Infancy

Prenatal to 11 Months

Health Supervision: Prenatal Visit

Context

A prenatal visit is recommended for all expectant families as an important first step in establishing a child's medical home. Some parents use this opportunity to select a health care professional, and this first visit is about establishing a relationship. It provides an opportunity to introduce parents to the practice, gather basic information, provide guidance, identify high-risk situations, and promote parenting skills.[1,2] The prenatal visit is especially valuable for first pregnancies, single parents, families with high-risk pregnancies, pregnancy complications, multiple pregnancies, parents who anticipate health problems for the newborn, parents who have experienced a perinatal or infant death, and parents who are planning to adopt a child.

Optimally, the prenatal visit entails a full office visit during which the expectant parents have the opportunity to meet with the health care professional. Among issues for discussion are the newborn metabolic and hearing screenings, the anticipated timing of the newborn's discharge from the nursery, typical health care concerns for a newborn during the first week of life, newborn behaviors, practice guidelines, and the typical course of health supervision during the first year. During the prenatal visit, the parents and health care professionals also discuss the importance of a healthy diet for fetal development; identify any unique dietary concerns for the family, including the use of herbal or complementary products; and discuss the plan for infant feeding after birth. Breastfeeding promotion is a key aspect of this visit, in particular for expectant mothers who have not yet decided on a feeding method or who are unsure about the benefits or their ability to successfully breastfeed. The benefits of breastfeeding for the mother and baby can be emphasized, and parental questions or concerns about breastfeeding and breast milk can be addressed.

During the prenatal visit, the health care professional also is able to learn about the family constellation, the family's genetic history and health beliefs, the mother's health and wellness, including her mental health, life stressors, and support systems, and the couple's developmental adaptation to becoming parents. This visit also provides an opportunity to assess the family's preparations for the newborn's homecoming and potential safety concerns, identify potential resource needs, and determine the availability of support for the family at home and within the community.

The health care professional should reach out to the prospective parents, emphasizing the importance of each parent's role in the health, development, and nurturing of the child, and encouraging both parents and other important caregivers to attend subsequent health supervision visits if possible.

Before their baby's birth, many parents do not meet their baby's health care professional in a full prenatal office visit. However, a practice may use alternative strategies to obtain information, such as group prenatal visits, a prenatal/family history completed by the parents, or telephone contact, once the parents have decided to use the practice for their primary care and medical home.

Priorities for the Visit

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Family resources (family support systems, transition home [assistance after discharge], family resources, use of community resources)
- Parental (maternal) well-being (physical, mental, and oral health; nutritional status; medication use; pregnancy risks)
- Breastfeeding decision (breastfeeding plans, breastfeeding concerns [past experiences, prescription or nonprescription medications/drugs, family support of breastfeeding], breastfeeding support systems, financial resources for infant feeding)
- Safety (car safety seats, pets, alcohol/substance use [fetal effects, driving], environmental health risks [smoking, lead, mold], guns, fire/burns [water heater setting, smoke detectors], carbon monoxide detectors/alarms)
- Newborn care (introduction to the practice, illness prevention, sleep [back to sleep, crib safety, sleep location], newborn health risks [hand washing, outings])

Health Supervision

History

Interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

- How has your pregnancy gone so far? What are similarities and differences from what you expected? From previous pregnancies? Did you have a prenatal ultrasound and were any problems noted?
- What questions do you or other family members have about your baby after you deliver? Are there any concerns about the health of your baby?
- What have you heard about the purpose/intent of routine child health care? Immunizations?
- What do you think might be the most delightful aspect of being a parent? What do you think might be the most challenging aspect of being a parent?

Observation of Parent-Child Interaction

During the visit, the health care professional should observe:

- Who asks questions and who provides responses to questions? (Observe parent with partner, other children, other family members accompanying mother.)
- Verbal and nonverbal behaviors/communication among family members indicating support, understanding, or differences of opinion/conflicts.

Surveillance of Development

What have you heard about what newborns can do at birth? What would you like to know about what newborns can do at birth?

SOCIAL-EMOTIONAL

- Newborns are able to smell (especially breast milk), hear their parents' voices, see about 7 to 8 inches (eg, they can see their parent's face when being held), and respond to different types of touch (soothing touch and alerting touch).

COMMUNICATIVE

- Newborns communicate through crying and through behaviors such as facial expressions, body movements, and movement of their arms and legs. Initially, these behaviors may seem random, but, gradually, it will be possible to understand this early nonverbal language.

COGNITIVE

- Newborns learn to anticipate and trust their world through their parents' consistent and predictable caregiving (eg, through feeding and sleep patterns).

PHYSICAL DEVELOPMENT

- For the first months of life, newborns learn to live in a world that is very different from the womb. In the womb, they had a dark environment and felt swaying movements when their mother walked. They were used to a small space where their movements were restricted and they heard the constant swishing sounds of the placenta and their mother's heartbeat. During the first month of life, learning to suck, swallow, and breathe while eating, learning some pattern of sleeping, and learning to control their movements are all important steps in their physical development.

Physical Examination

Not applicable

Screening

Discuss the purpose and importance of the newborn screening tests (metabolic screening and hearing screening) that will be done in the hospital before the baby is discharged. Explain that the hospital, state health department, and the health care professional provide the results of these tests and follow up if any problems exist.

Inquire about prenatal screening (eg, HIV).

Immunizations

Discuss routine initiation of immunizations, including state-specific recommendations for immunization before discharge.

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.
CDC National Immunization Program (NIP): http://www.cdc.gov/vaccines
American Academy of Pediatrics *Red Book*: http://www.aapredbook.org

ANTICIPATORY GUIDANCE

The following sample questions, which address the Infancy Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family.

FAMILY RESOURCES

Family support systems, transition home (assistance after discharge), family resources, use of community resources

Inquire about other children and older family members, family routines, and relationships. Anticipatory guidance regarding the infant's health and safety will vary, based on the specific cultural traditions of the family.

SAMPLE QUESTIONS:

Tell me about yourself and your family. Are there other children in your home? How old are they?

ANTICIPATORY GUIDANCE:

- Parents need a support network, whether with friends or family members or through community programs.
- The information you share with me about your family traditions and your sources of support and assistance will help my professional relationship with you and your family and help us in medical decision making.
- After the baby is born and, over time, you'll find yourself weighing information from your family, friends, or the Internet with information from me and other health care professionals and your own beliefs. I can help you find a balance that is comfortable for you and that ensures the health of your baby.

Obtaining a 3-generation family health history is an important component of the prenatal visit. This will provide information about family members with learning disabilities, hearing loss, inheritable conditions, physical or psychiatric conditions, or mental retardation that may be critical to understanding the family and potential future problems in the newborn.

A family's health beliefs and use of any complementary and alternative health practices need to be examined and, if safe, considered for incorporation into the child's health care plan.

SAMPLE QUESTIONS:

Are there any special family health concerns that I should know about to better care for your baby and family? What health practices do you follow to keep your family healthy? Where do you get information when you have questions about health issues or caring for a child? How do you prefer to receive information?

ANTICIPATORY GUIDANCE:

- Knowing the health of all your family gives me additional information about your baby's health needs.
- Recognizing your family values, health beliefs, health practices, and learning styles will allow me to better answer your questions about the care of your baby.

Discuss with the mother her support systems at home.

SAMPLE QUESTIONS:

Who will be helping you take care of the baby and you when you go home from the hospital? How will you respond to your other children's needs? Are you working outside the home or attending school now? Who do you go to for help when you need a hand? Do you have friends or relatives that you can call on for help? Who are they? Do they live near you? How are decisions made in your family? Is there anyone that you rely on to help you with decisions? Is there anyone that you want me to include in our discussions about the baby?

ANTICIPATORY GUIDANCE:

- It is hard to provide care to several children at once, especially knowing and understanding the unique needs of each child.
- Understanding age-related aspects of care and strategies to meet these needs will be an important part of helping you meet the needs of your children.

Suggest community resources that help with finding quality child care, accessing transportation or getting a car safety seat, or addressing issues such as financial concerns, inadequate resources to cover health care expenses, inadequate or unsafe housing, limited food resources, parental inexperience, or lack of social support.

SAMPLE QUESTIONS:

Tell me about your living situation. Do you have:

- *Enough heat, hot water, and electricity?*
- *Appliances that work?*
- *Problems with bugs, rodents, peeling paint or plaster, or mold or dampness?*

How are your resources for caring for your baby? Do you have:

- *Enough knowledge to feel comfortable in caring for your baby?*
- *Health insurance?*
- *Enough money for food, clothing, diapers, and child care?*

ANTICIPATORY GUIDANCE:

- Community agencies are available to help you with concerns about your living situation. Public health agencies are often the best place to start because they work with all types of community agencies and family needs. Think about contacting them for help.

PARENTAL (MATERNAL) WELL-BEING

Physical, mental, and oral health; nutritional status; medication use; pregnancy risks

Mothers should be reminded about the importance of taking a prenatal vitamin, as it contains folic acid in an amount sufficient to protect against neural tube defects, as well as the importance of a balanced diet. Mothers at increased risk of having babies with neural tube defects and other birth defects, and women with a variant of the MTHFR gene (this variant increases the risk of neural tube birth defects), should discuss the optimal dose with their obstetric care professionals.

Each year, about 1 in 12 pregnant women are battered by their intimate partner. Homicide is the leading cause of death for pregnant and recently pregnant women. When inquiring, avoid asking about "abuse" or "domestic violence." Instead, use descriptive terms, such as hit, kicked, shoved, choked, and threatened. Provide information on the impact of domestic violence on the fetus and children and the community resources that provide assistance. Recommend resources and support groups.

Reinforce compliance with recommended prenatal care and encourage the mother to share her concerns with her obstetrician or other health care professional. If the patient is a pregnant teen or new to the practice and seeking care for another child, reinforcing the importance of early and appropriate prenatal care may be necessary if she is not receiving prenatal care. If she has not already been tested for HIV during this pregnancy or if she does not know her HIV status, encourage her to seek counseling for HIV testing.

SAMPLE QUESTIONS:

How has your pregnancy been going? What have you been doing to keep yourself and your baby healthy during your pregnancy?

Do you always feel safe with your partner? Has your partner or ex-partner ever hit, kicked, or shoved you or physically hurt you in any way? Has he or she ever threatened to hurt you or someone close to you? Do you have any questions about your safety at home? What will you do if you feel afraid? Do you have a plan? Would you like information on where to go or who to contact if you ever need help?

Are you aware of your HIV status?

ANTICIPATORY GUIDANCE:

- It is important to maintain your own health by going to all your prenatal care appointments, getting enough sleep, regular activity, and exercise, as well as eating a healthy diet with an appropriate weight gain. It also is important to maintain good oral health care and to make sure that you get regular dental checkups.
- One way that I and other health care professionals can help you if your partner is hitting or threatening you is to support you and provide information about local resources that can help you.

- All mothers should know their HIV status because early treatment for themselves, and particularly for their baby, is so important. At this time, HIV testing is voluntary for the mother, but, in some locations, it may be mandatory for your baby if your status is unknown. If you do not know your status already, we recommend that you get tested, because proper treatment before, during, and after delivery can protect your baby from transmission.

SAMPLE QUESTIONS:

Are you taking any medicines or vitamins at the present time? Are you using any prescription or OTC medications or pain relievers? Have you used any health remedies or special herbs or teas to improve your health since you have been pregnant? Is there anything that you used to take but stopped using when you learned that you were pregnant?

ANTICIPATORY GUIDANCE:

- To understand how it may affect your baby, it is important to know what OTC medication or herbal product you are taking.

Discuss the parents' feelings about the pregnancy and gauge whether disagreements or conflicts in the parents' relationship are likely to be a problem. Suggest community sources of help if appropriate.

SAMPLE QUESTIONS:

How do you feel about your pregnancy? What has been the most exciting aspect? What has been the hardest part? Pregnancy can be a stressful time for expectant families; do you have any specific worries? How have you been feeling physically and emotionally? Is this a good time for you to be pregnant? How does your family feel about it? Is it a wanted pregnancy by the mother? By the father? Is your pregnancy a source of marital discord? Was abortion or adoption ever considered? If this is not a wanted pregnancy, what are the reasons (eg, wrong timing, feeling that it deprives an older sibling, mother-father marital problems, financial concerns, housing concerns, mother's wish to go back to school or work, never wanted children, insecurity about parenting)?

What works in your family for communicating with each other, making decisions, managing stress, or handling emotions?

ANTICIPATORY GUIDANCE:

- Availability and use of social (family and friends) and community support are important considerations in the first few days after you get home with your new baby.
- If you and your partner disagree a lot or have many conflicts, consider contacting community resources that can help you work out these difficulties. It is important to work on resolving differences or conflicts because of the stress it may cause. Resolving these problems also can help you be emotionally ready for the baby's birth.
- If you would like, I can suggest readings, relationship classes, or adult classes that may be helpful. Pregnancy is a time of personal growth and learning about yourself and your partner. Programs for this type of support are available in most communities.

BREASTFEEDING DECISION

Breastfeeding plans, breastfeeding concerns (past experiences, prescription or nonprescription medications/drugs, family support of breastfeeding) breastfeeding support systems, financial resources for infant feeding

Feeding guidance will be based on the mother's plan for feeding her baby (ie, breastfeeding, formula feeding, or a combination of both) and any perceived barriers or contraindications to breastfeeding. The prenatal visit is a perfect opportunity to address any concerns parents have about breastfeeding their newborn, provide information, and dispel any myths the parents may have heard. A woman's knowledge about newborn feeding is significantly linked with a decision to breastfeed. The major reasons women report for choosing not to breastfeed include lack of information about the benefits of breastfeeding, returning to work, restrictions on breastfeeding at work, embarrassment, fear of feeling tied down, and family influences. Maternal history of breast surgery or implants or past breastfeeding concerns may need in-depth discussions, and a lactation consultant may be a resource to provide support and answer these questions.

Mothers with a strong family history of allergies need to understand that their babies may benefit from breastfeeding through the first year of life.

Mothers who are considering combining breastfeeding and formula-feeding should be counseled to wait until lactation is well established (usually 2 to 4 weeks) before introducing formula. Discuss the benefits of exclusive breastfeeding and breastfeeding duration.

Ultimately, the decision is up to the mother (parents), and the health care professional should respect the decision and also allow for the mother to change her mind by the time the baby arrives.

SAMPLE QUESTIONS:

What are your plans for feeding your baby? What have you heard about breastfeeding? Do you have questions about breastfeeding that I can answer for you? What kinds of experiences have you had feeding babies? Did you breastfeed your other children? How did that go? Do you have concerns about these experiences that we should talk about if they will affect the new baby? Do you have any concerns about having support for breastfeeding, privacy, having enough breast milk, or changes in your body? Have you had any breast surgery? Do you or does anyone in your family have a history of food allergy or intolerance? Have you attended any classes that taught you how to nurse your baby? Do you know anyone who breastfeeds her baby? Did any of your family or friends breastfeed? Would you be able to get help from them as you are learning to breastfeed? Will they support your decision?

ANTICIPATORY GUIDANCE:

- Successful breastfeeding begins with knowledge and information about breastfeeding. Prenatal classes through local hospitals can be very helpful for new parents. In addition, many communities have lactation consultants and nurses who are available to assist with breastfeeding. Having these resources available helps you be comfortable with breastfeeding and can help you get off to a good start.

- Begin breastfeeding as soon as possible after the baby is born. Start in the delivery room if you can.
- Breastfeeding exclusively for about the first 6 months of life, and then combining it with solid foods from 6 to 12 months of age and for as long after that as you and the baby want, provides the best nutrition and supports the best possible growth and development.

Share information about the known effects for an expectant mother of any drugs, medications, or herbal or traditional health remedies. If the mother is planning on breastfeeding, provide information about the safety of continued medication or herbal use while breastfeeding. (Many herbal teas contain ephedra and other substances that may be harmful to the baby.)

The mother also should consult with her obstetrician or other health care professional about any OTC medications or herbal/traditional products that she is using.

SAMPLE QUESTIONS:

Are you taking any prescribed or OTC medications now or have you taken any in the past? Have you used any special or traditional health remedies to improve your health since you have been pregnant? Do you drink alcohol, any special teas, or take any herbs? Is there anything that you were taking but stopped using when you learned that you were pregnant?

ANTICIPATORY GUIDANCE:

- Because some medications, herbs, or, especially, alcohol can be passed into breast milk, it is important to know what these might be so that you can be advised appropriately when you are breastfeeding.

Most mothers are able to successfully breastfeed their babies. Babies with conditions that make breastfeeding challenging may still be breastfed and benefit greatly from appropriate breastfeeding consultation and close monitoring. Babies who have a very low birth weight or have special health care needs particularly benefit from expressed breast milk if they are unable to breastfeed from their mother.

Describe actions the other parent or caregiver can take to support breastfeeding, including cuddling, bathing, and diapering the baby. Family members, significant others, or friends should be included in breastfeeding education. Share options for engaging family members in the care of both the mother and baby. Provide information about community resources if the mother does not have an adequate, positive family and friend support network.

Emphasize the need for a follow-up visit within 48 hours of discharge at the health care professional's office, with someone who is knowledgeable about breastfeeding, to check on the baby's feeding, weight, and how the mother is doing and whether she has any questions or concerns. Other options for breastfeeding follow-up may include a visit by a home health nurse, if this is covered by insurance, or by a public health nurse. Provide parents with specific information about who they may contact with questions. Encourage parents with phrases such as, "From our discussion, it seems you are going to do very well with breastfeeding."

SAMPLE QUESTION:
Do you know how to contact support groups or lactation consultants?

ANTICIPATORY GUIDANCE:
- Resources for help with breastfeeding are available through the hospital, lactation consultants, and some public health programs.

For babies who are unable to breastfeed or tolerate expressed breast milk (classic galactosemia), or parents who choose not to breastfeed, parents need to understand that iron-fortified formula is the recommended alternative for feeding the baby during the first year of life.

Families need to understand the rationale for iron fortification, that iron-fortified formulas are well tolerated, and that studies show that iron-fortified formulas do not cause constipation. They also need to understand the importance of formula selection to best meet their baby's needs, and why changes in the types of formulas should be guided by the baby's health care professional, along with the parent.

Encourage parents to discuss choice of formula and any proposed changes in formula with their pediatric health care professional. Review steps for preparing formula and reinforce the need to carefully read the directions on the cans. Mixing directions differ among powdered formulas. Provide written information about the importance of food safety with formula, including heating and cleaning bottles and nipples.

SAMPLE QUESTIONS:
What have you read or heard about the different infant formulas (eg, iron-fortified, soy, lactose-free, and others)? Would you like some guidance about choosing an appropriate formula for your baby? How do you plan to prepare the formula? What have you heard about formula safety? Do you have any other questions about formula feeding?

ANTICIPATORY GUIDANCE:
- If you are unable to breastfeed or choose not to breastfeed your baby, iron-fortified formula is the recommended substitute for breast milk for feeding your full-term baby during the first year of life.

Parents may need referrals about resources for community food or nutrition assistance programs for which they are eligible (eg, Commodity Supplemental Food Program, Food Stamp Program, or WIC), and housing or transportation if needed. WIC provides nutritious foods for children, foods for mothers who breastfeed, nutrition education, and referrals to health and other social services. Mothers who choose to breastfeed can receive breast pumps or breastfeeding supplies and support through peer counselors. WIC continues to provide food after delivery to mothers who breastfeed.

SAMPLE QUESTIONS:
Are you concerned about having enough money to buy food or infant formula? Would you be interested in resources that would help you afford to care for you and your baby?

ANTICIPATORY GUIDANCE:

- Programs and resources are available to help you and your baby. You may be eligible for food, nutrition, and/or housing or transportation assistance programs. Several food programs, such as the Commodity Supplemental Food Program and the Food Stamp Program, can help you. If you are breastfeeding and eligible for WIC, you can get nutritious food for yourself and support from peer counselors.

SAFETY

Car safety seats, pets, alcohol/substance use (fetal effects, driving), environmental health risks (smoking, lead, mold), guns, fire/burns (water heater setting, smoke detectors), carbon monoxide detectors/alarms

The type of transportation the family uses will determine counseling about car safety seats. Many families rely on other family members or friends for transportation and may not be familiar with car safety seat information. The family members' use of safety belts will help determine their level of knowledge about the need for a car safety seat for their child. The family must obtain a car safety seat and learn how to install it properly before the birth, so this visit is a good opportunity to review this information.

Special considerations should be made for evaluating newborns with special health care needs to determine the safest method of transportation at hospital discharge. Newborns with documented oxygen desaturation, apnea, or bradycardia when in a semi-upright position should travel in a supine or prone position, using an alternative safety device. If an apnea monitor is prescribed, it should be used during travel. The monitor and any additional equipment in the car should be secured to prevent it from becoming a projectile in a collision. The newborn should be properly positioned in the car safety seat, and rolled towels or diapers may be used for postural support. The newborn should be visible to an adult passenger, either directly or through the rearview mirror. A mirror that attaches to the car safety seat or vehicle seat should not be used because it can become a projectile in a crash.

Child Safety Seat Inspection Station Locator: www.seatcheck.org. Toll-free Number: 866-SEATCHECK (866-732-8243).

The parents' own safe driving behaviors (including using safety belts at all times and not driving under the influence of alcohol or drugs) are important to the health of their children. The use of safety belts during pregnancy is especially critical.

Questions about proper installation should be referred to a certified Child Passenger Safety Technician in the community.
Child Safety Seat Inspection Station Locator: www.seatcheck.org
Toll-free Number: 866-SEATCHECK (866-732-8243)

SAMPLE QUESTIONS:

Does everyone in the family use a safety belt every time they ride in the car?

What type of car safety seat do you have for the baby? Have you tried installing it?

