safety gates and window guards on windows that are not fire emergency exits. Ensure playgrounds have safe equipment and cushioned surfaces.

POISONINGS (Item 9)

- Buy child-resistant packaging, but remember this does not mean child-proof. Keep potentially poisonous substances and plants out of sight and reach of children.

EMERGENCY RESPONSE (Item 10)

- Post police, fire, poison control center, and medical services telephone numbers near phones. Store syrup of ipecac with first aid supplies.