ANTICIPATORY GUIDANCE:

- Using a safety belt during pregnancy is the best way to protect you and your unborn baby, even if your vehicle has an air bag. Wear the lap belt across your hips/pelvis and below your belly; place the shoulder belt across your chest between your breasts and away from your neck; and move your seat as far away from the steering wheel as you can.
- Make sure you bring your newborn home from the hospital in an infant-only car safety seat, or a convertible car safety seat without an armrest or shield, as these provide the best protection for newborns. Both are installed rear facing in the back seat of the vehicle.
- Even if you do not own a vehicle, you should still have a car safety seat for your child and know how to install it when you are riding in a taxi or in someone else's vehicle.
- Learn how the harnesses are adjusted and how to install the seat in your vehicle. You can get help from a local certified Child Passenger Safety Technician.
- Never put a rear-facing car safety seat in the front seat of a vehicle that has a passenger air bag, because air bags deploy with great force against a car safety seat and cause serious injury or death.

Pet guidance is based on the specific animals in the home (eg, domestic and exotic birds, cats, dogs, reptiles, or monkeys). Discussion points may include the need for maintaining physical separation of the pet from the child, introducing the pet to the new baby, avoiding contact with animal waste, the importance of hand washing, and limiting indoor air contamination with animal dander or waste products.

SAMPLE QUESTIONS:

Do you have any pets at home or do you handle any animals? If you have handled cats, have you ever been tested for antibodies to toxoplasmosis?

ANTICIPATORY GUIDANCE:

- Pets may be dangerous for infants and young children. Learn about the risks that may occur with your pets and determine the best method of protecting your baby.
- Talk to your own health care professional about getting tested for toxoplasmosis.

If the mother acknowledges alcohol use during pregnancy, discuss the concerns of both FAE and FAS to the developing fetus. Both FAE and FAS impair a child's lifetime ability to function mentally, physically, and socially. Fetal alcohol exposure, including the timing during the pregnancy, quantity, and duration, is important to document for future diagnosis of FAE or FAS. The pregnant woman should be advised to stop drinking and referred for additional counseling if needed.

If the mother acknowledges drug or alcohol use, also discuss state- and hospital-specific policies related to Child Protection referrals and practices related to child custody.

Based on the newborn's clinical findings at birth and state-specific policy, the newborn will need referral to either the state Child Find or Early Intervention Program after birth.

Referrals to community social service agencies and drug treatment programs can be provided if the mother is not already linked to these services.

SAMPLE QUESTIONS:

How much alcohol did you use before you knew you were pregnant? When did you find out you were pregnant? How much alcohol have you used since then? Do you, or does anyone you ride with, ever drive after having a drink? Does your partner use alcohol? What kind and for how long? Have you or your partner used any drugs either before or during the pregnancy? What kind and for how long?

ANTICIPATORY GUIDANCE:

- The reason we are concerned about a pregnant mother's use of alcohol or drugs is because of the effects on the baby's mental, physical, and social development. We know that a mother's alcohol or drug use affects her unborn baby and we have no way to know whether any alcohol is safe. Therefore, our recommendation is that women not drink alcohol while they are pregnant. If you are drinking alcohol, we encourage you to stop.
- If you need help with alcohol or drug use, some community agencies help women during their pregnancy as well as after their baby arrives so that they can safely care for their baby and themselves.

Smoking cessation national triage: 1-800-QUITNOW

Address how smoking affects the baby, including increasing the risk of low birth weight, preterm delivery, premature rupture of the membranes, placental abruption, SIDS, asthma, acute otitis media and middle ear effusion, and respiratory infections. Provide smoking cessation strategies and make specific referrals. Consider the safety of various treatments during pregnancy for patients who are committed to smoking cessation.

1-800-QUITNOW is a national telephone triage and support service that is routed to local resources. Health care professionals also may investigate what is available in their own communities, through their hospitals and health departments and through Internet-based resources such as the American Cancer Society (www.cancer.org) or the American Lung Association (www.lungusa.org).

SAMPLE QUESTIONS:

Have you smoked during this pregnancy? Does anyone else in your home smoke? Have you thought about cutting down now that you are pregnant? Have you been able to cut down the daily number of cigarettes? Do you know where to get help with stopping smoking?

ANTICIPATORY GUIDANCE:

- A smoke-free environment, in your car, home, and other places where your baby spends time, is important. Smoking affects the baby by increasing the risk of SIDS, asthma, ear infections, and respiratory infections.

Explain the risks of dampness, mold, and lead and discuss strategies for minimizing these risks.

SAMPLE QUESTION:

Some homes may have health risks that may affect your baby. Are you aware of any health concerns in your family related to your home due to dampness, mold, or lead?

ANTICIPATORY GUIDANCE:

- Molds are often found in homes that have leaking water or dampness that does not dry out, such as in showers or humidifiers that have not been regularly cleaned. It is important to keep such areas as clean and as dry as possible. Cleaning includes using a solution of 1 part bleach and 4 parts water and allowing the area to dry overnight. If the area cannot be cleaned, it is important to remove the materials to prevent the release of spores that can cause illnesses.
- Lead can be found in the paint of older homes (built before 1978), pottery and pewter, folk medicines, insecticides, industry, and hobbies, as well as other sources. Lead is toxic and it is important to be aware of any sources of lead in your home to prevent lead exposure for your family.

The hottest water temperature at the faucet should be no higher than 120°F.

Discuss gun safety in the home and the danger to family members and children. Homicide and suicide are more common in homes in which guns are kept. The AAP recommends that guns be removed from the places children live and play, and that, if it is necessary to keep a gun, it should be stored unloaded and locked, with the ammunition locked separately from the gun.

SAMPLE QUESTIONS:

Do you keep guns at home? Are they unloaded and locked? Is the ammunition locked and stored separately? Are there guns in the homes where you visit, such as the homes of grandparents, other relatives, or friends?

ANTICIPATORY GUIDANCE:

- Homicide and suicide are more common in homes that have guns. The best way to keep your child safe from injury or death from guns is to never have a gun in the home.
- If it is necessary to keep a gun in your home or if the homes of people you visit have guns, they should be stored unloaded and locked, with the ammunition locked separately from the gun.

Discuss other home safety precautions with parents.

SAMPLE QUESTION:

What home safety precautions have you taken for newborns and children?

ANTICIPATORY GUIDANCE:

- To protect your child from tap water scalds, the hottest temperature at the faucet should be no higher than 120ºF. In many cases, you can adjust your water heater.

- Milk and formula should not be heated in the microwave because they can heat unevenly, causing pockets of liquid that are hot enough to scald your baby's mouth.
- Make sure you have a working smoke detector on every level of your home, especially in the furnace and sleeping areas. Test the detectors every month. It's best to use smoke detectors that use long-life batteries, but, if you don't, change the batteries at least once a year. Plan several escape routes from the house and conduct home fire drills.
- Install a carbon monoxide detector/alarm, certified by UL, in the hallway near every separate sleeping area of the home.

NEWBORN CARE

Introduction to the practice, illness prevention, sleep (back to sleep, crib safety, sleep location), newborn health risks (hand washing, outings)

Practice guidelines for newborn care during the postnatal period should be provided in writing to parents. This information includes the need for follow-up visits within 48 hours of discharge, and phone numbers in case there are any particular concerns (eg, jaundice, first time breast-feeding mother or concerns about infant's intake or feeding skills, or infant prematurity [35- to 37-weeks' gestation]). Information about the practice policies for after-hours and weekend routines and when parents should be concerned and contact the baby's health care professional usually are included as well.

First-time parents may need detailed information about typical early care and supply needs for the newborn. Mothers who have had a cesarean-section delivery may have additional information and referral needs. Home health care or public health nursing referrals for post-discharge assessment and supportive care may be appropriate.

Discussion of issues around circumcision would be appropriate at this time, but must be handled in a culturally sensitive manner. The parents' decision may be based on family and cultural beliefs. Information also should be provided regarding types of circumcision as well as used for babies who are not circumcised.

Culturally sensitive information should be provided about what is known about safe-sleep environments for babies. Room sharing is recommended, with the baby in a separate, but nearby, sleep space. Bed sharing (sleeping in the same bed as the parents) is not recommended. A supine position ("back to sleep") is best for babies, including premature infants, because of the reduction of SIDS. Prone sleep may be appropriate in only a few circumstances, such as for babies with certain craniofacial problems, like Pierre Robin Sequence, or babies with significant gastroesophageal reflux. These babies may require home cardiorespiratory monitoring because of risks of respiratory compromise.

Common beliefs and concerns expressed by families as justification for not placing their babies to sleep in the supine position include the fear of infant choking/aspiration, perceived uncomfortable/less peaceful sleep, concern about a flat occiput and hair loss, and family beliefs about appropriate infant sleep patterns, position, and sleep location.

Parents need strategies about how to advise relatives, friends, and child care providers to do the same. A consistent message about "back to sleep" provides family members with the best information when they ask about side sleeping.

SAMPLE QUESTION:
Do you have questions about the baby's care after the delivery?

ANTICIPATORY GUIDANCE:

- If your family is new to the practice, we will give you written information about the practice, such as names and background of the health care professionals, staff, appointment scheduling, and urgent and emergency access information.

SAMPLE QUESTIONS:
What have you heard about how babies should sleep? Where will your baby sleep? How about at naptime?

ANTICIPATORY GUIDANCE:

- To reduce the risk of SIDS, it is best to always have your baby sleep on her back.
- It is also a good idea if your baby sleeps in your room in her own crib (not in your bed).
- Choose a crib with slats that are no more than $2\frac{3}{8}$ inches (60 mm) apart and with a mattress the same size as the crib. A crib should be certified by the JPMA.
- If you choose a mesh playpen or portable crib, the weave should have openings less than $\frac{1}{4}$ inch (6 mm). Never leave your baby in a mesh playpen with the drop-side down.

Remind all family members or guests to wash their hands before handling the baby. Remind the family to protect the baby from anyone with colds or Illnesses, especially for the first couple of months.

Provide recommendations for outings to faith-based activities, restaurants, and closed quarters during the first 2 months and/or during flu season.

SAMPLE QUESTIONS:
What other suggestions have you heard about that will keep your baby healthy? How do you plan to protect your baby from getting infections?

ANTICIPATORY GUIDANCE:

- Wash your hands frequently with soap and water or a non-water antiseptic, especially after diaper changes and before feeding the baby.
- For the first few weeks, it is important to limit the baby's exposure to people with colds or to large groups where there may be people with illnesses.
- Breastfeeding also is known to provide protection and reduce the frequency of illnesses in babies.

Health Supervision: Newborn Visit

Context

Tremendous excitement accompanies the birth of a baby, but new parents also often feel overwhelmed and fatigued. During the typically short postpartum hospital stay, mothers must attempt to recover from the birth and get to know their newborns while getting visits from elated family and friends and interruptions from hospital personnel. During this time, the mother needs to become comfortable with feeding and caring for her newborn while beginning her own recovery.

Ideally, the parents have met or spoken with the health care professional for a prenatal visit, but, for many, the newborn visit is the first opportunity for the parents and health care professional to meet. The number of visits in the immediate newborn period will depend on the mode of delivery and the presence of maternal or neonatal complications. The duration of each visit also will vary, based upon the specific needs of the baby and family. Prior parental experience with newborns, the newborn's health status, and the presence of social support influence the parents' responses and guide the health care professional's interactions with the family. New parents always ask one question first: "Is our baby OK?" Once they hear that their baby is healthy, the parents want to learn how to care for him, establish a good schedule, recover physically and emotionally from the birth, and go home to begin their new adventure.

Examining the newborn in the mother's room within the first 24 hours of life gives the health care professional an important opportunity to demonstrate the newborn's abilities, observe the parents' interactions with the baby, and model behaviors that engage and support the newborn during this transition time. The health care professional can elicit the newborn's response to voices and other forms of stimulation, such as noises in the room, touch, light, movement, being undressed, and being comforted. If this visit also is the first meeting the health care professional has with the mother, questions from the prenatal visit may need to be incorporated to gain a more comprehensive understanding of the family's values and beliefs, strengths, resources, and needs.

This interaction with the family gives the health care professional the chance to build the health supervision partnership with the family. Answering questions and addressing concerns during this visit will reassure parents and lessen the anxiety they may be feeling about taking their baby home. Knowing that the health care professional will be available after they leave the hospital will add to the parents' comfort and confidence as they embark on this new phase of their lives.

Priorities for the Visit

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Family readiness (family support, maternal wellness, transition, sibling relationships, family resources)
- Infant behaviors (infant capabilities, parent-child relationship, sleep [location, position, crib safety], sleep/wake states [calming])
- Feeding (feeding initiation, hunger/satiation cues, hydration/jaundice, feeding strategies [holding, burping], feeding guidance [breastfeeding, formula])
- Safety (car safety seats, tobacco smoke, falls, home safety [review of priority items if no prenatal visit was conducted])
- Routine baby care (infant supplies, skin care, illness prevention, introduction to practice/early intervention referrals)

Health Supervision

History

Interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice. After congratulating the parents on the birth of their new baby, asking the following questions can encourage in-depth discussion:

- How are you feeling? How was the delivery?
- Have you named the baby yet?
- How have things been going with the baby? *(Use the baby's name if it is given.)*
- What questions do you have about your baby? Do you have any concerns about taking care of your baby?

History of Labor and Delivery

Prenatal history

- Preterm labor, premature rupture of the membranes, pregnancy complications, abnormal ultrasound findings
- Maternal conditions potentially affecting the infant's health—preexisting maternal health conditions, gestational diabetes, hypertensive disorders of pregnancy, special dietary restrictions, infections (group B streptococcus, chorioamnionitis, urinary tract infection, HIV, hepatitis B, sexually transmitted infections, toxoplasmosis, CMV)
- Maternal medication, tobacco, alcohol, other drugs, complementary medicine

Delivery

- Mode of delivery—vaginal versus cesarean section, breech presentation, instrumentation (forceps, vacuum)
- Medications used—terbutaline, magnesium sulfate, pitocin, demerol, antenatal steroids, antibiotics

- Anesthesia used—epidural, spinal, general
- Use of episiotomy (degree) or lacerations
- Duration of labor, length of delivery, indication(s) for delivery/induction
- Complications of labor and delivery—fever, infection, bleeding, HELLP Syndrome, toxemia

Infant at Delivery

Delivery history

- Fetal distress—heart-rate tracing abnormalities, decreased movement, meconium-stained fluid, oligohydramnios or polyhydramnios, mode of delivery
- Complications—intrauterine growth restriction (IUGR), large baby, maternal hypertensive disease, diabetes, infection, withdrawal from substance use or abuse, intrapartum anesthesia/analgesia or other medical condition affecting the fetus or newborn (eg, antenatal diagnosis of hydronephrosis), birth trauma
- Gestational age, birth weight, and Apgar score
- Newborn transition problems—respiratory distress, cyanosis, hypoglycemia, poor feeding, temperature instability, jitteriness
- Administration of vitamin K and eye prophylaxis

Neonatal Course

Information obtained about the postnatal course for the mother and infant will influence further interactions, assessments, and recommendations for the care of the child and mother. This information includes underlying maternal health, including the level of maternal discomfort and pain medication use, affect on and interaction with baby, perspectives on breastfeeding, attempts at breastfeeding, and perceived success with breastfeeding.

Neonatal history

- Maternal syphilis serology, group B streptococcus and hepatitis B status, and possibly HIV and TB status, depending on each state's public health law requirements.
- Maternal blood type, Rh factor.
- Infant blood type and direct Coombs test.
- Vital signs (temperature, respirations, heart rate, blood sugar [if at risk]).
- Weight loss/gain.
- Feeding history—breastfeeding LATCH Scores, frequency, duration.
- Sleep pattern—ease of awakening, duration of sleep cycles.
- Elimination pattern—meconium, number of wet diapers.
- Evidence of jaundice—blood group incompatibility, prematurity, racial background, recommendations for follow-up after discharge.
- Presence of a major anomaly or 3 or more minor anomalies, a combination of major and minor anomalies, or a recognized pattern or distribution of anomalies suggesting a need for genetic evaluation.
- Newborn metabolic and hearing screening.
- The family members' cultural beliefs relating to illness and disability and their reaction to screening, particularly if the screening is mandatory. Screening requirements may violate some cultural and religious beliefs. If the family's religious or cultural beliefs include acceptance of disabilities or illness, pursuit of some types of interventions may not fit family values.

Observation of Parent-Child Interaction

During the visit, the health care professional should observe:

- Do the parents recognize and respond to the baby's needs?
- Are they comfortable when feeding, holding, or caring for the baby?
- Do they have visitors or any other signs of a support network?

Surveillance of Development

Do you have any specific concerns about your baby's development, learning, or behavior?

SOCIAL-EMOTIONAL

- Has periods of wakefulness
- Responsive to parental voice and touch

COMMUNICATIVE

- Able to be calmed when picked up

COGNITIVE

- Looks at parents when awake

PHYSICAL DEVELOPMENT

- Moves in response to visual or auditory stimuli

Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

- **Measure and plot (adjust for gestational age, as indicated):**
  - Length
  - Weight
  - Head circumference
- **Plot:**
  - Weight-for-length
- **General observations:**
  - Assess alertness and if in any apparent distress
  - Observe for congenital anomalies
- **Skin**
  - Note skin lesions or jaundice
- **Head**
  - Observe shape (sutures, molding), size, fontanelles
  - Note any signs of birth trauma
- **Eyes**
  - Perform inspection of eyes and eyelids
  - Assess ocular mobility
  - Examine pupils for opacification and red reflexes
- **Ears**
  - Observe shape and position of pinnae, patency of auditory canals, presence of pits or tags
- **Nose**
  - Observe for patency, septal deviation
- **Mouth**
  - Note clefts of lip or palate
  - Note presence of natal teeth
  - Note short frenulum
- **Heart**
  - Observe rate, rhythm, heart sounds, murmurs
  - Palpate femoral pulses
- **Abdomen**
  - Examine umbilical cord and cord vessels
- **Genitalia/rectum**
  - Determine that testes are descended; observe for penile anomalies
  - Determine patency of anus
- **Musculoskeletal**
  - Note any deformities of the back and spine
  - Note any foot abnormalities
- **Developmental hip dysplasia**
  - Perform Ortolani and Barlow maneuvers
- **Neurologic**
  - Detect primitive reflexes
  - Observe symmetry of extremity movement
  - Observe muscle tone

Screening

UNIVERSAL SCREENING	ACTION	
Metabolic and hemoglobinopathy	Conduct screening as required by the state. Know the conditions that are screened for in your state.	
Hearing	All newborns should receive an initial hearing screening before being discharged from the hospital. If this is not possible, a screening should be completed within the first month of life.	
SELECTIVE SCREENING	**RISK ASSESSMENT***	**ACTION IF RA +**
Blood pressure	Children with specific risk conditions	Blood pressure
Vision	Abnormal fundoscopic examination	Ophthalmology referral

*See the Rationale and Evidence chapter for the criteria on which risk screening questions are based.

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.
CDC National Immunization Program (NIP): http://www.cdc.gov/vaccines
American Academy of Pediatrics *Red Book*: http://www.aapredbook.org

Review state requirements for Hepatitis B immunization.

ANTICIPATORY GUIDANCE

The following sample questions, which address the Infancy Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family.

FAMILY READINESS

Family support, maternal wellness, transition, sibling relationships, family resources

The newborn period is a time of great adjustment and change for parents. Discuss and provide suggestions about making life easier during the first week at home. Parents need support and help from their family, friends, and community. Not only is it important to assess the newborn's status but also to listen and observe for concerns the parents may have in obtaining adequate support during the transition period right after the birth that would indicate the need for a referral to home care services. It also is important to provide contact information for parenting classes, support groups, community resources, or social services to help parents care for their baby and reduce feelings of isolation.

Many parents feel overwhelmed by a new baby. Knowing appropriate coping strategies can prevent parents from harming their baby when they feel tired, overwhelmed, or frustrated.

SAMPLE QUESTIONS:

Do you have family and friends you can call who are willing and able to help you and your baby when you have a question or need help, or in case of an emergency? How accessible are these people? Are they able to help you care for the baby? Are they able to help with transportation? Is there someone you can leave the baby with? Are you getting the support (medical, physical, emotional, financial) you need?

ANTICIPATORY GUIDANCE:

- It's important to have people you can turn to when you need help with the baby. Consider talking with family members or friends and making arrangements with them so that they can be prepared to help if needed. These people usually are willing to help, but may need specific instructions on ways they can be most helpful.

SAMPLE QUESTIONS:

What makes you get upset with your baby? What do you do when you get upset?

ANTICIPATORY GUIDANCE:

- All parents get upset at least sometimes. When you have these feelings, put the baby down in a safe place, like a crib or cradle. It helps if you have somebody to call or ask for help when you feel upset.
- Never yell at, hit, or shake your baby.

SAMPLE QUESTIONS:

When you go home, what are your plans to help you get the rest you need and get back into your usual routines? How do you think your baby will change your lives? Will you be able to take time for yourself, individually and as a couple?

ANTICIPATORY GUIDANCE:

- You'll probably want to spend most of your time and attention on the new baby, but don't forget to take time for yourself alone and for you and your partner. Nurturing yourself will help you stay healthy and happy for your baby.
- Here are a few suggestions about making life easier the first week at home:
  - Tell family and friends about needing family time, as well as what they can do to really help.
  - Set up ideas for organization that will make outings a little easier.
  - Identify the activities that are more difficult for you to do (such as grocery shopping, laundry, vacuuming) now that you are a new mom.
- Many mothers feel tired or overwhelmed in the first weeks at home. They also may experience some "baby blues" for a short time. These feelings should not continue, however. If you find that you are continuing to feel very tired, overwhelmed, or blue, you need to let your partner, your health care professional, and/or me know so that we can get the resources to help you.

Parent concerns about sibling reactions to meeting the baby are best guided based on the siblings' developmental ages and responses. Behavior regression and jealousy sometimes occur with an older sibling.

SAMPLE QUESTION:

What do your other children think about the new baby?

ANTICIPATORY GUIDANCE:

- To help your older children adjust to the new baby and still feel wanted and loved, ask for their help in caring for the baby. Make sure not to ask them to do anything beyond their capability. Do not leave the baby unsupervised with young or inexperienced brothers or sisters.
- Spend individual time every day with your other children doing things they like to do.

Parents in difficult living situations or with limited resources will have concerns about their ability to care for their newborn. Provide information and referrals, as needed, for community resources that help with finding quality child care, accessing transportation or getting a car safety seat, or addressing issues such as financial concerns, inadequate or unsafe housing, or limited food resources. Provide information on the impact of domestic violence on children and on community resources that provide assistance.

If the baby has special health care needs, provide information and referral to the local public health nursing services for MCHB Title V Information (Health Care Program for Children with Special Needs) and the local Early Intervention Program agency, often referred to as IDEA. These 2 programs will be able to assist in connecting families to many community resources.

SAMPLE QUESTIONS:

Tell me about your living situation.
Do you have:
- *Enough heat, hot water, and electricity?*
- *Appliances that work?*
- *Problems with bugs, rodents, peeling paint or plaster, or mold or dampness?*

How are your resources for caring for your baby? Do you have:
- *Enough knowledge to feel comfortable in caring for your baby?*
- *Health insurance?*
- *Enough money for food, clothing, diapers, and child care?*

Do you have a trusted source of child care?
Do you know where to go for help if your partner is hitting or threatening you?

ANTICIPATORY GUIDANCE:

- Resources for parent education and/or parent support groups are available to help you learn about your developing baby.
- Community agencies are available to assist you with concerns about your living situation. Public health agencies are often the best place to start because they work with all types of community agencies and family needs. You may consider contacting them for help.
- Social, faith-based, cultural, volunteer, and recreational organizations or programs are available in the community to help support new families.
- If your baby has special health care needs, your local public health department is required by law to provide services for you and your baby. Contact the department for help and information about community resources.

INFANT BEHAVIORS

Infant capabilities, parent-child relationship, sleep (location, position, crib safety), sleep/wake states (calming)

Encourage parents to learn about their baby's temperament and how it affects the way he relates to the world. Demonstrate the newborn's skills and his competence and readiness to respond to his parents. Demonstrate the parents' capabilities as they handle and care for their newborn to reinforce their sense of competence. Because families from some cultures may be uncomfortable with publicly praising the newborn because of concerns about this bringing on harm, it may be best to note these skills in a neutral way until ascertaining the parents' feelings about this issue.

SAMPLE QUESTIONS:

How do you think your baby sees, hears, and reacts to you? What do you do to calm your baby? What do you do if that does not work?

ANTICIPATORY GUIDANCE:

- Your baby already is beginning to know you. See how he brightens when he hears your voice? He shows you that he likes it when you hold him, feed him, and talk to him. You will soon learn what your baby is trying to tell you when he cries, looks at you, turns away, or smiles.
- As you try to console your baby, you will begin to recognize that he may not always be consolable. Actions such as stroking your baby's head or gentle, repetitive rocking may help you calm him. Your baby's head is fragile. It is very important to never shake your baby because of the damage this can cause to his head.
- If you are breastfeeding, wait to introduce a pacifier until your baby is 1 month old to ensure that breastfeeding is firmly established.

Creating more nurturing routines and promoting child and family development and parental well-being are benefits of tactile contact and stimulation. This exchange is a special way of enhancing the attachment experience for parents and baby, just as breastfeeding does for mother and baby. First-time parents and young parents gain self-confidence and become more proficient in their nurturing abilities through this exchange.

SAMPLE QUESTION:

What do you do to help the baby feel safe and comfortable?

ANTICIPATORY GUIDANCE:

- Make touching your baby (caressing, massaging, holding, carrying, and rocking) an important part of all the everyday care activities of feeding, diapering, bathing, and bedtime. This physical contact helps your baby feel secure and understand that he is loved and cared for. It is a special way for you and your partner to develop a strong attachment to your baby and it will help you grow together as a family.
- Physical contact also offers important health and developmental benefits if your baby was premature or has special health care needs. It can enhance his sleep, help him regulate his sleep and wake times, and foster the parent-baby attachment that may have been delayed or disrupted because of prolonged or repeated hospitalizations.

Families' beliefs and cultural traditions will have a significant impact on where and how the baby sleeps, and whether they or other caregivers follow the "back to sleep" message. Counsel parents about sleep location, sleep position ("back to sleep"), and cribs.

SAMPLE QUESTIONS:

Where will your baby be sleeping once you get home? What have you heard about bed sharing or room sharing? What have you heard about the relationship of the use of pacifiers and breastfeeding and SIDS? What type of bassinet or portable crib will you be using?

ANTICIPATORY GUIDANCE:

- Always put your baby down to sleep on his back, not on his tummy or side. Ask your relatives and caregivers also to put your baby "back to sleep." Experts also recommend that your baby sleep in your room in his own crib (not in your bed). If you breastfeed or bottle-feed your baby in your bed, return him to his own crib or bassinet when you both are ready to go back to sleep.
- Do not use loose, soft bedding (blankets, comforters, sheepskins, quilts, pillows, pillow-like bumper pads) or soft toys in the baby's crib, because they are associated with an increased risk of SIDS. Thin blankets can be used to swaddle the baby, or in a crib if the blankets are tucked in under the crib mattress.
- Using a pacifier during sleep is strongly associated with a reduced risk of SIDS. Consider offering a pacifier when your baby lies down for sleep. Never reinsert the pacifier if it falls out after the baby falls asleep, and do not coat it with a sweet solution. If you are breastfeeding, wait to introduce a pacifier until your baby is 1 month old to ensure that breastfeeding is firmly established.
- The room temperature should be comfortable and the baby should be kept from getting too warm or too cold while sleeping.
- Be sure your baby's crib is safe. The slats should be no more than $2\frac{3}{8}$ inches (60 mm) apart. The mattress should be firm and fit snugly into the crib. Keep the sides of the crib raised when the baby is sleeping in it. Be sure the crib is certified by the JPMA.
- If you use a mesh playpen or portable crib, the weave should have small openings less than $\frac{1}{4}$ inch (6 mm). Never leave your baby in a mesh playpen or crib with the drop-side down.

FEEDING

Feeding initiation, hunger/satiation cues, hydration/jaundice, feeding strategies (holding, burping), feeding guidance (breastfeeding, formula)

General Guidance on Feeding

Parents find great enjoyment and satisfaction in feeding their newborn. It is a time the newborn is awake and alert, looking intently at her parent. Most parents gauge their early parenting ability with their success in feeding their baby. Therefore, providing guidance, assurance, and early assistance with any feeding concerns is a critical element of the newborn visit.

Many newborns and mothers find early feeding a challenge because of difficulties in waking the newborn and the newborn's immature organization for sucking, swallowing, and breathing.

Newborns, including breastfed and/or premature newborns with jaundice, may be difficult to wake, resulting in greater difficulty with feedings. Close supervision and counseling are needed to assist parents in ensuring their newborn awakens for feedings to ensure adequate hydration. Feeding difficulty also may be one of the first signs of neurologic problems and should always be evaluated.

Mothers of newborns with special health care needs particularly need support and specialized assistance with feeding and nutrition. Referral for dietary support and familiarity with special techniques for specific conditions may be helpful.

Observing breastfeeding or formula feeding often provides insight into the newborn's neuromotor abilities and the parent-newborn interaction. This examination is of value for all infants, but especially for infants who experience feeding difficulties, or if there is concern about the parent-newborn interaction. The mother's comfort in feeding the newborn, eye contact between the mother and newborn, the mother's interaction with the newborn, the mother's and newborn's responses to distractions in the environment, and the newborn's ability to suck can be assessed with observation.

Before talking with the mother about how feedings are going, it is advisable to determine the weight difference from birth, type of feedings, frequency, duration, wet diapers, and stools to provide the mother with specific indications that the feedings are going well and to identify any possible concerns.

SAMPLE QUESTIONS:

How is feeding going? What questions or concerns do you have about feeding? How often does your baby feed? How long does it generally take for a feeding? How does the baby behave during a feeding? Pulls away, arches back, is irritable, or calm? Has your baby received any other fluids from a bottle? How does the baby behave after feedings? Satisfied baby look, still rooting, anxious?

How do you know whether your baby is hungry? How do you know if she has had enough to eat? What is the longest time your baby has slept at one time?

ANTICIPATORY GUIDANCE:

- Breastfeeding exclusively during the first 4 to 6 months of life provides ideal nutrition and supports the best possible growth and development. For mothers who are unable to breastfeed their baby or who choose not to breastfeed, iron-fortified formula is the recommended substitute for breast milk for feeding the full-term infant during the first year of life.
- You should feed your baby when she is hungry. A baby's usual signs of hunger include putting her hand to her mouth, sucking, rooting, pre-cry facial grimaces, and fussing. Crying is a late sign of hunger. You can avoid crying by responding to the baby's more subtle cues. Once a baby is crying, feeding may become more difficult, especially with breastfeeding, as crying interferes with latching on.
- In the first days of life, your baby should be encouraged to breastfeed about 8 to 12 times in 24 hours to help the mature breast milk come in.
- At about 3 to 4 days after birth, babies go through a "feeding frenzy" where they want to eat every 1 to 2 hours. This is when they begin to make up for the weight loss that happens right after birth. As your milk supply comes in, you will provide enough breast milk to meet your baby's needs.
- At about 1 week of age, your baby should settle into a more typical breastfeeding routine of every 2 to 3 hours in the daytime, and every 3 hours at night with one longer 4- to 5-hour stretch between feedings. At this time, your baby will be nursing at least 8 to 12 times in 24 hours.

- Feed your baby until she seems full. Signs of fullness are turning the head away from nipple, closing the mouth, and relaxed hands. If she is sleeping more than 4 hours at a time, she should be awakened for feeding during the first 2 weeks. Keeping her close by (rooming in) while in the hospital and at home will make it easier for you to recognize the early feeding cues.
- A newborn is often very sleepy after delivery, especially if the mother had medication for delivery or if the baby is jaundiced. She may need gentle stimulation (such as rocking, patting, or stroking) and time to come to an alert state for feeding. These movements also are helpful for consoling your baby.
- Healthy babies do not require extra water, as breast milk or formula (when properly prepared) are adequate to meet the newborn's fluid needs.

SAMPLE QUESTION:
How many wet diapers and stools does your baby have each day?

ANTICIPATORY GUIDANCE:
- Your baby should have about 6 to 8 wet diapers in 24 hours after your milk comes in. She may have stools as frequently as one per feeding or she may go for a number of days without a stool. If you are breastfeeding, your baby's stools will be loose. This is normal and is not diarrhea.

SAMPLE QUESTION:
How easy is it to burp your baby during or after a feeding?

ANTICIPATORY GUIDANCE:
- Burp your baby at natural breaks (eg, midway through or after a feeding) by gently rubbing or patting her back while holding her against your shoulder and chest or supporting her in a sitting position on your lap.

New mothers need to take care of their baby and themselves. This includes making sure they have adequate resources to feed themselves and their baby. WIC provides nutritious foods for children, foods for mothers who exclusively breastfeed their babies, nutrition education, and referrals to health and other social services.

SAMPLE QUESTION:
How much rest are you getting?

ANTICIPATORY GUIDANCE:
- If you are not getting enough sleep because of pain related to the birth or to breastfeeding (eg, engorged breasts or nipple soreness), ask your obstetrician to suggest an OTC medication to help you, and get help from a lactation professional to make sure your baby is latching on correctly.

SAMPLE QUESTION:
Are you concerned about having enough money to buy food or infant formula?

ANTICIPATORY GUIDANCE:

- Programs and resources are available to help you and your baby. You may be eligible for food, nutrition, and/or housing or transportation assistance programs. Several food programs, such as the Commodity Supplemental Food Program and the Food Stamp Program, can help you. If you are breastfeeding and eligible for WIC, you can get nutritious food for yourself and support from peer counselors.

Guidance on Breastfeeding

Explore cultural beliefs and family beliefs, sources of advice for the family, and past experience with breastfeeding. Some cultures believe that colostrum is harmful to the baby and that breastfeeding should not begin until the full milk has come in. Educate the parents about the health benefits of colostrum, but respect cultural beliefs.

It is important to get the breastfeeding mother off to a good start by assessing her plans, making sure she is eating right and taking vitamins, and that there are no contraindications to breastfeeding. Very few contraindications to breastfeeding exist, and most need to be considered on a case-by-case basis. Breastfeeding is contraindicated for a baby with classic galactosemia. Additional contraindications include HIV-positive status (see the CDC Web site [www.cdc.gov] for most current recommendations), substance abuse, TB (only until treatment is initiated and the mother is no longer infectious), herpetic lesions localized to the breast, and chemotherapy or other contraindicated drugs.

SAMPLE QUESTIONS:

How is breastfeeding going for you and your baby? Have you had any problems with your breasts or nipples (eg, tenderness, swelling, or pain)?

ANTICIPATORY GUIDANCE:

- Breastfeeding should not hurt, and pain is a warning sign that something is not right. You may experience nipple tenderness at first, but this should be mild. Anything other than mild tenderness should be evaluated.

SAMPLE QUESTION:

What vitamin or mineral supplements do you take or plan to take?

ANTICIPATORY GUIDANCE:

- You should continue to take your prenatal vitamin or a multivitamin every day. If you are vegetarian, make sure the supplement contains iron, zinc, and vitamin B_{12}. If you are vegan, it is essential that the supplement contains vitamin B_{12}.

SAMPLE QUESTIONS:

What drugs or medications do you use (eg, herbs; prescription, OTC, homeopathic, or street drugs)? Do you drink wine, beer, or other alcoholic beverages? Do you know your HIV status?

ANTICIPATORY GUIDANCE:

- Most medications are compatible with breastfeeding but should be checked on an individual basis.

- Because alcohol is passed into the breast milk, it is important for mothers to avoid alcohol for 2 to 3 hours before breastfeeding or during breastfeeding. This also means that, because newborns breastfeed so frequently (every 2 to 3 hours), a mother most likely will have to avoid alcohol during the first several months of her baby's life.
- If you do not know your HIV status, it is a good idea to get tested because, if you are HIV positive, it is possible to prevent transmission of the virus to your baby.

Guidance on Formula Feeding

If a woman cannot or chooses not to breastfeed, iron-fortified formula is the recommended substitute for feeding the full-term infant for the first year of life. Although formula feeding may be considered easier for parents, information regarding formula preparation, formula safety, infant holding, and burping should be provided to ensure safe and appropriate formula feeding.

A newborn who is growing appropriately will average 20 oz of formula per day.

SAMPLE QUESTIONS:

What formula are you planning to use? How often does your baby eat? How much does your baby take at a feeding?

ANTICIPATORY GUIDANCE:

- Prepare 2 oz of infant formula every 2 to 3 hours at first, and then provide more if your baby still seems hungry.
- As your baby's appetite increases over time, you will need to prepare and offer larger quantities of formula.

SAMPLE QUESTION:

What information do you have about preparing formula and formula safety?

ANTICIPATORY GUIDANCE:

- Carefully read the instructions on the formula container. It will give you important information about how to prepare the formula and store it safely. Talk with me or another health care professional if you have any questions about how to prepare formula or before switching to a different brand or kind of formula.

SAMPLE QUESTION:

How does your baby like to be held when you feed her?

ANTICIPATORY GUIDANCE:

- It is important for you to always hold your baby close when feeding, in a semi-upright position, so that you are able to sense her behavioral cues of hunger, being full, comfort, and distress. Hold your baby so you can look into her eyes during feeding.
- When you feed your baby with a bottle, do not prop the bottle in her mouth. Propping increases the risk that she may choke, get an ear infection, and

develop early childhood caries. Holding your baby in your arms and holding the bottle for her gives you a wonderful opportunity for warm and loving interaction with her.

SAMPLE QUESTION:

How easy is it to burp your baby during or after a feeding?

ANTICIPATORY GUIDANCE:

- Burp your baby at natural breaks (eg, midway through or after a feeding) by gently rubbing or patting her back while holding her against your shoulder and chest or supporting her in a sitting position on your lap.

SAFETY

Car safety seats, tobacco smoke, falls, home safety (review of priority items if no prenatal visit was conducted)

Reinforce the use of a rear-facing car safety seat to transport the newborn home. If no prenatal visit was conducted, review general safety for newborns, including exposure to smoking and falls.

Infants with special needs need special consideration for safe transportation. Refer parents to a local, specially trained child passenger safety technician for assistance with special positioning and restraint devices (www.preventinjury.org).

Questions about proper installation should be referred to a certified Child Passenger Safety Technician in the community.
Child Safety Seat Inspection Station Locator: www.seatcheck.org
Toll-free Number: 866-SEATCHECK (866-732-8243)

Child Safety Seat Inspection Station Locator: www.seatcheck.org. Toll-free Number: 866-SEATCHECK (866-732-8243).

SAMPLE QUESTIONS:

How are you taking the baby home? (Note: If they are taking a taxi or if someone is picking them up, discuss car safety seat issues within that context.) *What questions do you have about using your car safety seat?*

ANTICIPATORY GUIDANCE:

- A rear-facing car safety seat should always be used to transport your baby in all vehicles, including taxis and cars owned by friends or other family members.
- Never put your baby's car safety seat in the front seat of a vehicle with a passenger air bag. Air bags deploy with great force against a car safety seat and cause serious injury or death.
- The car safety seat should be positioned at the recommended angle so that your baby's head does not fall forward. Bring your car safety seat into the hospital, and staff can help you adjust the harness so it fits correctly.
- The back seat is the safest place for children to ride.
- Your baby needs to remain in his car safety seat at all times during travel. If he becomes fussy or needs to nurse, stop the vehicle and remove him from the car safety seat to attend to his needs. Strap him safely back into his seat before traveling again.

- Keeping the harnesses buckled snugly whenever he is in the car safety seat will help prevent falls out of the seat and strangulation on the harnesses. Car safety seats should be used only for travel and not for positioning outside the vehicle.
- Babies with special needs, such as premature babies or babies in casts need special consideration for safe transportation.
- Your own safe-driving behaviors are important to the health of your children. Always use a safety belt and do not drive under the influence of alcohol or drugs.

SAMPLE QUESTIONS:

Does anyone in your home smoke? What about other family members or close friends?

ANTICIPATORY GUIDANCE:

- It is very important for your baby's health that your home, vehicle, and other places the baby stays are smoke-free.

SAMPLE QUESTION:

What changes have you made in your home to ensure your baby's safety?

ANTICIPATORY GUIDANCE:

- Always keep one hand on your baby when changing diapers or clothing on a changing table, couch, or bed to prevent her from falling.

ROUTINE BABY CARE

Infant supplies, skin care, illness prevention, introduction to practice/early intervention referrals

Discuss newborn supplies and safety precautions. Most babies use 8 to 12 diapers a day, or a diaper before and/or after each feeding. Often, this is not a supply or expense that parents anticipate. Thus, this information may be helpful in their decision to use disposable versus cloth diapers. Parents are often counseled by family members on cultural and family beliefs about skin care. Listening to parents' plans for skin care provides information about how to approach skin-care counseling.

Because parents are fearful of touching the "soft spot," they hesitate to wash the baby's scalp. Demonstrating washing the scalp during an examination and reinforcing the need for frequent scalp washing will assure the parents and help prevent "cradle cap."

Counsel parents on the decision to circumcise their baby boy. Their decision may be based on their family and cultural beliefs. Provide information about types of circumcision as well as issues for babies who are not circumcised.

Parents/caregivers need to know about the possibility of some female vaginal bleeding in female infants as a result of maternal hormones.

Newborns with recognizable diagnoses or prematurity should be referred for early intervention services, as required or provided by specific state eligibility guidelines, so that families may receive the support and be connected to the community services they need.

SAMPLE QUESTIONS:

What questions do you have about your baby's skin care? Is there any special care or treatment you or your family provides to the umbilical cord?

ANTICIPATORY GUIDANCE:

- A newborn baby's skin is sensitive. Using fragrance-free soaps and lotions for bathing and fragrance-free detergents for washing clothing will reduce the likelihood of rashes. In addition, oils and heavy lotions tend to clog pores and increase the likelihood of rashes. For areas of dry skin, such as creases and feet, moisturizing lotions are recommended. Powders are not recommended because of the possibility of inhalation and possible respiratory problems.
- Also, because your baby's skin is sensitive, do not expose her to direct sunlight. Sunscreens are not recommended. As much as possible, keep your baby out of the sun. If she has to be in the sun, use a sunscreen made for children. For babies younger than 6 months, sunscreen may be used on small areas of the body, such as the face and backs of the hands, if adequate clothing and shade are not available.
- Your baby's skin may not need to be washed with soap daily. However, "cradle cap" can be prevented with frequent washing of the scalp.
- To prevent diaper rash, clean your baby after wet diapers or stools and change her diaper frequently. For some babies, diaper creams or ointments may be helpful, but good cleaning and air drying before replacing the diaper are best.
- Current cord care recommendations include "air drying," by keeping the diaper below the cord until the cord falls off (about 10 to 14 days). There may be some slight bleeding for a day or 2 after the cord falls off. Belly bands and alcohol on the cord are not recommended. Call our office if there is a bad smell, redness, or fluid from the cord area.

SAMPLE QUESTIONS:

What suggestions have you heard about things you can do to keep your baby healthy? How do you plan to protect your baby from getting infections?

ANTICIPATORY GUIDANCE:

- One of the most important steps in keeping your baby healthy is to wash your hands frequently with soap and water or a non-water antiseptic, always after diaper changes and before feeding your baby. You also should ask all family members and guests to wash their hands before handling the baby.
- Newborns are susceptible to illnesses in the first few months of life and need to be protected from anyone with colds or other illnesses. Outings to faith-based activities, restaurants, and movies should be considered carefully and avoided during cold and flu season.
- As long as you wash your hands before breastfeeding, you can continue to breastfeed through most illnesses that you or your baby have.

Practices usually have a written brochure for parents that:

- Introduces all of the practice staff
- Explains the appointment procedures and after-hours and emergency call procedures
- Discusses health supervision versus sick child visits, the purpose of developmental screening, considerations for children with special health care needs, and newborn behaviors
- Provides information about community resources and instructions on when to call the office

SAMPLE QUESTION:

What additional questions do you have about when to call the office and how we can work with you to ensure your baby's health and well-being?

ANTICIPATORY GUIDANCE:

- To help you remember what we've just talked about, here's a brochure that provides much of the same information.

Health Supervision: First Week Visit

Context

Families need a clear plan, tailored to their individual needs, for continuing care of the newborn. Early discharge at 48 hours or less after delivery has become the standard of care following the normal vaginal birth of a healthy, full-term newborn (38- to 42-weeks' gestation).[3] Existing medical information about the physical and psychosocial needs of newborns and mothers indicate that clinical evaluation is warranted within 3 to 5 days of birth. The most important criterion for discharge at 48 hours or less is a full-term singleton baby at 38- to 42-weeks' gestation. However, late preterm newborns (at 35- to 37-weeks' gestation) are increasingly being discharged within this limited window of time, further emphasizing the importance of early follow-up care for this subset of newborns.

In the past, the timing of the initial follow-up visit after nursery discharge varied by patient, locale, and community. Many communities have continued the longstanding practice of scheduling the initial newborn visit following nursery discharge for 2 weeks of age. This arose during the era when newborns were kept in the hospital for 5 to 7 days, and it has not been systematically studied to evaluate its efficacy and safety in the care of young newborns. Current recommendations for timing the initial continuing care visit are based on the known health risks for a newborn during the first week of life—jaundice, feeding difficulties, hydration problems, excessive weight loss, sepsis, and detection of significant congenital malformations that are not apparent on the initial examinations but become symptomatic during the first weeks of life.[4] A follow-up visit should, therefore, occur within 3 to 5 days after birth and within 48 to 72 hours after discharge.[5] The recommendation for babies delivered by cesarean section and whose hospital stay is 96 hours or longer is for a first office visit up to a week after discharge. The exact timing of this visit depends on the specific issues, health concerns, and needs of the baby and mother.

Potential risks to consider at the First Week Visit include prematurity, hyperbilirubinemia due to blood group incompatibility, other causes of hemolytic anemia in the newborn, bruising, cephalohematoma, newborns of diabetic mothers, newborns of Asian descent, as well as newborns with breastfeeding problems or oral defects affecting feeding.

Appropriate specialty referral or consultation must be arranged promptly for babies with special health care needs. Mothers and families who have experienced a perinatal complication need extra attention. They may experience depression, anxiety, guilt, loss of control, reduced satisfaction with the birth experience, and even loss of self-esteem. Family members may need extra support to resolve their feelings and additional time to understand their newborn's condition and appreciate their newborn's unique characteristics and strengths rather than only the special needs.

Ethnicity influences a newborn's risk of significant hyperbilirubinemia. Recent studies report higher risk in Asian and American

Indian newborns than in whites or Hispanics, with newborns of black mothers having the lowest risk for hyperbilirubinemia during the first 5 days of life.[6] In Asians, a common DNA sequence variant causes an amino acid change in the UDP-GT protein, which contributes to the pathophysiology of newborn jaundice.[7] Genetic polymorphisms in UDP-GT and transporter gene variants are responsible for severe hyperbilirubinemia in Asian newborns.[7,8] Asian newborns of mixed race are at lower risk than newborns whose both parents are Asian.[9] X-linked recessive G6PD deficiency also occurs more frequently among Greek, African American, Southeast Asian, Italian, and Sephardic Jewish male newborns than among newborns of other races and ethnicities.[10] It is important to recognize the increasing number of newborns of mixed race and the potential difficulty in determining hyperbilirubinemia risk based solely on perceived maternal race/ethnicity.[6]

Despite recommendations and evidence supporting the utility of follow-up care within the first week of life for newborns discharged within 48 hours of birth, the majority of these newborns are not receiving timely continuing care.[11] Early follow-up care may not be feasible in some rural communities, and compliance may be poor in indigent populations among families who do not have a previously established medical home.[12] Health care professionals will need to use a variety of approaches (both office-based and home visits conducted by a hospital home care program, public health nurse, or community outreach worker) to ensure follow-up care within the first week of life.

Priorities for the Visit

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Parental (maternal) well-being (health and depression, family stress, uninvited advice, parent roles)
- Newborn transition (daily routines, sleep [location, position, crib safety], state modulation [calming], parent-child relationship, early developmental referrals)
- Nutritional adequacy (feeding success [weight gain], feeding strategies [holding, burping], hydration/jaundice, hunger/satiation cues, feeding guidance [breastfeeding, formula])
- Safety (car safety seats, tobacco smoke, hot liquids [water temperature])
- Newborn care (when to call [temperature taking], emergency readiness [CPR], illness prevention [hand washing, outings], skin care [sun exposure])

Health Supervision

History

Interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

- **General Questions**
  - Tell me how things are going for your baby.
  - What questions or concerns do you have at this time?
- **Newborn**
  - How have things been going since you got home from the hospital?
  - What has been easier or harder than you expected?
- **Family**
  - How are things going for you and your family?
  - Have there been any major changes in your family?

Observation of Parent-Child Interaction

During the visit, the health care professional should observe:

- Do the parents and newborn respond to each other (gazing, talking, smiling, holding, cuddling, comforting, showing affection)?
- Do the parents appear content, happy, depressed, tearful, angry, anxious, fatigued, overwhelmed, or uncomfortable?
- Are the parents aware of, responsive to, and effective in responding to the newborn's distress?
- Do the parents appear confident in holding, comforting, feeding, and understanding the newborn's cues or behaviors?

- What are the parents' and newborn's interactions around comforting, dressing/changing diapers, and feeding?
- Are both parents present and do they support each other or show signs of disagreement?

Surveillance of Development

Do you have any specific concerns about your baby's development, learning, or behavior?

SOCIAL-EMOTIONAL

- Is able to sustain periods of wakefulness for feeding
- Will gradually become able to establish longer stretch of sleep (4 to 5 hours at night)
- Has indefinite regard of surroundings

COMMUNICATIVE

- Turns and calms to parent's voice
- Communicates needs through his behaviors
- Has an undifferentiated cry

COGNITIVE

- Is able to fix briefly on faces or objects
- Follows face to midline

PHYSICAL DEVELOPMENT

- Is able to suck, swallow, and breathe
- Shows strong primitive reflexes (suck, rooting, palmer grasp, stepping, Moro reflex, tonic neck reflex)
- Is able to lift head briefly when in the prone position

Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

- **Measure and plot (adjust for gestational age, as indicated):**
  - Length
  - Weight
  - Head circumference
- **Plot:**
  - Weight-for-length
- **Skin**
  - Inspect for rashes or jaundice
- **Head**
  - Note any dysmorphic features
- **Eyes**
  - Inspect eyes and eyelids
  - Assess ocular mobility
  - Examine pupils for opacification and red reflexes
  - Assess for dacryocystitis
- **Heart**
  - Ascult for murmurs
  - Palpate femoral pulses
- **Abdomen**
  - Inspect umbilical cord and cord vessels
- **Musculoskeletal**
  - Perform Ortolani and Barlow maneuvers
- **Neurologic**
  - Note posture, tone, activity level, symmetry of movement, and state regulation

Screening

UNIVERSAL SCREENING	ACTION	
Metabolic and hemoglobinopathy	If not done previously (eg, newborn delivered at home or discharged from NICU), conduct screening as required by the state.†	
Hearing	If not done at birth (eg, newborn delivered at home or discharged from the NICU), screening should be completed within the first month of life.‡ Regardless of screening results, a family history of hearing loss or conditions associated with hearing impairment should be obtained, as well as identification of any risk factors for progressive hearing loss to inform ongoing surveillance of hearing and communication skill development.	
SELECTIVE SCREENING	**RISK ASSESSMENT***	**ACTION IF RA +**
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure
Vision	Abnormal fundoscopic examination or prematurity with risk conditions	Ophthalmology referral

†If completed, review results of the state newborn metabolic screening test. Unavailable or pending results must be obtained immediately. If there are any abnormal results, ensure that appropriate retesting has been performed and/or referrals are made to appropriate subspecialists, if required. State newborn screening programs are available for assistance with referrals to appropriate resources.

‡Any newborn who does not pass the initial screen or any subsequent rescreen should be referred for a diagnostic audiologic assessment, and any newborn with a definitive diagnosis should be referred to the state Early Intervention Program.

*See the Rationale and Evidence chapter for the criteria on which risk screening questions are based.

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.
CDC National Immunization Program (NIP): http://www.cdc.gov/vaccines
American Academy of Pediatrics *Red Book*: http://www.aapredbook.org

Consider **influenza vaccine** for caregivers of infants younger than 6 months.

ANTICIPATORY GUIDANCE

The following sample questions, which address the Infancy Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family.

PARENTAL (MATERNAL) WELL-BEING

Health and depression, family stress, uninvited advice, parent roles

The first weeks with a new baby are a stressful time of transitions in which parents and other family members must learn how to care for the baby and adjust to new roles. New mothers also must focus on their physical recovery from the birth. Counsel the new parents on this transitional time and provide strategies for settling into a routine. Differentiate between short-term "baby blues" and postpartum depression, and counsel or refer as appropriate.

Review expectations, perspectives, and satisfaction with parenthood, how well any siblings and the extended family are functioning, and stressors, such as return to work/school or the inability to return to work/school, competing family needs, or loss of social and/or financial support. Provide guidance, referrals, and help in connecting with community resources as needed.

SAMPLE QUESTIONS:

How is the adjustment to the new baby going? How is your partner helping with the baby? Are there any times you feel sad, hopeless, or overwhelmed? Are you sleeping too much or too little? Are you having trouble focusing, remembering, or making decisions? Have you had feelings of worthlessness or guilt? Do you have any physical symptoms (headache, chest pain, palpitations)? At times, do you feel uninterested in the baby?

ANTICIPATORY GUIDANCE:

- The first week home is a time of transitions. It is normal for you to feel uncertain, overwhelmed, and very tired at times. As you and your baby get to know each other, it gets much better!
- Making sure to rest and sleep when the baby sleeps is one way to help you maintain your sense of well-being. Another is to let your partner and other family members do things for you and participate in the care of the baby by holding, bathing, changing, dressing, and calming her.
- Many new mothers experience the "baby blues." These feelings usually go away after a week or 2. If the feelings are overwhelming or last for a long time, this could be a sign of something more serious. Let's talk about it and make sure you get the help you need.

SAMPLE QUESTIONS:

How are your other children coping with the new baby? Is that difficult for you? Are any specific things especially stressful for you, such as meeting basic needs (housing, food, clothing, heat, phone, and electricity), or your relationship with your partner or other family members or friends?

ANTICIPATORY GUIDANCE:

- Your other children need special time with you and your partner. Make time to play and read with them. Acknowledge your older children's possible negative feelings and regression. Consider letting your other children help take care of the baby, if they have reached a level of development and maturity where they can do so without harming the baby.
- Maintaining routines as much as possible can help reduce stress.
- One way to deal with unwanted advice from family and friends is to acknowledge their concerns and desire to help and then change the subject to something you do agree on. Trying to justify your desire to follow the recommendations of your health care professional may only lead to a long and futile conversation.

NEWBORN TRANSITION

Daily routines, sleep (location, position, crib safety), state modulation (calming), parent-child relationship, early developmental referrals

Evidence of ambivalence or stress due to the home situation or the care of the newborn may require referrals to community support systems, such as public health nursing, home care, or other community agencies.

If the parents express no desire for a schedule or usual routine, if they impose a rigid schedule, if the newborn sleeps all the time or never sleeps, or the newborn is irritable, difficult to console, difficult to feed, or fed less than 8 to 12 feedings in 24 hours, additional counseling is needed.

Newborns with rapid state changes from sleep or drowsiness to crying, or newborns whose parents are concerned with excessive crying, may need additional counseling.

SAMPLE QUESTIONS:

How has the baby been adjusting since you got home? What is your baby's daily routine/schedule for sleep and feeding? Where does he sleep? Is he able to establish uninterrupted sleep? Is he able to come to an alert state for feeding?

ANTICIPATORY GUIDANCE:

- At this age, newborns usually lack a day/night schedule and sleep for a longer stretch during the day. Your baby will need help from you and other caregivers to develop sleep and feeding routines.
- Putting your baby down to sleep in the same place every time and establishing a regular routine for feeding and sleeping will help him get on a schedule and will help him sleep at night.

A family's beliefs and cultural traditions will have a significant impact on where and how the baby sleeps, and whether the family or other caregivers follow the "back to sleep" message. Counsel parents about sleep location, sleep position ("back to sleep"), and cribs.

SAMPLE QUESTION:
Where is your baby sleeping for naps and at nighttime?

ANTICIPATORY GUIDANCE:

- We now understand that "back to sleep" is safest for babies. Therefore, always put your baby down to sleep on his back, not his tummy or side. We also know that the use of loose, soft bedding (blankets, comforters, sheepskins, quilts, pillows, pillow-like bumper pads), or soft toys is dangerous because they are associated with a higher risk of SIDS.
- We understand that most parents want their baby to sleep close to them in the early months at home, and, certainly, having the baby sleep in the same room as the parent in the early months is much easier for breastfeeding. Concern for the newborn's safety occurs, however, when a baby sleeps in the same bed as the parents, and the parents are very tired and may not know the baby is there. Put your baby to sleep in your room, but in his own crib.
- Make sure that your baby's crib has slats that are no more than $2\frac{3}{8}$ inches (60 mm) apart; the mattress should be firm and fit snugly into the crib. Keep the sides raised when your baby is sleeping in it.
- The room temperature should be comfortable and the baby should be kept from getting too warm or too cold while sleeping.

SAMPLE QUESTION:
What have you found works to wake up your baby for feedings or to calm him for sleep?

ANTICIPATORY GUIDANCE:

- A newborn is often very sleepy after delivery because of jaundice or because of medications you received. For your baby to feed consistently through the day and night, he may need help waking up for feedings. Use a variety of stimulating actions, such as rocking, patting, stroking, diaper changes, and undressing, to help him come to an alert state for feeding.
- Other types of actions, such as stroking your baby's head or gentle repetitive rocking, help put your baby to sleep and are useful for consoling him.

NUTRITIONAL ADEQUACY

Feeding success (weight gain), feeding strategies (holding, burping), hydration/jaundice, hunger/satiation cues, feeding guidance (breastfeeding, formula)

General Guidance on Feeding

One of the first tasks for parents during their newborn's first week is learning when and how much their baby needs either for breastfeeding or formula. The first-week visit usually provides parents with reassurance that their baby has returned to her birth weight or is gaining weight

and thus getting the appropriate feedings. Newborns with jaundice may be more difficult to awaken, resulting in greater difficulty with feedings, especially breastfeeding. Close supervision and counseling is needed to assist parents in ensuring that their newborn awakens for feedings to ensure adequate hydration.

Providing parents with guidance to recognize their baby's signals for both hunger and satiation will help them provide an appropriate feeding amount and frequency, as well as avoid overfeeding.

Counseling may be needed to discuss benefits of holding the baby during feedings. It also may be advisable to actually observe the newborn feeding because some newborns with reflux will arch their back and pull away from the parent, leaving the parent with the impression that the newborn does not like the breast milk, formula, or being held. This is an important cue that the family needs additional counseling and assistance. Consider mentioning the need to delay introduction of complementary foods until after 6 months of age. If the family is having difficulty obtaining sufficient formula or nutritious food, provide information about WIC and local community food programs.

SAMPLE QUESTIONS:

How is feeding going? How are you feeding your baby? How does your baby like to be held when you feed her? How easy is it to burp your baby during or after feedings?

ANTICIPATORY GUIDANCE:

- If you are bottle-feeding, do not prop the bottle, as this puts your baby at risk of choking, ear infections, and early childhood caries. Holding your baby close while you feed her gives you the opportunity for warm and loving interaction with her.
- Babies usually burp at natural breaks (eg, midway through or after a feeding). Help her burp by gently rubbing or patting her back while holding her against your shoulder and chest or supporting her in a sitting position on your lap.

SAMPLE QUESTIONS:

Are you comfortable that your baby is getting enough to eat? How many wet diapers and stools does your baby have each day?

ANTICIPATORY GUIDANCE:

- Your baby is getting enough milk if she has 6 to 8 wet cloth diapers (5 or 6 disposable diapers) and 3 or 4 stools per day and is gaining weight appropriately.
- Breastfed newborns usually have loose, frequent stools. After several weeks, the number of bowel movements may decrease. Breastfed babies who are 6 weeks old and older may have stools as infrequently as every 3 days.
- Healthy babies do not require extra water, as breast milk and formula (when properly prepared) are adequate to meet the newborn's fluid needs.

SAMPLE QUESTIONS:

How do you know if your baby is hungry? How do you know if she has had enough to eat?

ANTICIPATORY GUIDANCE:

- A baby's usual signs of hunger include putting her hand to her mouth, sucking, rooting, facial grimaces, and fussing. Crying is a late sign of hunger.
- You can tell she's full because she will turn her head away from the breast or bottle, close her mouth, or relax her arms and hands.

Guidance on Breastfeeding

New mothers should make sure that they continue to receive an appropriate diet and extra fluids. They also should get the sleep they need. Supportive partners, family, and friends can provide invaluable help for the new mother by taking care of her and the rest of the household to allow her to concentrate on the care of her newborn. A health care or lactation professional can provide information and support to address positioning for the mother's comfort and to prevent or minimize sore nipples, breast infection, and improper latching on. If a baby is not gaining weight or is not wetting her diaper 6 to 8 times per day, discuss with parents the quantity, frequency, and duration of feeding and closely monitor the newborn's feedings and weight until weight gain is satisfactory. Mothers who breastfeed their babies can receive from WIC breast pumps, breast shells, or nursing supplements to help support the initiation of breastfeeding.

A newborn who has a parent with a food allergy and/or a sibling with a significant allergy also may be at risk of allergies. Mothers who breastfeed should be careful to avoid their own allergens.

SAMPLE QUESTIONS:

How is breastfeeding going for you and your baby? How often does your baby nurse? How long do feedings last? In what ways is breastfeeding different now from when you were last here? Does it seem like your baby is breastfeeding more often or for longer periods of time, compared to the first couple of days? How can you tell whether your baby is satisfied at the breast? What concerns do you have about breastfeeding? Is nursing uncomfortable or do you have sore nipples? Are you continuing to take prenatal vitamins? What OTC or prescription medications are you taking? What questions do you have about any condition that might prevent you from breastfeeding? Are you offering the baby breast milk in a bottle? Are you using a pacifier? Will you be able to breastfeed your baby if you return to work or school?

ANTICIPATORY GUIDANCE:

- Exclusive breastfeeding continues to be the ideal source of nutrition for at least the first 4 to 6 months of life.
- At about 1 week of age, your baby should settle into a more typical breastfeeding routine of every 2 to 3 hours in the daytime, and every 3 hours at night, with one longer 4- to 5-hour stretch between feedings, for a total of 8 to 12 feedings in 24 hours.
- You can help your baby by paying attention to her sleep cycles in the day. When she comes to a drowsy state, change her diaper and wake her for a feeding about every 2 to 3 hours. Doing this with your baby is called "state modulation," and it helps your family and the baby develop a routine around feeding and sleep.

- If you are breastfeeding, wait until your baby is 1 month old before giving her a pacifier.
- Breastfeeding is often a challenge for mothers, whether or not they have breastfed before. Every baby is different and "catches on" a little differently. That is why lactation consultants are available to give you consultation, education, and support as you and your baby are beginning to breastfeed. I can give you contact information for a lactation consultant.

Guidance on Formula Feeding

A newborn who is growing appropriately will average 20 oz of formula per day with a range of 16 to 24 oz per day. Formula preparation and formula safety information is needed for parents, especially the length of time over which formula from one feeding can be offered to the newborn. Parents also need to know why it is important to seek professional guidance before changing to a different formula.

SAMPLE QUESTIONS:

Do you have any concerns about formula? What concerns do you have about cost, nutrient content, and differences across brands? What questions do you have about preparing formula and storing it safely?

ANTICIPATORY GUIDANCE:

- Make sure to always use iron-fortified formula. At first, give your baby 2 oz of prepared formula every 2 to 3 hours. Give her more if she still seems hungry. As she grows and her appetite increases, you will need to prepare larger amounts.
- Because formula is expensive, you may be hesitant to throw away any that is left in the bottle. For food safety reasons, if your baby has not taken all of the formula at one feeding and you plan to continue using it, you should put it back in the refrigerator. Do not mix this formula with new formula. If the formula has been heated and has been out of the refrigerator for 1 hour or more, discard it.
- If you are thinking about switching brands of formula, talk to me first.

SAFETY

Car safety seats, tobacco smoke, hot liquids (water temperature)

Parents should not place their baby's car safety seat in the front seat of a vehicle with a passenger air bag because the air bags deploy with great force against a car safety seat and cause serious injury or death.

Counsel parents that their own safe driving behaviors (including using safety belts at all times and not driving under the influence of alcohol or drugs) are important to the health of their children.

Infants with special needs need special consideration for safe transportation. Refer parents to a local, specially trained child passenger safety technician for assistance with special positioning and restraint devices (www.preventinjury.org).

Questions about proper installation should be referred to a certified Child Passenger Safety Technician in the community.
Child Safety Seat Inspection Station Locator: www.seatcheck.org
Toll-free Number: 866-SEATCHECK (866-732-8243)

SAMPLE QUESTIONS:

Is your baby fastened securely in a rear-facing car safety seat in the back seat every time he rides in a vehicle? Do you have any problems using your baby's car safety seat?

ANTICIPATORY GUIDANCE:

- A rear-facing car safety seat that is properly secured in the back seat is the best place for your baby to ride in a vehicle.
- The harnesses should be snug and the car safety seat should be positioned at the recommended angle so that the baby's head does not fall forward. Babies with special needs, such as premature babies or babies in casts, need special consideration for safe transportation.
- Your baby needs to stay in his car safety seat at all times during travel. If he becomes fussy or needs to nurse, stop the vehicle and take him out of the car safety seat to attend to his needs. Strap him safely back into his seat before traveling again.
- Car safety seats should be used only for travel (not for positioning outside the vehicle). Keep the harnesses snug whenever your baby is in the car safety seat. This will help prevent falls out of the seat and strangulation on the harnesses.

Child Safety Seat Inspection Station Locator: www.seatcheck.org. Toll-free Number: 866-SEATCHECK (866-732-8243).

Discuss other strategies parents can use to keep their baby safe.

SAMPLE QUESTION:

What other things are you doing to keep your baby safe and healthy?

ANTICIPATORY GUIDANCE:

- If you smoke, try to cut down or quit. Make your home and vehicle smoke-free zones (smoke only outside the home and car).
- Do not drink hot liquids while holding the baby.
- To protect your child from tap water scalds, the hottest temperature at the faucet should be no higher than 120ºF. In many cases, you can adjust your water heater. Before bathing the baby, always test the water temperature with your wrist to make sure it is not too hot.

NEWBORN CARE

When to call (temperature taking), emergency readiness (CPR), illness prevention (hand washing, outings), skin care (sun exposure)

It may take some time for parents of newborns to develop confidence in their ability to care for their baby. They may welcome guidance about issues such as knowing when to call the practice, knowing how to determine and prevent illness in their baby, and how to handle emergencies.

Newborns with recognizable diagnosis or prematurity should be referred for early intervention services so that families may receive the support and be connected to the community services they need.

SAMPLE QUESTIONS:
What type of thermometer do you have? Do you know how to use it?

ANTICIPATORY GUIDANCE:
- You may have been given an ear thermometer as a baby gift, but do not take your baby's temperature by ear or mouth until she is 4 years old. Taking your baby's temperature rectally is preferred. A rectal temperature of 100.4˚F/38.0˚C is considered a fever.

Poison Control Center (1-800-222-1222)

SAMPLE QUESTION:
Do you know what to do in an emergency or if you have concerns or questions about your baby?

ANTICIPATORY GUIDANCE:
- Here are some emergency preparedness strategies:
  - Complete an American Heart Association or American Red Cross First Aid or Infant CPR program.
  - Have a family first-aid kit.
  - Make a list of the local emergency telephone numbers, including the Poison Control Center (1-800-222-1222), and post it at every telephone.
- Have a family emergency preparedness plan and become familiar with your community's plan.

SAMPLE QUESTIONS:
What questions do you have about:
- *Going out with your baby?*
- *Going to public places, such as faith-based activities?*
- *What to tell visitors about handling your baby?*

ANTICIPATORY GUIDANCE:
- To protect your baby in the first month of life, do not let her be handled by many people. Avoid crowded places, overdressing, and exposure to very hot or cold temperatures.
- Make sure to wash your hands often, especially after diaper changes and before feeding the baby.

- As much as possible, keep your baby out of the sun. If she has to be in the sun, use a sunscreen made for children. For babies younger than 6 months, sunscreen may be used on small areas of the body, such as the face and backs of the hands, if adequate clothing and shade are not available.
- Your baby may get a skin rash. Rashes are normal and happen between 4 and 8 weeks. Let me know if you have any questions or concerns.

Health Supervision: 1 Month Visit

Context

Within the first month, parents become increasingly attuned to their baby as they learn to interpret the meanings of their baby's cues and how their caregiving responses to the baby's behaviors may influence his behaviors. Through their growing understanding of their newborn, parents learn strategies to support the baby's emerging personality and self-regulation. The primary focus of parents' caregiving relates to feedings, sleep and wake patterns, elimination, and assimilation into the family.

The frequency of visits during the first 2 months of life will depend on the baby's health status and the family's needs. Babies who were premature or sick at birth, those entering foster care or adoptive families, those with special health or developmental needs, and first-time or anxious parents likely will need more frequent visits. In addition to offering counseling and reassurance to the parents, the health care professional may need to arrange referrals for comprehensive evaluation and management of the infant's problems and for community-based family support services. As coordinator of the infant's medical home, the health care professional will ascertain and assist the family in ensuring that appropriate linkages are in place for any needed subspecialty medical or surgical care and early intervention services.

The 1 Month Visit encompasses routine health surveillance; response to parental concerns; and encouragement, support, and practical guidance about the infant's growth and nutrition, development, and transition to a consistent sleep and wake pattern. For the infant born prematurely or with a health condition that makes feeding a challenge, additional attention will need to be directed toward feeding skills, the adequacy of nutrient and caloric intake, and infant growth. The results of newborn metabolic/genetic and hearing screening tests should be reviewed and repeat testing, as required, should be arranged or completed. Risk factors requiring future testing should be documented. If the mother will be returning to work or school in the near future, guidance regarding the selection of safe child care may be provided. Counseling to reduce the risk of injury in the home,[13] and anticipatory guidance to address nighttime awakening and crying problems,[14] both of which have been demonstrated to be efficacious, are additional appropriate topics for the 1 Month Visit.

Families experiencing adjustment difficulties, and mothers manifesting postpartum psychological symptoms, will require close involvement and interaction with the health care professional and may need referral to resources to support their material or emotional needs.

Priorities for the Visit

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Parental (maternal) well-being (health [maternal postpartum checkup, depression, substance abuse], return to work/school [breastfeeding plans, child care])
- Family adjustment (family resources, family support, parent roles, domestic violence, community resources)
- Infant adjustment (sleep/wake schedule, sleep position [back to sleep, location, crib safety], state modulation [crying, consoling, shaken baby], developmental changes [bored baby, tummy time], early developmental referrals)
- Feeding routines (feeding frequency [growth spurts], feeding choices [types of foods/fluids], hunger cues, feeding strategies [holding, burping], pacifier use [cleanliness], feeding guidance [breast feeding, formula])
- Safety (car safety seats, toys with loops and strings, falls, tobacco smoke)

Health Supervision

History

Interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

- Tell me how things are going for your baby.
- What are your baby's routine and schedule like now?
- What are some of your best and most difficult times of day with the baby?
- Have you been feeling tired or blue?
- Have you and your partner had some time for yourselves?
- Who helps you with the baby and your other children? Who watches the baby for you? Do you have any conflicts with that person(s) about what is safe and healthy for the baby?

Observation of Parent-Child Interaction

During the visit, the health care professional should observe:

- Do the parents appear content, happy, depressed, tearful, angry, anxious, fatigued, overwhelmed, or uncomfortable?
- Do the parents appear uncertain or nervous (eg, partner is uninvolved, parents lack awareness about questions)?
- How do the parent and infant interact around feeding/eating?
- How do they respond to one another (eg, affectionate, comfortable, distant, anxious)?

If both parents are present:

- How do they each interact, care for, and respond to the infant's cues?
- Do they individually express an awareness and understanding of their infant and their infant's health and developmental needs?
- Do they appear to be comfortable with each other and with the infant?

Surveillance of Development

Do you have any specific concerns about your baby's development, learning, or behavior?

SOCIAL-EMOTIONAL

- Is responsive to calming actions when upset

COMMUNICATIVE

- Is able to follow parents with his eyes
- Recognizes the parents' voices

COGNITIVE

- Has started to smile

PHYSICAL DEVELOPMENT

- Is able to lift his head when on his tummy

Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

- **Measure and plot (adjust for gestational age, as indicated):**
  - Length
  - Weight
  - Head circumference
- **Plot:**
  - Weight-for-length
- **Head**
  - Note positional skull deformities
- **Eyes**
  - Examine for red reflexes
  - Ensure eyes are of equivalent color, intensity, and clarity
  - Observe for opacities or clouding of cornea
- **Heart**
  - Ascult for heart murmurs
  - Palpate femoral pulses
- **Abdomen**
  - Search for abdominal masses
  - Note healing of the umbilicus
- **Musculoskeletal**
  - Perform Ortolani and Barlow maneuvers
- **Neurologic**
  - Assess tone and neurodevelopmental status, including attentiveness to visual and auditory stimuli

Screening

UNIVERSAL SCREENING	ACTION	
Metabolic and hemoglobinopathy	If not done previously (eg, baby delivered at home, or discharged from the NICU), conduct screening as required by the state.†	
Hearing	If not done at birth (eg, baby delivered at home, or discharged from the NICU), screening should be completed within the first month of life.‡	
SELECTIVE SCREENING	**RISK ASSESSMENT***	**ACTION IF RA +**
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure
Vision	Parental concern or abnormal fundoscopic examination or prematurity with risk conditions	Ophthalmology referral
Tuberculosis	+ on risk screening questions	Tuberculin skin test

†Verify documentation of newborn metabolic screening results, appropriate rescreening, and needed follow-up.

‡Positive screenings should be followed up with a diagnostic audiologic assessment, and an infant with a definitive diagnosis should be referred to the state Early Intervention Program.

*See the Rationale and Evidence chapter for the criteria on which risk screening questions are based.

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.
CDC National Immunization Program (NIP): http://www.cdc.gov/vaccines
American Academy of Pediatrics *Red Book*: http://www.aapredbook.org

Consider **influenza vaccine** for caregivers of infants younger than 6 months.

Anticipatory Guidance

The following sample questions, which address the Infancy Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family.

PARENTAL (MATERNAL) WELL-BEING

Health (maternal postpartum checkup, depression, substance abuse), return to work/school (breastfeeding plans, child care)

Discuss the mother's postpartum physical and emotional health and provide information about her needs during this period. Any suggestion of depression should trigger screening questions for increased drug and alcohol use. Explore issues of substance abuse (with legal and illegal drugs) as self-medication of mood. As needed, refer the mother to her obstetrician or other health care professional and appropriate community-based mental health services.

Mothers who are planning on returning to work have many feelings about leaving their babies and need assistance in finding high-quality child care and in determining how to continue breastfeeding.

SAMPLE QUESTIONS:

What have you heard from your obstetrician or other health care professional about resuming your normal daily activities after delivery? When is your postpartum checkup? How are you managing any pain or discomfort from delivery or breastfeeding?

ANTICIPATORY GUIDANCE:

- Typically, a 6-week postpartum checkup should be scheduled to discuss how you are feeling and make any arrangement you wish about birth control. Sometimes, moms are so tired they forget or just don't make their postpartum appointment.
- If you are still feeling discomfort from the delivery or with breastfeeding, you should talk with your obstetrician or health care professional.

SAMPLE QUESTIONS:

What are some of your best, and most difficult, times of day with the baby? How are your spirits? Have you been feeling sad, blue, or hopeless since the delivery? Are you still interested in activities you used to enjoy? Do you find that you are drinking, using herbs, or taking drugs to help make you feel better (less depressed, less anxious, less frustrated, calmer)?

ANTICIPATORY GUIDANCE:

- Many mothers feel tired or overwhelmed in the first weeks at home. They also may experience some "baby blues" for a short time. These feelings should not continue, however. If you find that you are still feeling very tired or overwhelmed, or you are using alcohol or drugs to feel better, let your partner, your health care professional, and/or your baby's health care professional know so that you can get the help you need.

SAMPLE QUESTIONS:

How do you feel about returning to work or school? Do you wonder about how returning to work or school may affect your relationship with your baby? How it may affect breastfeeding? Have you spoken with your employer about continuing to breastfeed when you return to work? Have you made arrangements for child care?

ANTICIPATORY GUIDANCE:

- Returning to work is often a hard thing to do. Finding a good child care arrangement that you trust will help you feel better about this decision. There are helpful resources and written guides as well as community resources available to assist you in selecting the right child care for you and your child.
- I also can give you advice and resources that can help you identify child care and help you continue breastfeeding after you go back to work/school.

FAMILY ADJUSTMENT

Family resources, family support, parent roles, domestic violence, community resources

A new mother needs strategies to help her juggle her multiple responsibilities, and support from her partner and other family members so that she can adequately take care of herself and her baby. Help parents understand the importance of asking for help when they need it. Fathers also may feel intense role strain when their natural family support system is not available to them. In many cultures, the grandmother or other female relative provides for, or supervises the care of, the young infant. Immigrant families may not have this resource available to them.

Suggest community resources that help with finding quality child care, accessing transportation, or getting a car safety seat, or addressing issues such as financial concerns, inadequate resources to cover health care expenses, inadequate or unsafe housing, limited food resources, parental inexperience, or lack of social support.

For mothers or caregivers who have a limited support network, community services and resources may be able to help the family.

Support family connection to the community through social, faith-based, cultural, volunteer, and recreational organizations or programs.

If the baby has special health care needs, provide information and referral to the local public health nursing services for MCHB Title V Information (Health Care Program for Children with Special Needs) and the local Early Intervention Program agency, often referred to as IDEA. These 2 programs will be able to assist in connecting families to many community resources.

Families need issue-specific guidance on ways to support their other children's emotional and developmental needs, as well as strategies to help their children adjust to the new baby's presence in the home. This is particularly important if the infant is premature or has other special health and developmental care needs, or if this is a multiple birth.

SAMPLE QUESTIONS:

Tell me about your living situation. Do you have:

- *Enough heat, hot water, and electricity?*
- *Appliances that work?*
- *Problems with bugs, rodents, peeling paint or plaster, or mold or dampness?*

How are your resources for caring for your baby? Do you have:

- *Enough knowledge to feel comfortable in caring for your baby?*
- *Health insurance?*
- *Enough money for food, clothing, diapers, and child care?*

ANTICIPATORY GUIDANCE:

- If you have problems with your living situation, consider contacting community services for help.

Families who are living with others (eg, their elders, those who are helping them from being homeless, or teen parents living with their parents) may have little control over their environment and caregiver roles and responsibilities. For some families, gender roles may preclude women from asking men for help. In a culturally sensitive way, health care professionals need to develop strategies with parents and the family about how to support the mother's needs.

SAMPLE QUESTIONS:

How are you finding taking care of yourself and the baby? Are you able to find time for your other children? Who helps you with the baby? Is your partner able to help care for the baby or with things around the house? How are your other children reacting to the baby? Have you observed any behavior changes, jealousy, or anything that concerns you? How are you handling this?

ANTICIPATORY GUIDANCE:

- Finding time for yourself can be a challenge. Talking with your partner and problem solving together will help your partner feel involved and identify ways to help you. It also may be important to have someone to talk with if you feel isolated and alone.
- Please let us know if this is happening so that we can provide you with community contacts that can assist you.

Provide information about the impact of domestic violence on children and about community resources that provide assistance. Recommend resources for parent education and/or parent support groups.

SAMPLE QUESTIONS:

Do you always feel safe in your home? Has your partner or ex-partner ever hit, kicked, or shoved you, or physically hurt you or the baby? Are you scared that you and/or other caretakers may hurt the baby? Do you have any questions about your safety at home? What will you do if you feel afraid? Do you have a plan? Would you like information on where to go or who to contact if you ever need help?

ANTICIPATORY GUIDANCE:

- One way that I and other health care professionals can help you if your partner is hitting or threatening you is to support you and provide information about local resources that can help you.

The health care professional should clearly explain the office practice plan for telephone triage, after-hours calls, and same-day illness appointments. Parents should specifically know early illness signs and symptoms and when to call the health care professional. Parents should be encouraged to call about any change in the infant's activity, appearance, or behavior that makes them uncomfortable.

It is also helpful if the health care professional has a list of strategies and resources to share with families who do not have telephone service in their home or whose communities may not have ready access to public telephones.

Culturally based practices to prevent illness, such as tying amulets or strings and any other related safety issues, are important to discuss.

SAMPLE QUESTIONS:

Do you know what to do in an emergency? Do you have a list of emergency numbers? Depending on the family, it may be appropriate to ask: *Do you know when to call the health care professional? What type of thermometer do you have? Are you comfortable using it and knowing when to call the office if your child has a temperature? Do you know when and where to go to an emergency department? Do you have access to a telephone for emergencies?*

ANTICIPATORY GUIDANCE:

- I encourage you to complete an American Heart Association or American Red Cross First Aid or infant CPR program.
- You also should learn what to do if your baby begins to choke.
- Make sure you have a first-aid kit, know the local emergency telephone numbers, and be aware of concerns that might require a 911 call.
- Familiarity with disaster preparedness measures is also important.
- A rectal temperature of 100.4˚F/38.˚C is considered a fever. Use of a rectal digital thermometer is preferred. Do not take the baby's temperature by mouth until he is 4 years old.
- Wash your hands with soap and water often, or use a non-water antiseptic, especially after diaper changes and before feeding the baby.

INFANT ADJUSTMENT

Sleep/wake schedule, sleep position (back to sleep, location, crib safety), state modulation (crying, consoling, shaken baby), developmental changes (bored baby, tummy time), early developmental referrals

Discuss the infant's cues for sleep and ways for parents to help the infant develop a regular sleep pattern. Note that infant irritability may be due to lack of sleep. Consider an intervention if the infant sleeps all the time, never sleeps, is irritable, is difficult to console, or is difficult to feed.

Address the risks of bed sharing with a caregiver and with other children, and appropriate cautions regarding bed and bedding type tobacco, alcohol, or substance use by the caregiver. At the same time, health care professionals should be sensitive to parents' cultural traditions and beliefs about infant sleep and sleep location.

Parents or caregivers may have concerns about the infant's comfort and restfulness in the supine sleep position and a comfortable room temperature for the baby. The health care professional can provide suggestions about how to keep the infant from getting too warm or too cold while sleeping.

SAMPLE QUESTION:
How is your baby sleeping?

ANTICIPATORY GUIDANCE:

- Many babies are unable to develop a regular sleep/wake pattern on their own and need your help. Providing a consistent and predictable routine for your baby will help her learn to develop a regular sleep/wake pattern.
- Putting the baby in her crib either awake or drowsy, not in a deep sleep, will help her make the transition from being awake to asleep in the crib. This will avoid problems with night waking later on because, when she wakes up, she will be in a familiar place.
- Do not use loose, soft bedding (blankets, comforters, sheepskins, quilts, pillows, pillow-like bumper pads) or soft toys in the baby's crib because they are associated with an increased risk of SIDS.
- The room temperature should be comfortable and the baby should be kept from getting too warm or too cold while sleeping.

SAMPLE QUESTIONS:
Where does your baby sleep now? What have you heard about "back to sleep and prone to play"?

ANTICIPATORY GUIDANCE:

- Always put your baby down to sleep on her back, not her tummy or side. Ask your relatives and caregivers to also put your baby "back to sleep."
- Experts recommend that your baby sleep in your room in her own crib (not in your bed). If you breastfeed or bottle-feed your baby in your bed, return her to her own crib or bassinet when you both are ready to go back to sleep.

- Be sure your baby's crib is safe. The slats should be no more than $2\frac{3}{8}$ inches (60 mm) apart. The mattress should be firm and fit snugly into the crib. Keep the sides of the crib raised when your baby is in the crib.
- If you use a mesh playpen or portable crib, the weave should have small openings less than $\frac{1}{4}$ inch (6 mm). Never leave your baby in a mesh playpen or crib with the drop-side down.

SAMPLE QUESTION:

Have you tried to give your baby a pacifier?

ANTICIPATORY GUIDANCE:

- Using a pacifier during sleep is strongly associated with a reduced risk of SIDS. After your baby is about 1 month old, consider offering a pacifier when she lies down for sleep. Never reinsert the pacifier if it falls out after the baby falls asleep and do not coat it with a sweet solution.

Offer strategies to support the infant's state regulation and behavioral maturation, including ways to engage the infant and console and calm her. This is particularly important if the infant is premature or exhibits signs of easily being over-stimulated or overwhelmed or if the baby is difficult to engage. Encourage parents to learn about their baby's temperament and how it affects the way she relates to the world.

If the intensity, frequency, duration, and constancy of the infant's crying is intense, it should be evaluated. Discuss with parents strategies to manage their infant and her responses. Concerns about infant attachment or parent-infant interaction should prompt the health care professional to refer the family to community parenting and support programs. If concerns about infant development are evident, consider referral to the local Early Intervention Program agency, often referred to as IDEA.

Counsel parents about how fragile an infant's head is and how it is important to protect an infant from shaking. Parents should be counseled to ensure that other caregivers also recognize the infant's vulnerabilities and understand how important it is to avoid shaking a baby, and that, if the baby cannot be consoled, they need to call for help.

If parents are feeling stressed or if they are having difficulty getting along together, they need referral to an appropriate mental health care professional.

Parents/caregivers can be encouraged to seek support from their natural support network for respite. Not all families will have this resource accessible to them. Health care professionals can give parents the telephone numbers for community resources that can help.

SAMPLE QUESTIONS:

Tell me how you know what your baby wants. What is your baby's cry like? Are the cries different at different times? What do you think they mean? How much is your baby crying? How often? What seems to help? What do you do when you get frustrated with your baby? What are some of the ways you have found to calm your baby when she is crying? What do you do if they don't work? Who is helping you at home? Who helps care for the baby or with other home activities?

ANTICIPATORY GUIDANCE:

- A young infant cannot be "spoiled" by holding, cuddling, and rocking her, or by talking and singing to her. Responding quickly to your baby's cry will not spoil her, but it will teach her that she will be cared for. It is important to respond to your baby's crying now because it actually will decrease clingy behavior later on, which is commonly associated with the term, "spoiled child."
- Many babies have fussy periods in the late afternoon or evening. Strategies to calm a fussy infant include being there with her, talking, patting or stroking, bundling or containing, holding, and rocking her, and letting her suck. Sometimes it is hard to console a fussy or crying baby, no matter what you do.
- An infant's developmental progress toward self-consoling includes putting her hands to her mouth or sucking on her fingers, thumb, and pacifier (used appropriately).
- Holding a baby in a front carrier or sling may decrease crying, but these may not be safe for infants who are premature or have neuromuscular or neurologic problems.
- All new parents feel overwhelmed, frustrated, exhausted, or angry occasionally. If all else fails, you can try putting the baby in her crib, making certain she is safe, closing the door, and checking on her every few minutes. Never, ever, shake your baby, because it could cause permanent brain damage. If you ever feel that you need help because your baby is crying so much, contact community resources that can help you.

SAMPLE QUESTION:

Tell me what happens with you and the baby when she is alert and awake.

ANTICIPATORY GUIDANCE:

- Spending time playing and talking during quiet, alert states helps strengthen the parent-child bond by building a trusting relationship.
- Babies need "tummy time" to develop head control and to get used to being on their stomach. This time is important because it stimulates muscle development and can help prevent the development of a flat area on the back of the head. During these times, place your baby in a position where she can see around the room and you can talk and interact with her even while doing other chores.

FEEDING ROUTINES

Feeding frequency (growth spurts), feeding choices (types of foods/fluids), hunger cues, feeding strategies (holding, burping); pacifier use (cleanliness), feeding guidance (breastfeeding, formula)

General Guidance on Feeding

Feeding strategies and information depends on whether the mother is breastfeeding or formula-feeding her baby, or both.

An infant who cries inconsolably for several hours a day and passes a lot of gas may have colic or reflux.

Parents may give their infants OTC medications or herbal products (eg, teas, digestive aids, or sleep or discomfort remedies), some of which may be harmful to the infant. Discussion about use of these products should be conducted within the family's cultural context, recognizing that, for many families, these are important practices believed to protect the child's health and well-being.

Discuss contraindications to breastfeeding as warranted.

SAMPLE QUESTIONS:

How is feeding going? What are you feeding your baby at this time? How often are you feeding your baby during the day? During the night? Tell me about all foods and fluids you are offering the baby. Has anyone given the baby cereal or other food?

ANTICIPATORY GUIDANCE:

- Mothers who exclusively breastfeed provide ideal nutrition for their babies for about the first 6 months of life. For infants who are not breastfeeding, iron-fortified formula is the recommended substitute.
- Feed your baby when he shows signs of hunger, usually 8 to 12 times in 24 hours. Babies should not be overfed.
- Do not offer your baby food other than breast milk or formula until he is developmentally ready (around the middle of his first year).
- Healthy babies do not require extra water. Breast milk and formula (when properly prepared) are adequate to meet your baby's fluid needs. Juice is not recommended in the first 6 months of life.
- Infants often go through growth spurts between 6 and 8 weeks of age and significantly increase their milk intake during that time.

SAMPLE QUESTIONS:

How do you know if your baby is hungry? How do you know if he has had enough to eat?

ANTICIPATORY GUIDANCE:

- Signs of fullness are turning the head away from nipple, closing the mouth, and showing interest in things other than eating.

SAMPLE QUESTIONS:

How do you hold your baby when you feed him? Do you ever prop the bottle to feed or put your baby to bed with the bottle?

ANTICIPATORY GUIDANCE:

- When feeding your baby, always hold him in your arms in a partly upright position. This will prevent him from choking and will allow you to look into his eyes during feedings. Feeding is a wonderful opportunity for warm and loving interaction with your baby.
- As infants grow, they are more easily distracted during feeding and may need gentle repetitive stimulation (eg, rocking, patting, stroking, and a quiet, dimly lit environment).

- Do not prop a bottle in your baby's mouth or put him to bed with a bottle containing juice, milk, or other sugary liquid. Propping and putting him to bed with a bottle increases the risk of choking and developing early dental caries (tooth decay).

SAMPLE QUESTION:
How easily does your baby burp during or after a feeding?

ANTICIPATORY GUIDANCE:
- Burp your baby at natural breaks (eg, midway through or after a feeding) by gently rubbing or patting his back while holding him against your shoulder and chest or supporting him in a sitting position on your lap.

SAMPLE QUESTION:
How many wet diapers and stools does your baby have each day?

ANTICIPATORY GUIDANCE:
- Your baby is getting enough milk if he has 6 to 8 wet cloth diapers (5 or 6 disposable diapers) and 3 or 4 stools per day and is gaining weight appropriately. The number of bowel movements may decrease and, by 6 weeks, breastfed infants may have stools as infrequently as every 3 days.

SAMPLE QUESTIONS:
Are you giving your baby any supplements, herbs, or vitamins? What vitamin or mineral supplements do you take or plan to take? Are you taking any herbs or drinking any special teas? What medications do you use (eg, prescription, OTC, homeopathic, herbs, or street drugs)?

ANTICIPATORY GUIDANCE:
- Most medications are compatible with breastfeeding, but check them out individually with me or your other health care professionals.
- For formula-fed infants, vitamin supplements are not needed if the formula is iron fortified and the baby is consuming an adequate volume of formula for appropriate growth.

Guidance on Breastfeeding

Mothers who breastfeed should receive 400 µg of folate or folic acid daily by taking a daily prenatal vitamin or a multivitamin in addition to eating a nutritious diet. Vegetarian mothers will need a daily vitamin/mineral supplement containing iron, zinc, and vitamin B_{12}. It is essential that strict vegan mothers who eat no animal products take a daily vitamin B_{12} supplement. Suggest that the mother contact her own health care professional with any questions or concerns about supplements.

Vitamin D (400 IU) supplements are recommended for breastfed infants beginning between 2 weeks and 2 months.

Breastfed premature infants should begin an iron supplement (2 mg/kg/d) by 2 months, and consideration should be given to a phosphate supplement to avoid rickets.

SAMPLE QUESTIONS:

How is breastfeeding going for you and your baby? Are you breastfeeding exclusively? If not, what else is the baby getting? Do you need any help with breastfeeding? Does it seem as though your baby is breastfeeding more often or for longer periods of time? In what ways is breastfeeding different now from when you were last here? How can you tell if your baby is satisfied at the breast?

ANTICIPATORY GUIDANCE:

- Exclusive breastfeeding continues to be the baby's best source of nutrition during the first 4 to 6 months of life.
- You can be reassured about your baby's weight gain by reviewing the growth chart.

SAMPLE QUESTION:

What vitamin or mineral supplements do you take or plan to take?

ANTICIPATORY GUIDANCE:

- Continue to take a daily prenatal vitamin or a multivitamin, in addition to eating a nutritious diet.

SAMPLE QUESTION:

Has your baby received breast milk or other fluids from a bottle?

ANTICIPATORY GUIDANCE:

- Avoid using any artificial nipples (pacifiers, bottles) and supplements (unless medically indicated) until breastfeeding is well established. For most infants, this occurs around 4 to 6 weeks. Some babies may never use pacifiers or bottles.
- If you wish to introduce a bottle to your breastfeeding baby, pick a time when he is not overly hungry or full. Have someone other than you offer the bottle. Allow the baby to explore the bottle's nipple and take it in his mouth. Experiment with different bottle nipples and flow rates. Once you find a nipple that works well for your baby, it is important to stay with that type so that he can get used to a consistent flow of milk. Over time, as his suck becomes stronger, he may need a nipple with a slower flow rate.

Guidance on Formula Feeding

Proper preparation, heating, and storage of infant formula should be reinforced. If there is evidence of inadequate formula availability to meet the infant's needs, appropriate referrals to WIC and other community resources should be provided.

A 1-month-old girl will average 24 oz of formula daily and a 1-month-old boy will average 27 oz of formula daily. Infants may, however, range from 20 to 31 oz of formula daily.

SAMPLE QUESTIONS:

How is formula feeding going for you and your baby? What formula do you use? Is the formula iron fortified? How often does your baby feed? How much does your baby take at a feeding? Have you offered your baby anything other than formula? What concerns do you have about the formula (cost, preparation, nutrient content)?

ANTICIPATORY GUIDANCE:

- You will need to prepare and offer more infant formula as your baby's appetite increases and he goes through growth spurts.

SAFETY

Car safety seats, toys with loops and strings, falls, tobacco smoke

Parents should not place their baby's car safety seat in the front seat of a vehicle with a passenger air bag because the air bags deploy with great force against a car safety seat and cause serious injury or death.

Counsel parents that their own safe driving behaviors (including using safety belts at all times and not driving under the influence of alcohol or drugs) are important to the health of their children.

Infants with special needs need special consideration for safe transportation. Refer parents to a local, specially trained child passenger safety technician for assistance with special positioning and restraint devices (www.preventinjury.org).

Questions about proper installation should be referred to a certified Child Passenger Safety Technician in the community.
Child Safety Seat Inspection Station Locator: www.seatcheck.org
Toll-free Number: 866-SEATCHECK (866-732-8243)

Child Safety Seat Inspection Station Locator: www.seatcheck.org. Toll-free Number: 866-SEATCHECK (866-732-8243).

SAMPLE QUESTION:

Are you having any problems using the baby's car safety seat?

ANTICIPATORY GUIDANCE:

- A rear-facing car safety seat should always be used to transport your baby in all vehicles, including taxis and cars owned by friends or other family members.
- Never place your baby's car safety seat in the front seat of a vehicle with a passenger air bag because air bags deploy with great force against a car safety seat and cause serious injury and death.
- Your baby needs to remain in the car safety seat at all times during travel. If she becomes fussy or needs to nurse, stop the car and remove her from the car safety seat to attend to her needs. Strap her safely back into her seat before traveling again.
- The back seat is the safest place for children to ride.

- Your own safe driving behaviors are important to the health of your children. Use a safety belt at all times and do not drive after using alcohol or drugs.

Discuss other strategies that parents can use to keep their baby safe.

SAMPLE QUESTION:
What other suggestions have you heard that will keep your baby safe?

ANTICIPATORY GUIDANCE:

- Always keep one hand on your baby when changing diapers or clothing on a changing table, couch, or bed, especially as she begins to roll over. Falls are the most frequent reason for emergency room visits for injury.
- Bracelets, toys with loops, or string cords should be kept away from your baby, and string or necklaces should never be around her neck. Dangling electrical, telephone, window blind, or drapery cords should be far from her reach.

Discuss the risks to the infant of smoking. Encourage parents who are quitting, and provide information about smoking cessation strategies and resources for those who are considering quitting.

SAMPLE QUESTION:
Does anyone who lives in or visits the home smoke?

ANTICIPATORY GUIDANCE:

- It is very important for your baby's health that your home, vehicle, and other places the baby stays are smoke-free. Smoking can increase your baby's risk of SIDS, asthma, ear infections, and respiratory infections.

Health Supervision: 2 Month Visit

Context

By 2 months after birth, parents and their baby are communicating with each other. The parent/caregiver and baby can gain each other's attention and respond to each other's cues. The baby looks into his parents' eyes, smiles, coos, and vocalizes reciprocally. He is attentive to his parents' voices, and reacts with enjoyment when his senses are stimulated with pleasant sights, sounds, and touch. The infant's responses to his parents when they cuddle him or talk and sing to him provide important feedback that helps the parents feel pleasure and competence. Likewise, the parents' prompt responses to his cries and other more subtle cues help teach him cause and effect and, most importantly, trust.

Typically, parents have settled into their new roles, learning how to divide the tasks of caring for their baby, themselves, and the needs of the family. They may still feel tired and express a desire for rest. Other relatives and members of the support network feel a connection to the baby, and the parents are comfortable with them holding or caring for the baby.

The baby can now hold his head upright for brief periods of time while he is being held. His weight, length, and head circumference should increase along his predicted growth curve. Parents appreciate the health care professional's review of early milestone development because it helps them understand and anticipate the resolution of newborn reflexes. The Moro reflex, reflex grasp, and tonic neck reflexes disappear before purposeful motor skills emerge. Opportunities for motor activity when the baby is awake, such as "tummy time," should be encouraged because they promote head control and appropriate gross motor development.

By this age, if the parents have been using a consistent and predictable routine for the baby, the baby should have established a fairly regular feeding and sleeping schedule. Frequent feedings are still normal for the breastfed baby. The formula-fed baby may need to be fed less frequently. As the baby is able to consolidate longer sleep cycles, a nighttime sleep cycle of 4 to 5 hours may be expected. As a result, night feedings may occur less frequently.

Parents need to be counseled on delaying the introduction of complementary foods until the middle of the first year of the baby's life and when the baby shows definite signs of readiness. These signs include increasing volume of breast milk or formula consumed, weight gain, and continuing physical development. Although it is a common belief, adding cereal to the diet will not increase the hours of sleep at night. Rather, the frequency and duration of feedings, regular naptimes, and active playtimes are more likely to encourage a consolidation of nighttime sleep cycles and longer sleep duration.

As the infant and family settle into a routine, parents begin to resume more of their previous activities and routines, reengage with other family members and friends, and return to school or work. Siblings and other members of the family can be encouraged to

participate in the baby's care, fostering their involvement and connection to the baby. Ideally, parents make plans to spend adult time together. Single parents may choose to spend time on outside interests and relationships. It also is important that other children in the family have some time alone with their parents for activities they enjoy. Parents can encourage responsible siblings to participate in the care of the baby to help them feel a valued connection with their little sibling. Arranging for quality, affordable child care is an important priority.

The mother's health (both physical and emotional) will determine her emotional and physical availability to care for her infant. Thus, she should consider talking with her partner and health care professional about completing her postpartum checkup and making family-planning arrangements.

At this visit, it is important for the health care professional to review infant safety measures, including appropriate sleep position and sleep practices, because families and other caregivers may have modified the recommended safe-sleeping measures due to perceived infant or caregiver needs. For example, the parents or other caregivers may feel that the infant's sleep is less comfortable or that spitting up poses a choking threat if the infant is on his back. It is important to ask the parents whether their caregiving practices or preferences differ from recommended practices. In addition, consideration must be given to the family's environment and living circumstances, as some aspects of the child's caregiving may not be under the control of the parent or primary caregiver. Health care professionals must be sensitive to cultural practices, gender roles, parental age, functional abilities, and financial independence of the parents.

Priorities for the Visit

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Parental (maternal) well-being (health [maternal postpartum checkup and resumption of activities, depression], parent roles and responsibilities, family support, sibling relationships)
- Infant behavior (parent-child relationship, daily routines, sleep [location, position, crib safety], developmental changes, physical activity [tummy time, rolling over, diminishing newborn reflexes], communication and calming)
- Infant-family synchrony (parent-infant separation [return to work/school], child care)
- Nutritional adequacy (feeding routine, feeding choices [delaying complementary foods, herbs/vitamins/supplements], hunger/satiation cues, feeding strategies [holding, burping], feeding guidance [breastfeeding, formula])
- Safety (car safety seats, water temperature [hot liquids], choking, tobacco smoke, drowning, falls [rolling over])

Health Supervision

History

Interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

- How are you?
- How have things been going in your family?
- How is your baby doing?
- What concerns or questions do you have about your baby?

Observation of Parent-Child Interaction

During the visit, the health care professional should observe:

- How responsive are the parents and the infant to each other (eg, gazing, talking, smiling, holding, cuddling, comforting, and showing affection)?
- How do the parents appear (eg, content, happy, depressed, tearful, angry, anxious, fatigued, overwhelmed, or uncomfortable)?
- Are the parents aware of, responsive to, and effective in responding to the infant's distress?
- Are the parents comfortable and confident with the infant?
- What are the parent-infant interactions around feeding/eating, comforting, and responding to infant cues?
- Do the parent and partner support each other or show signs of disagreement?

Surveillance of Development

Do you have any specific concerns about your baby's development, learning, or behavior?

SOCIAL-EMOTIONAL

- Attempts to look at parent
- Smiles
- Is able to console and comfort self (brings hands to midline and mouth)

COMMUNICATIVE

- Begins to demonstrate differentiated types of crying (hunger, discomfort, fatigue)
- Coos
- Has clearer behaviors to indicate needs for food, sleep, play, comforting

COGNITIVE

- Indicates boredom (crying/fussiness) when no changes in activity occur

PHYSICAL DEVELOPMENT

- Is able to hold up head and begins to push up in prone position
- Has consistent head control in supported sitting position
- Shows symmetrical movements of head, arms, and legs
- Shows diminishing newborn reflexes

Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

- **Measure and plot:**
  - Length
  - Weight
  - Head circumference
- **Plot:**
  - Weight-for-length
- **Skin**
  - Inspect for rashes or bruising
- **Head**
  - Palpate fontanelles
- **Eyes**
  - Inspect eyes and eyelids
  - Assess ocular mobility
  - Examine pupils for opacification and red reflexes
- **Heart**
  - Ascult for murmurs
  - Palpate femoral pulses
- **Musculoskeletal**
  - Perform Ortolani and Barlow maneuvers
  - Inspect for torticollis
- **Neurologic**
  - Evaluate tone, strength, and symmetry of movements

Screening

UNIVERSAL SCREENING	ACTION	
Metabolic and Hemoglobinopathy	If not done previously, verify documentation of newborn metabolic screening results, appropriate rescreening, and needed follow-up.	
Hearing	If not done previously, verify documentation of newborn hearing screening results and appropriate rescreening.†	
SELECTIVE SCREENING	**RISK ASSESSMENT***	**ACTION IF RA +**
Blood Pressure	Children with specific risk conditions or change in risk	Blood pressure
Vision	Parental concern or abnormal fundoscopic examination or prematurity with risk conditions	Ophthalmology referral

†Positive screenings should be followed up with a diagnostic audiologic assessment, and an infant with a definitive diagnosis should be referred to the state Early Intervention Program.

*See the Rationale and Evidence chapter for the criteria on which risk screening questions are based.

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.
CDC National Immunization Program (NIP): http://www.cdc.gov/vaccines
American Academy of Pediatrics *Red Book*: http://www.aapredbook.org

Consider **influenza vaccine** for caregivers of infants younger than 6 months.

ANTICIPATORY GUIDANCE

The following sample questions, which address the Infancy Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family.

PARENTAL (MATERNAL) WELL-BEING

Health (maternal postpartum checkup and resumption of activities, depression), parent roles and responsibilities, family support, sibling relationships

Discuss the mother's perspective of her own health and steps she is taking to care for herself. Mothers at this stage may feel sad, exhausted, frustrated, discouraged, or disappointed in their ability to care for their infant. Health care professionals should take into account economic pressures on the family, the need for the mother to return to work quickly, the need to care for other children, and neighborhood issues, such as safety and lack of sidewalks and recreational space. Provide phone numbers and contact information if the mother expresses any concerns about taking care of herself, and provide follow-up to ensure that she is able to access these resources.

SAMPLE QUESTIONS:

To both parents: How are you feeling?

To the mother: Have you had a postpartum checkup? Did you discuss family planning arrangements at this checkup? With your partner? What have you heard from your obstetrician about resuming your normal daily activities after delivery?

ANTICIPATORY GUIDANCE:

- Because your role as parents requires both physical and emotional energy, you must take care of yourselves so you can care for your baby.

SAMPLE QUESTIONS:

What help do you have with the baby? Are you getting enough rest? Have you been out of the house without the baby? Who takes care of the baby when you go out? How does your baby handle this separation? Do you have the opportunity to spend time with other parents and babies?

ANTICIPATORY GUIDANCE:

- It is important to take time for yourself as well as time with your partner. Your baby has a strong need to be with you. This need is stronger for some babies than for others. Let me know if you would like some suggestions for how to arrange time away from the baby or ideas for creative ways to spend time with your partner that do not compromise your baby's needs (such as activities when the infant is sleeping).

- It is important for you to identify ways to keep in contact with your friends and family members so that you do not become socially isolated.

SAMPLE QUESTIONS:

How are your other children? Are you able to spend time with each of them individually?

ANTICIPATORY GUIDANCE:

- One of the ways that you can meet the needs of your other children is by appropriately engaging them in the care of the baby. Having them bring supplies and hold the baby's hand are 2 ways they can help. Giving them a "baby/doll" of their own to hold, feed, and diaper is important. So is setting aside regular one-on-one time with your other children to read, talk, and do things together.

INFANT BEHAVIOR

Parent-child relationship, daily routines, sleep (location, position, crib safety), developmental changes, physical activity (tummy time, rolling over, diminishing newborn reflexes), communication and calming

The parents are beginning to experience some of the joys of their baby's behavior, such as an emerging smile, longer periods of alertness, and responsiveness. Parent uncertainty or nervousness, an uninvolved partner, or a statement that caring for the baby is "work" without relaxed or pleasant moments, requires further exploration and counseling, as does a lack of parental involvement as shown by a lack of questions about the baby and his development, or a demeanor of sadness, withdrawal, or anger.

SAMPLE QUESTIONS:

What do you and your partner enjoy most about your baby? What are some of your best times of day with him? What are you enjoying about caring for your baby? What is challenging about caring for your baby?

ANTICIPATORY GUIDANCE:

- At 2 months, your baby is beginning be alert and awake for longer stretches of time. He also will begin to respond more actively to you now by smiling and babbling. Make the most of this new development by cuddling, talking, and playing with your baby.
- It is important to know that a young infant cannot be "spoiled" by holding, cuddling, and rocking him, or by talking and singing to him. Spending time playing and talking during quiet, alert states helps strengthen the parent-child relationship by building trust between you and your baby.

A consistent, predictable sleep/wake pattern should be encouraged so that the infant can anticipate sleep and learn to sleep on his own, which means being placed in his crib in a drowsy state. Counseling may be needed for parents with no desire for schedule, no usual routine, or strict adherence to a restrictive feeding schedule. Parents with atypical and inconsistent sleeping patterns, and parents of infants with difficulty developing consistent sleep patterns, irritability, difficulty consoling, or difficulty with feeding also may need additional counseling because these problems all may be related to poor sleep patterns.

SAMPLE QUESTION:
What is your baby's sleep/wake schedule?

ANTICIPATORY GUIDANCE:
- Your baby is still developing regular sleep patterns. Help him by paying attention to his cues for sleep and by sticking to a regular schedule for naps and nighttime sleep. Infant irritability usually is due to lack of sleep.
- By this point, you may be waiting for your baby to sleep through the night. Infants usually have one long stretch of sleep during a 24-hour period. Many babies have this stretch of sleep during the daytime. You may need to help him move it to nighttime hours. More frequent feedings during the daytime will help him have a longer, 4- to 5-hour sleep stretch during the night.

It is recommended that the infant sleep in a separate, but proximate, sleep environment. The infant should sleep in a crib, bassinet, or cradle in the same room as the parents. Infants should not share a bed with parents or any other caregivers or children.

SAMPLE QUESTIONS:
Where does your baby sleep? What position does your baby sleep in? Is your baby having any difficulty sleeping on his back?

ANTICIPATORY GUIDANCE:
- Don't forget, to reduce the risk of SIDS, "back to sleep and prone to play." Make sure that any others who put your baby down to sleep follow "back to sleep" as well.
- A separate but nearby sleep environment is recommended. Babies should sleep in their parents' room, but not in their parents' bed.
- The room temperature should be kept comfortable; make sure the baby doesn't get too warm or cold while sleeping.
- Your baby's crib should have slats that are no more than $2\frac{3}{8}$ inches (60 mm) apart and with a mattress the same size as the crib. A crib should be certified by the JPMA. Keep the sides raised when your baby is sleeping in it.
- If you choose a mesh playpen or portable crib, the weave should have openings less than $\frac{1}{4}$ inch (6 mm). Never leave the baby in a mesh playpen with the drop-side down.

While observing the infant in prone position, discuss the importance of tummy time in the baby's daily activities. During the physical examination, demonstrate how the infant will try to grasp objects held close to his hand and learn to put his hands in his mouth, which aids in self-consoling.

SAMPLE QUESTION:

Physical activity is important for all of us, even young children. How is your baby moving about now?

ANTICIPATORY GUIDANCE:

- When babies are awake, they enjoy looking around their environment and moving their bodies. One of the first skills babies must learn is holding their head up. One of the ways babies learn to do this is through "tummy time." Although babies need to sleep on their backs, we want to encourage them to play on their tummies. Having them lie on their father's chest and look up into his face is a good activity in the first month. Tummy time also can help prevent the development of a flat area on the back of the head.

Assist the parents in becoming attuned to their infant's ability to handle stimulation and movement, and how best to incorporate activity into their infant's daily routine. Resources for parents to learn infant massage can be provided if parents are interested.

SAMPLE QUESTIONS:

What sounds does your baby make? Does the baby startle or respond to sounds and voices? Does he look at you and watch you as you move your face when you talk? What do you think your baby is feeling and trying to tell you? How does it make you feel? How do you know what your baby wants? Have you noticed any differences in your baby's cries? How would you describe your baby's personality? How does he respond to you? Is it easy or hard to know what he wants? What does your baby do with his hands? What are you enjoying about caring for your baby? What is challenging about caring for your baby?

ANTICIPATORY GUIDANCE:

- Responding to your baby's sounds by making sounds, too, and by showing your face as you talk, encourages him to "talk back," especially during dressing, bathing, feeding, playing, and walking. This kind of "turn taking" is a foundation of language and conversation. Singing and talking during these typical daily routines also encourages language, as does reading aloud, looking at books, and talking about the pictures. Gradually, your baby will increase the variety and frequency of the sounds he makes as well as how he responds to sounds, especially his parents' voices.
- It is important to understand and recognize your infant's early temperament and personality so that you know how to adjust to meet his needs. As you learn about his temperament and the way he processes sensory stimulation (ie, whether he is active, quiet, sensitive, demanding, or easily distracted), you will be better able to understand how it affects the way your baby relates to the world.

- Getting in tune with your baby's likes and dislikes also can help you feel comfortable and confident in your abilities as a parent. Infant massage is a helpful way for you to understand what your baby likes or dislikes. It can help you calm and relax him, and it enhances your baby's ability to go to sleep easily. Infant massage also offers important health and developmental benefits for premature infants and babies with special health care needs. It helps them sleep, regulate, and organize their waking and sleeping patterns, and promotes muscle tone and infant movement.

Parents may need strategies that will help them find ways to console their baby, and they need to be counseled about how fragile an infant's head is. Helping parents understand that, by responding quickly to their infant's crying, they are teaching the infant to trust that he will be cared for. It will not spoil the infant, as many parents believe.

Putting their hands to their mouth and sucking is an important self-comforting strategy used by infants, and it is an important step in self-regulation. Explain that this strategy helps infants with the earliest feelings of competence and mastery.

If the baby is very irritable, parents need to find a way to avoid frustration. They need to be cautioned to never shake their baby or leave the baby where this could happen, because it causes severe, permanent brain damage. Provide telephone numbers for local community resources that can help parents.

SAMPLE QUESTIONS:

How much is your baby crying? How often? What are some of the ways you have found to calm your baby when he is crying? What do you do if that does not work? Do you ever feel that you and/or other caretakers may hurt the baby? What makes you feel that way? How do you handle the feeling?

ANTICIPATORY GUIDANCE:

- Spending time playing and talking to your baby during the quiet, alert times during the day supports his continuing brain development. Many babies have fussy periods in the late afternoon or evening. These are normal. There are many possible strategies for calming your baby, including just being there with him, talking, patting or stroking, bundling or containing, holding, and rocking. Other calming strategies include caressing or dancing with your infant, walking with him in a carriage or stroller, and going on car rides. Some babies can be very difficult to calm no matter what you do.
- At this age, your baby is developing the ability to put his hands to his mouth, suck on his fingers or his thumb, or use a pacifier. This is one of the ways your baby will learn to calm himself, and it is normal, age-appropriate behavior. He will use these methods until he is able to use other self-calming strategies.

- Never, ever, shake your baby, because it could cause permanent brain damage. If you ever feel that you need help because your baby is crying so much, contact your health care professional who can, if appropriate, refer you to community resources that can help you and give you appropriate calming techniques.

INFANT-FAMILY SYNCHRONY

Parent-infant separation (return to work/school), child care

At this time, parents may need to return to work or school and should make plans for quality, affordable child care. Parents may benefit from guidance in finding child care and ensuring that caregivers are providing developmental stimulation as well as physical care.

SAMPLE QUESTIONS:

What have you done about locating someone for child care when you return to work or school, need to run errands, or go out with family? Are you comfortable with these arrangements?

ANTICIPATORY GUIDANCE:

- We can give you suggestions for finding good child care, if you wish. Standards for child care exist. You should look for licensed child care centers and family child care centers that meet specific criteria. It is important to visit and spend time in any setting where you will be leaving your baby to make sure you know how it operates.
- You can expect a good child care provider to have good infection control practices in place and to give you a daily activity report about your baby's feedings, sleep, play, and elimination.

Concerns about leaving the baby may conflict with the need to support the family or pursue career goals. Separation usually is hard, and the parent may feel guilty and will need to be able to trust or receive support from family members and the child care provider. Changes in routine and separation also may be hard on the infant, and parents may find it helpful to spend extra time comforting the infant during the transition.

SAMPLE QUESTION:

How do you feel now about leaving your baby with someone else?

ANTICIPATORY GUIDANCE:

- It is not uncommon for mothers to have strong feelings about leaving their baby. Knowing that your baby is with someone you trust and who will take good care of her is a very important first step.

NUTRITIONAL ADEQUACY

Feeding routine, feeding choices (delaying complementary foods, herbs/vitamins/supplements), hunger/satiation cues, feeding strategies (holding, burping), feeding guidance (breastfeeding, formula)

General Guidance on Feeding

Changing infant cues for hunger and satiation, as well as the 3- to 4-month growth spurt, significantly increase nutritional needs, thus increasing the frequency of feedings.

SAMPLE QUESTIONS:

How is your baby's feeding going? Tell me about all the foods and fluids you are offering your baby. What questions or concerns do you have about feeding?

ANTICIPATORY GUIDANCE:

- Exclusive breastfeeding for the first 4 to 6 months of life provides ideal nutrition and supports the best possible growth and development. If you are still breastfeeding, congratulations!
- If your baby is not breastfed, iron-fortified formula is the recommended substitute during the first year of life.
- Do not give your baby food other than breast milk or formula until he is developmentally ready (around the middle of his first year).
- Usually, healthy babies do not require extra water. On very hot days with no air conditioning or when there is excess water loss due to sweating, fever, or diarrhea, babies will benefit from some extra water. Breast milk and formula (when properly prepared) are adequate to meet the baby's fluid needs. Juice is not recommended in the first 6 months of life.

SAMPLE QUESTIONS:

How do you know if your baby is hungry? How do you know if he has had enough to eat? How easily does your baby burp during or after a feeding?

ANTICIPATORY GUIDANCE:

- Breastfed and formula-fed infants have different needs for the frequency of feeding, although both formula and breast milk provide all the nutrition that infants need until about 6 months of age.
- To prevent overfeeding, which often leads to more frequent spit-ups, recognize your baby's individual signs of hunger and fullness. An infant's stomach is still small; therefore, your baby still needs to eat every 2 to 4 hours, even during the night. Hopefully, your baby will have one longer stretch at night of 4 to 5 hours without feeding.
- Burp your baby at natural breaks (eg, midway through or after a feeding) by gently rubbing or patting his back while holding him against your shoulder and chest or supporting him in a sitting position on your lap.

Guidance on Breastfeeding

Explain that, as infants grow, they are more easily distracted during feeding and may need gentle repetitive stimulation (eg, rocking, patting, or stroking). The infant may need a quiet environment, perhaps with low lighting and without other people present. Feeding times offer a wonderful opportunity for social interaction between the infant and the mother.

Counsel mothers on safe storage of breast milk.

SAMPLE QUESTIONS:

How is breastfeeding going for you and your baby? Is your baby breastfeeding exclusively? If not, what else is the baby getting? Do you need any help with breastfeeding? Does it seem like your baby is breastfeeding more often or for longer periods of time? In what ways is breastfeeding different now from when you were last here? How can you tell if your baby is satisfied at the breast?

ANTICIPATORY GUIDANCE:

- Breastfed infants continue to need about 8 to 12 feedings in 24 hours. They may feed more frequently when they go through growth spurts. By 3 months of age, breastfed infants generally will be feeding every 2 to 3 hours. If your baby is receiving frequent feedings during the day and continuing to receive between 6 and 12 feedings in 24 hours, he may have one longer stretch of 4 to 5 hours at night between feedings.

SAMPLE QUESTIONS:

Are you planning to return to work or school? If so, will you express your breast milk? Does your school or workplace have a place where you can pump your milk in privacy? How will you store your milk? How long will you keep it?

ANTICIPATORY GUIDANCE:

- Consider how to plan your activities and schedules to make things easier when you are home with your baby. Storing breast milk properly is very important. If you are interested, I can give you written guidelines to help you make sure your stored breast milk remains safe for your baby.
- I can help you with strategies to support breast-milk production if you will be away from the baby for extended periods.

Guidance on Formula Feeding

If parents feel they do not have time to hold the bottle, review the importance of the feeding relationship and the benefits of holding the infant during feeding, as well as the risks of propping the bottle. Parents also may need to be reminded not to put the baby to bed with a bottle.

The usual amount of formula for a 2-month-old infant in 24 hours is about 26 to 28 oz with a range of 21 to 32 oz.

SAMPLE QUESTIONS:

How is formula feeding going for you and your baby? What formula do you use? Is the formula fortified with iron? How often does your baby feed? How much does your baby drink at a feeding? Have you offered your baby anything other than formula? What questions or concerns do you have about the formula (cost, preparation, nutrient content)? Has your baby received breast milk or other fluids from a bottle?

ANTICIPATORY GUIDANCE:

- Babies who receive formula usually will feed every 3 to 4 hours, with one longer stretch at night of up to 5 or 6 hours at night between feedings. Overall, a 2-month-old baby still needs about 6 to 8 feedings in 24 hours.
- When feeding your baby, always hold him in your arms in a partly upright position. This will prevent him from choking and will allow you to look into his eyes during feedings. Feeding is a wonderful opportunity for warm and loving interaction with your baby.

SAMPLE QUESTIONS:

How do you hold your baby when you feed him? Do you ever prop the bottle to feed or put your baby to bed with the bottle?

ANTICIPATORY GUIDANCE:

- Do not prop a bottle in your baby's mouth or put him to bed with a bottle containing juice, milk, or other sugary liquid. Propping and putting him to bed with a bottle increases the risk of choking and developing early dental caries (tooth decay).

Child Safety Seat Inspection Station Locator: www.seatcheck.org. Toll-free Number: 866-SEATCHECK (866-732-8243).

SAFETY

Car safety seats, water temperature (hot liquids), choking, tobacco smoke, drowning, falls (rolling over)

Review car safety seat guidelines with the parents.

Counsel parents that their own safe driving behaviors (including using safety belts at all times and not driving under the influence of alcohol or drugs) are important to the health of their children.

Questions about proper installation should be referred to a certified Child Passenger Safety Technician in the community.
Child Safety Seat Inspection Station Locator: www.seatcheck.org
Toll-free Number: 866-SEATCHECK (866-732-8243)

SAMPLE QUESTION:
Do you have any questions about using your car safety seat?

ANTICIPATORY GUIDANCE:

- A rear-facing car safety seat that is properly secured in the back seat should always be used to transport your baby in all vehicles, including taxis and cars owned by friends or other family members.
- Never place your baby's car safety seat in the front seat of a vehicle with a passenger air bag because air bags deploy with great force against a car safety seat and cause serious injury and death.
- Your own safe driving behaviors are important to the health of your children. Use a safety belt at all times and do not drive after using alcohol or drugs.

Exposure to tobacco smoke is related to increased risk of otitis, respiratory infections, asthma, and hospitalization.

Discuss the importance of not leaving the baby alone in a tub of water, even when using a bath ring or seat, even for a second, or in high places, such as changing tables, beds, sofas, or chairs.

SAMPLE QUESTION:
What other things are you doing to keep your baby safe and healthy?

ANTICIPATORY GUIDANCE:

- Do not drink hot liquids while holding the baby.
- To protect your child from tap water scalds, the hottest temperature at the faucet should be no higher than 120°F. In many cases, you can adjust your water heater. Before bathing the baby, always test the water temperature with your wrist to make sure it is not too hot.
- Never leave your baby alone in a tub of water. A bath seat or bath ring is not a safety device and is not a substitute for adult supervision.
- Your baby's environment should continue to be free of tobacco smoke. Consider your home and vehicle as nonsmoking zones.
- Leaving the baby on a changing table, couch, infant seat, or bed becomes increasingly dangerous because of your baby's ability to roll or push off. Her legs are getting stronger now that her newborn reflexes that prevent rolling over are gradually fading away. Get in the habit of always keeping one hand on the baby when changing diapers or clothing on a changing table, couch, or bed, especially as she begins to roll over.
- Remember to keep all small objects, especially sibling's toys, away from your baby, who will soon be learning to reach and put things in her mouth. Keep away plastic bags, which can block the airway, and latex balloons, which can cause choking, from your child.

Health Supervision: 4 Month Visit

Context

The relationship between parents and their 4-month-old baby is pleasurable and rewarding. The baby's ability to smile, coo, and laugh encourages his parents to talk and play with him. Clear and predictable cues from the infant are met with appropriate and predictable responses from his parents, promoting mutual trust. During this period, the infant masters early motor, language, and social skills by interacting with those who care for him.

The infant's fussiness should begin to decrease as the infant develops self-consoling skills and improved self-regulation. If crying is still a concern, parents need additional specific strategies for calming their baby. Evaluation of the infant's temperament and parent temperament may be needed to help the parents understand the importance of these strategies.

Responding to the sights and sounds around him, the 4-month-old baby raises his body from a prone position with his arms and holds his head steady. He may be so interested in his world that he sometimes refuses to settle down to eat. He may stop feeding from the breast or bottle after just a minute or 2 to check out what else is happening in the room. Parents may need to feed him in a quiet, darkened room for the next few weeks.

Over the next 2 months, the baby may be developmentally ready to start eating complementary foods. However, continuing exclusive breastfeeding until 6 months has many benefits for the infant, including accelerated neuromotor development; decreased risk of infections, especially diarrhea; decreased risk of developing allergies; decreased risk of ear infections; and decreased health risks from contaminated foods. Exclusive breastfeeding has benefits for the mother as well, including a longer delay in the return of fertility, a more rapid weight loss, and assistance in maintaining her milk supply.

As key social and motor abilities become apparent at 4 months, the infant who appears to have a delay in achieving these skills may benefit from a formal developmental assessment. If developmental delays are found, exploring their origin and making referrals for early intervention will be important.

Most employed mothers will have returned to work by the time their infant is 4 months old, and it is important that child care arrangements work for both the infant and the family. An irritable child who cries frequently or does not sleep through the night may clash temperamentally with a family that values regularity and tranquility. Family problems, such as inadequate finances, few social supports, or low parental self-esteem, may impair the parents' ability to nurture. It is important that parents seek help when they feel sad, discouraged, depressed, overwhelmed, or inadequate. Parents who have the support they need can be warmly rewarded by their interactions with their 4-month-old infant.

Priorities for the Visit

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Family functioning (parent roles/responsibilities, parental responses to infant, child care providers [number, quality])
- Infant development (consistent daily routines, sleep [crib safety, sleep location], parent-child relationship [play, tummy time], infant self-regulation [social development, infant self-calming])
- Nutrition adequacy and growth (feeding success, weight gain, feeding choices [complementary foods, food allergies], feeding guidance [breastfeeding, formula])
- Oral health (maternal oral health care, use of clean pacifier, teething/drooling, avoidance of bottle in bed)
- Safety (car safety seats, falls, walkers, lead poisoning, drowning, water temperature [hot liquids], burns, choking)

Health Supervision

History

Interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

- How are you?
- How are things going in your family?
- Tell me how things are going for your baby.
- What questions or concerns do you have about your baby?
- How are you enjoying your baby now? What are the challenges?

Observation of Parent-Child Interaction

During the visit, the health care professional should observe:

- Are parents and the infant interested in and responsive to each other (eg, gazing, talking, smiling, holding, cuddling)?
- Do the parents provide comforting actions when the infant cries?
- Are the parents attentive to their infant during the examination?
- Do the parents and infant demonstrate a reciprocal engagement around feeding/eating?
- Do the parents respond to the infant's cues and how does the infant respond to the parents?

Surveillance of Development

Do you have any specific concerns about your baby's development, learning, or behavior?

SOCIAL-EMOTIONAL

- Smiles spontaneously
- Elicits social interactions
- Shows solidified self-consolation skills

COMMUNICATIVE

- Cries in a differentiated manner to express hunger, fatigue, pain
- Babbles more expressively and spontaneously

COGNITIVE

- Responds to affection, changes in environment
- Indicates pleasure and displeasure

PHYSICAL DEVELOPMENT

- Pushes chest up to elbows
- Has good head control
- Demonstrates symmetrical movements of arms and legs
- Begins to roll and reach for objects

Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

- **Measure and plot:**
  - Length
  - Weight
  - Head circumference
- **Plot:**
  - Weight-for-length
- **Skin**
  - Inspect for rashes and bruising
- **Head**
  - Palpate for positional skull deformities
- **Eyes**
  - Assess ocular mobility for lateral gaze
  - Examine pupils for opacification and red reflexes
- **Heart**
  - Ascult for heart murmurs
  - Palpate femoral pulses
- **Musculoskeletal**
  - Assess for developmental hip dysplasia by examining for abduction
- **Neurologic**
  - Evaluate tone, strength, and symmetry of movements

Screening

UNIVERSAL SCREENING	ACTION	
None		
SELECTIVE SCREENING	**RISK ASSESSMENT***	**ACTION IF RA +**
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure
Vision	Parental concern or abnormal fundoscopic examination or abnormal alignment of eyes	Ophthalmology referral
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment
Anemia	Pre-term and low birth weight infants and those not on iron-fortified formula	Hemoglobin or hematocrit

*See the Rationale and Evidence chapter for the criteria on which risk screening questions are based.

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.
CDC National Immunization Program (NIP): http://www.cdc.gov/vaccines
American Academy of Pediatrics *Red Book*: http://www.aapredbook.org

Consider **influenza vaccine** for caregivers of infants younger than 6 months.

Anticipatory Guidance

The following sample questions, which address the Infancy Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family.

FAMILY FUNCTIONING

Parent roles/responsibilities, parental responses to infant, child care providers (number, quality)

Usually by the time their infant is 4 months old, parents truly are enjoying their role as parents and beginning to gain confidence in their ability to care for their infant. For those parents who are juggling work or school and child care and parenting, they may be less likely to find this time as enjoyable and may begin to feel the stress of their many responsibilities.

SAMPLE QUESTIONS:

What do you do when problems really get to you? Who do you turn to at times like that? How are you and your partner getting along together? Have you and your partner been getting out without the baby? Who helps you care for your infant? How are your other children doing? Do you spend time with each of them individually?

ANTICIPATORY GUIDANCE:

- Stay in touch with friends and family members. It will help you avoid social isolation.
- Talk to me or another health care professional if you and your partner are in conflict.
- Take some time for yourself and spend some individual time with your partner.
- Make sure you meet the needs of your other children by spending time with them each day doing things they like to do. Help them enjoy the baby by appropriately engaging them in the care of the baby, such as by bringing you supplies or holding the baby's hand.

SAMPLE QUESTION:

What do you think your baby is trying to tell you when she cries, looks at you, turns away, or smiles?

ANTICIPATORY GUIDANCE:

- As you begin to understand and recognize your infant's early temperament and personality, you also will begin to feel more comfortable in knowing how to adjust your responses to meet her needs. This also will help your baby better understand how she relates to the world.

- Infant massage may be a helpful way for you to understand what your baby likes or dislikes. It can help you calm and relax her, and it helps your baby go to sleep easily. Getting in tune with your baby's likes and dislikes can help you feel more comfortable and confident in your abilities as a parent. Infant massage also offers important health and developmental benefits for premature infants and babies with special health care needs, as long as you pay close attention to your baby's cues and when she needs a break or to stop. It helps babies sleep, regulate, and organize their state, and promotes muscle tone and infant movement.
- It is important to know that an infant cannot be "spoiled" by holding, cuddling, and rocking her, and by talking and singing to her. Spending time playing and talking with your baby helps to strengthen the parent-child relationship by building trust between you and your baby.

Parents need help in identifying and evaluating their child care options. Provide written material or contact information for community resources that are available to assist parents in identifying family home care or child care centers that meet their requirements.

Parents of children with special needs often will have significant difficulty locating child care resources and, therefore, may particularly benefit from being connected to local public health resources as well as contacts through the local Early Intervention Program agency, often referred to as IDEA. These contacts can help with developmental concerns and also for links to other community resources.

SAMPLE QUESTIONS:

Have you returned to work or school, or do you plan to do so? What are your child care arrangements? Who takes care of the baby when you go out?

ANTICIPATORY GUIDANCE:

- If you are returning to work, talk with me or another health care professional about child care arrangements and your feelings about leaving your baby.
- Choose babysitters and caregivers who are mature, trained, responsible, and recommended by someone you trust.
- Encourage your partner to participate in the care of the baby.

INFANT DEVELOPMENT

Consistent daily routines, sleep (crib safety, sleep location), parent-child relationship (play, tummy time), infant self-regulation (social development, infant self-calming)

To receive adequate calories, most 4-month-old babies continue to wake at night for feeding. Parents often see the infant not "sleeping through the night" as a problem and they want solutions. This visit is a good time to explore the importance of a consistent daily routine and its impact on sleep, typical sleep patterns, ways to establish a good sleep routine, and the overall relationship between feeding, sleep, and play activities. Also, it may be important to

clarify "sleeping through the night." Some parents may expect an infant to sleep 12 hours at night, where actually having a longer stretch of sleep for 5 to 6 hours would be more typical.

Parents who describe infants with inconsistent and unpredictable behaviors, or parents who are unable to depict their baby's schedule, may need additional monitoring and intervention.

Discuss difficulties integrating the routines of the infant with that of scheduling demands of older siblings and family members. Monitor atypical sleep/wake patterns, night awakenings, and inconsistent stooling patterns. Provide intervention for excessive sleep or wakefulness and lack of consistent, predictable daily routines.

SAMPLE QUESTIONS:

What type of daily routine do you have for your baby? How long is your baby sleeping at night? Do you have a bedtime routine for your baby?

ANTICIPATORY GUIDANCE:

- An established daily routine for feedings and naps and a bedtime routine is a good idea because they will help establish eventual longer sleeping stretches at night.
- It also is important to help your baby learn to put himself to sleep by placing him in his crib when he is drowsy, talking gently to him, and even patting him to sleep.
- Continuing to provide regular structure and routines for the baby will increase his sense of security.

Remind parents of the continuing importance of "back to sleep, prone to play."

SAMPLE QUESTIONS:

Do you have any difficulty getting your baby to sleep on his back? Have you discussed with your child care provider the importance of back sleeping?

ANTICIPATORY GUIDANCE:

- Your baby should continue to sleep on his back to reduce the risk of SIDS, and relatives and child care providers should be reminded to follow the same practice.
- To reduce the risk of suffocation, do not use loose, soft bedding (blankets, quilts, sheepskins, comforters, pillows, and pillow-like bumper pads) or soft toys.
- Be sure your baby's crib is safe both at home and at the babysitter's home. The slats should be no more than $2\frac{3}{8}$ inches (60 mm) apart. The mattress should be firm and fit snugly into the crib. Keep the sides of the crib raised when your baby is in the crib.
- Lower the crib mattress before the baby can sit up by himself.

- If you choose a mesh playpen or portable crib, the weave should have openings less than $\frac{1}{4}$ inch (6 mm). Never leave the baby in a mesh playpen with the drop-side down.

As parents learn about their infant through observing his behaviors, they are able to respond appropriately to his ever-changing needs. Helping parents have "watchful wonder" about their baby's behaviors allows them to discover the uniqueness of their baby's own temperament and sensory processing, and how it affects the way he relates to the world. To demonstrate this "watchful wondering," during the physical examination, describe the infant's behaviors and responses to being handled and engaged in play. This can lead to a discussion about what is developmentally appropriate and, if needed, when and how it is appropriate to redirect the infant's behavior.

SAMPLE QUESTIONS:

Tell me about your baby? What do you like best about your baby? What does your partner enjoy most about your baby?

ANTICIPATORY GUIDANCE:

- Babies use their behaviors to communicate their likes and dislikes. Each baby has a unique way of communicating. By watching your baby closely, and how he responds to you and the world around him, you become the expert on your baby and the best way to meet his needs.

Counsel parents on the steps in development that are likely to occur during the next 2 months, based on the baby's current development and how the daily physical activities of the baby encourage normal development.

Encourage parents to use both active and quiet playtime. Discuss alternatives to infants watching TV. Discourage any television or video viewing for children younger than 2 years.

Health care professionals can use the physical examination to demonstrate the integration of the newborn reflexes and emergence of the protective reflexes, and discuss what these reflexes, plus the infant's head control and sitting with support, mean in terms of the infant's ability to roll over and sit. As the infant improves his ability to move on his own, parents must begin to use extra caution about protecting him from rolling off the bed or couch or changing table. During the physical examination, demonstrate the protective reflexes, if emerging.

SAMPLE QUESTIONS:

What are some of your baby's new achievements? What are some of your baby's favorite activities? Favorite toys? How is your baby getting around now? How is "tummy time" working for your baby? How have you been able to fit together your physical activities with the baby?

ANTICIPATORY GUIDANCE:

- Use both quiet and active playtime with your baby. Quiet playtime activities include reading or singing to your baby or sitting together outside in the park. For active playtime activities, give your baby age-appropriate toys to play with, such as a floor play gym so that, when he is placed on his back, he can reach for the toys or kick them with his feet. Another choice is a colorful blanket, a mirror, or toys for him to look at when he is on his tummy. Make sure your baby has safe opportunities to explore his environment.

Babies who are described as excessively active or extremely quiet should be monitored. Management assistance is extremely important for parents who are sad or unhappy, or who rarely sleep. Consider referring parents for mental health evaluation and treatment.

SAMPLE QUESTIONS:

How would you describe your baby's personality? How does your baby act around other people? Is he responsive or withdrawn with family members?

ANTICIPATORY GUIDANCE:

- Babies at 4 months find that interacting with their parents is their favorite activity. Their emerging social play and interaction can be a delight but also frustrating for parents who are balancing other responsibilities. Understanding ways to engage your baby in activities, if even for a short time, will help provide some time to accomplish your other responsibilities.

Four-month-old babies still will have fussy times, and parents need to have a variety of strategies to calm their infant. Setting up a variety of play activities so that the infant can be moved easily from one to the other is often helpful in adjusting for the infant's increasing awake time and short attention span. As they try to console their baby, sometimes unsuccessfully, parents begin to recognize that their baby may not always be consolable. Discuss additional strategies for calming the infant when this occurs.

SAMPLE QUESTIONS:

What do you do to calm your baby? What do you do if that does not work? Do you ever feel that you and/or other caretakers may hurt the baby? What will you do if you feel this way? Do you have a plan? How do you handle the feeling?

ANTICIPATORY GUIDANCE:

- If your baby is being very fussy and you have checked that he is fed, clean, and safe and you are beginning to get upset and frustrated, put the baby in his crib and give yourself a break—make a cup of tea or call a friend. Babies cry a lot at this age; it gets better as they get older. Crying won't hurt your baby. If this happens consistently, though, call me for advice.

NUTRITION ADEQUACY AND GROWTH

Feeding success, weight gain, feeding choices (complementary foods, food allergies), feeding guidance (breastfeeding, formula)

General Guidance on Feeding

At 4 months, feeding can be one of the most enjoyable experiences for parents, and both parents often share in this responsibility. Babies continue to gain about ½ pound a week, or 2 pounds a month. Their feedings may become less frequent, with 6 to 10 feedings in 24 hours. Only one parent might be present at this visit and a complete feeding history may not be available. This is particularly true if the infant is in child care. If there are concerns with feeding, irritability, or weight gain, it may be advisable to have the parents work together with the child care provider to complete a 24-hour or 3-day diet history that can be reviewed for nutritional adequacy. A referral can be made to a dietitian, if needed.

SAMPLE QUESTIONS:

How is feeding going? What questions or concerns do you have about feeding? Tell me about what you are feeding your baby. How often are you feeding your baby? How much does your baby take at a feeding? About how long does a feeding last? Are you feeding your baby any foods besides breast milk or formula?

ANTICIPATORY GUIDANCE:

- **Exclusive breastfeeding provides the ideal source of nutrition for all infants during first 4 to 6 months of life. For those infants who are not breastfed, iron-fortified formula is the recommended substitute.**

Parents continue to need reassurance that their infant is getting enough to eat when feeding patterns change because of a temporary increase in the frequency of feedings due to growth spurts. Discuss the meaning of the growth chart and the relationship between the infant's birth weight and current weight and length.

As babies learn that they can put their hands in their mouth for chewing and sucking, they use this technique to calm themselves. Some parents think this means their baby is still hungry and they use it as a rationale for starting complementary foods. Cereal can be introduced between 4 to 6 months of age, and parents need guidance about introducing complementary foods when their baby is developmentally ready.

Parents also should be counseled on the appropriate use of supplements, herbs, and vitamins. Supplements that should be considered include:

Breastfed infants

- Vitamin D (400 IU) supplements are recommended beginning between 2 weeks and 2 months.

Formula-fed infants

- Vitamin supplements are not needed if the formula is iron fortified and the baby is consuming an adequate volume of formula for appropriate growth.

Preterm or low birth weight infants

- Preterm or low birth weight infants may become iron deficient at an early age and need iron supplements. Breastfed premature infants should begin an iron supplement (2 mg/kg/d) by 2 months and consideration should be given to a phosphate supplement to avoid rickets.

SAMPLE QUESTION:

Have you thought about when you will begin to give your baby solids?

ANTICIPATORY GUIDANCE:

- Normal gain in fat mass is higher in infancy than at any other age, and a healthy infant may appear chubby even when her growth is normal. This normal gain gives your baby energy reserves when she is ill. The growth chart shows the weight of your baby along her growth curve in relation to her length, and this is the best indicator of her appropriate weight.
- Foods associated with lifelong sensitization (peanuts, tree nuts, fish, and shellfish) should not be introduced until after 1 year or even later.
- Adding complementary foods (also called solids) is very individualized. There is no evidence that adding cereal helps babies sleep through the night. Between 4 and 6 months of age, the baby will be ready to begin eating solid foods. One of the signs that she is ready to eat solids is the fading of the tongue thrust reflex (pushing food out of the mouth). Another sign is that the baby can raise her tongue to move pureed food to the back of the mouth and, as she sees a spoon approach, she opens her mouth in anticipation of the next bite. At this stage, your baby sits with arm support and has good head and neck control so she can indicate a desire for food by opening her mouth and leaning forward. She can tell you she is full or doesn't want food by leaning back and turning away.

SAMPLE QUESTIONS:

Are you giving your baby any supplements, herbs, or vitamins? Do you take any supplements, herbs, vitamins, or medications?

ANTICIPATORY GUIDANCE:

- It is important to tell me about any supplements, herbs, or vitamins you may be giving your baby. This information will help me give you the best care and advice. Although most of the time these supplements do no harm, I should know about them if there is ever an incompatibility with other medications or treatments your child might receive.
- Most medications are compatible with breastfeeding but should be checked on an individual basis.

Guidance on Breastfeeding

Commend mothers who are still breastfeeding. Reinforce that exclusive breastfeeding is the ideal source of nutrition for the first 4 to 6 months and that breastfeeding should be continued for as long as the mother and child want.

Discuss how demand for more frequent breastfeeding is usually related to an infant's growth spurt and is nature's way of increasing breast milk supply. If an increased demand continues for a few days, is not affected by increased breastfeeding, and is unrelated to illness, teething, or changes in routine, it may be a sign that the breastfed infant is ready for complementary foods.

Counsel mothers on safe storage of breast milk.

SAMPLE QUESTIONS:

How is breastfeeding going for you and your baby? In what ways is breastfeeding different now from when you were last here? How often does your baby breastfeed? Does it seem as though your baby is breastfeeding more often or for longer periods of time? How can you tell whether your baby is satisfied at the breast? Has your baby received breast milk or other fluids from a bottle? How are you storing pumped breast milk?

ANTICIPATORY GUIDANCE:

- Congratulations for continuing to breastfeed your baby! It is not unusual for babies to go through growth spurts during the first year of life and, whenever this occurs, your baby will begin to breastfeed more frequently, and often at night. This is nature's way of increasing your milk supply. This is a temporary situation and it does not indicate that your baby is not getting enough to eat.
- Storing breast milk properly is very important. If you are interested, I can give you written guidelines to help you make sure your stored breast milk remains safe for your baby.

Guidance on Formula Feeding

Discuss with parents that, as the infant's appetite increases and she grows, they will need to continue to prepare and offer a little more infant formula. Instruct parents to feed the infant when she is hungry (usually 8 to 12 times in 24 hours).

Discuss with parents that formula is the most important nutrition for the infant. Other foods or drinks are not advised unless recommended by the health care professional.

The usual amount of formula for a 4-month-old infant in 24 hours is about 30 to 32 oz of formula per day, with a range of 26 to 36 oz.

SAMPLE QUESTIONS:

How is feeding going? What formula are you using now? Is the formula fortified with iron? Have you tried other formulas? How often does your baby feed? How much at a feeding? How much in 24 hours? How does your baby show she is hungry or full? Has your baby begun to put her hands around the bottle? Are you still holding your baby for feedings? What questions or concerns do you have about the formula (cost, preparation, nutrient content)? Have you offered your baby anything other than formula?

ANTICIPATORY GUIDANCE:

- Your baby is now able to clearly show when she is hungry or full. It also is not unusual for her to want different amounts of formula at different times of the day (she may take more at a morning feeding than at a noon feeding). It is important to respond to your baby's behaviors for feeding to avoid overfeeding (spitting up) or underfeeding. Holding your baby during feeding also helps you understand the meaning of your baby's behaviors. This will help you meet her needs and reduce fussiness. It will even help with her learning as she watches you and listens to your voice.
- It is important to hold your baby for all bottle-feedings to reduce the risks of choking and to ensure that your baby gets enough of the formula. To reduce the risk of developing dental caries, do not prop the bottle.
- As your baby begins to drink larger amounts of formula, you may want to contact community resources, like WIC, which can provide formula for your baby.

ORAL HEALTH

Maternal oral health care, use of clean pacifier, teething/drooling, avoidance of bottle in bed

Most parents are not aware that their own oral health has an impact on their baby's eventual dental health. Therefore, it is important to discuss this with parents.

SAMPLE QUESTIONS:

When was your last dental checkup? What is your daily dental care routine?

ANTICIPATORY GUIDANCE:

- Sharing spoons and cleaning a dropped pacifier in your mouth may increase the growth of bacteria in your baby's mouth and increase the risk that he will develop dental decay when his teeth come in.
- To protect your child's eventual dental health, it is important for you to maintain good dental health. Because you may be the source of caries-promoting bacteria for your baby, it is important you visit the dentist, reduce the amount of sugary drinks in your diet, take meticulous care of your teeth through brushing and flossing, and use a fluoridated toothpaste and/or rinse.

SAMPLE QUESTION:
Is your baby beginning to drool?

ANTICIPATORY GUIDANCE:

- If your baby is teething, he may drool, become fussy, or put things in his mouth. A cold teething ring may help ease his discomfort. Talk with me if his symptoms persist.

SAMPLE QUESTION:
What are your plans for protecting your baby's teeth?

ANTICIPATORY GUIDANCE:

- To avoid developing a habit that will harm your baby's teeth, do not put him to bed with a bottle containing juice, milk, or other sugary liquid. Always hold your baby for a bottle-feeding and do not prop the bottle in his mouth or allow him "graze" (drink from a bottle at will during the day).

SAFETY

Car safety seats, falls, walkers, lead poisoning, drowning, water temperature (hot liquids), burns, choking

Child Safety Seat Inspection Station Locator: www.seatcheck.org. Toll-free Number: 866-SEATCHECK (866-732-8243).

Remind parents about proper car safety seat use and the importance of putting the infant in the rear seat of the vehicle.

Remind parents that their own safe driving behaviors (including using safety belts at all times and not driving under the influence of alcohol or drugs) are important to the health of their children.

Questions about proper installation should be referred to a certified Child Passenger Safety Technician in the community.
Child Safety Seat Inspection Station Locator: www.seatcheck.org
Toll-free Number: 866-SEATCHECK (866-732-8243)

SAMPLE QUESTIONS:
Do you use a rear-facing car safety seat in the back seat every time the baby rides in a vehicle? Do you know when to change from an infant-only to a convertible car safety seat?

ANTICIPATORY GUIDANCE:

- A baby's car safety seat must never be placed in the front seat of a vehicle with a passenger air bag. Air bags deploy with great force against a car safety seat and cause serious injury or death. Babies are best protected in the event of a crash when they are in the back seat and in a rear-facing car safety seat.
- Keep your baby's car safety seat rear facing in the back seat of the vehicle until your baby is at least 1 year old **and** weighs at least 20 pounds. It is preferable to wait even longer, until the baby reaches the highest weight or height allowed by the manufacturer of the seat.

- Infants who reach 20 pounds or 26 to 29 inches before 1 year should use a convertible seat or infant-only seat that is approved for use rear-facing to higher weights and heights (up to 30 pounds and 32 inches for infant-only seats and up to 35 pounds and at least 36 inches for convertible seats). Your baby will be safest if she rides rear facing to the highest weight or height allowed by the manufacturer.
- The back seat is the safest place for children to ride.
- Do not start the engine until everyone is buckled in.
- Your own safe driving behaviors are important to the health of your children. Use a safety belt at all times and do not drive after using alcohol or drugs.

As their baby develops more fine and gross motor skills, it is important to review with the parents how to keep the home environment safe for their active baby. This applies to all homes where the baby spends time, including child care and grandparents' and friends' homes.

SAMPLE QUESTIONS:
Where does your baby spend awake time during the day?

ANTICIPATORY GUIDANCE:
- Always keep one hand on your baby when changing diapers or clothing on a changing table, couch, or bed, especially as she begins to roll over. Falls are the most common reason for emergency room visits for injury.
- A baby should not be left alone for even a second in a tub of water, even if using a bath ring or seat, or on high places such as changing tables, beds, sofas, or chairs.
- Infant walkers should not be used by young children at any age. They are frequently associated with falls and can slow development of motor skills in children.

SAMPLE QUESTION:
Have you made any changes in your home to help keep your baby safe?

ANTICIPATORY GUIDANCE:
- The kitchen is the most dangerous room for children. A safer place for your child while you are cooking, eating, or unable to provide your full attention is the playpen, crib, or stationary activity center, or buckled into a high chair.
- To protect your child from tap water scalds, the hottest temperature at the faucet should be no more then 120°F. In many cases, you can adjust your water heater.
- Drinking hot liquids, cooking, ironing, or smoking while holding a baby puts your baby at risk of burns.
- To prevent choking, keep small objects, sibling's toys, pieces of plastic, and latex balloons out of the baby's reach as she develops skills with reaching.

SAMPLE QUESTION:

Do you know how to assess the risk of lead poisoning in your home?

ANTICIPATORY GUIDANCE:

- Lead can be found in the paint of older homes (built before 1978), pottery and pewter, folk medicines, insecticides, industry, and hobbies, as well as other sources. Lead is toxic, and it is important to be aware of any sources of lead in your home to prevent lead exposure for your family.

Health Supervision: 6 Month Visit

Context

Parents cherish their interactions with their social 6-month-old infant, who smiles and vocalizes back at them but has not yet mastered the ability to move from one place to another. The feelings of attachment between the parents and their child create a secure emotional attachment that will help provide stability to the changing family. The major developmental markers of a 6-month-old baby are social and emotional. A 6-month-old baby likes to interact with people. He increasingly engages in reciprocal and face-to-face play and often initiates these games. From these reciprocal interactions, he develops a sense of trust and self-efficacy. His distress is less frequent than in previous weeks.

The infant also is starting to distinguish between strangers and those with whom he wants to be sociable. He usually prefers interacting with familiar adults. At 7 or 8 months, he may appear to be afraid of new people.

The 6-month-old baby can sit with support, and he smiles or babbles with a loving adult. He may have a block or toy in his hand. As he watches his hands, he can reach for objects, such as cubes, and grasp them with his fingers and thumbs. He can transfer objects between his hands and obtain small objects by raking with all his fingers. He also may mouth, shake, bang, and drop toys or other objects. The infant's language has moved beyond making razzing noises to single-consonant vocalizing. The 6-month-old produces long strings of vocalizations in play, usually during interactions with adults. He can recognize his own name. He also can stand with help and enjoys bouncing up and down in the standing position. He likes rocking back and forth on his hands and knees, in preparation for crawling forward or backward.

An infant who lies on his back, shows little interest in social interaction, avoids eye contact, and smiles and vocalizes infrequently is indicating either developmental problems or a lack of attention from his parents and other caregivers. He may need more nurturance, increased health supervision, formal developmental assessment, or other interventions.

Over the next few months, as the infant develops an increasing repertoire of motor skills for mobility, such as rolling over and crawling, parents must be vigilant about falls. The expanding world of the infant must be looked at through his eyes to make exploration as safe as possible. The infant will do more than most parents anticipate, and sooner. Toys must be sturdy and have no small parts that could be swallowed or inhaled. Baby walkers should never be used at any age. To avoid possible injury, it is never too early to secure safety gates at the top and bottom of stairs and install window guards.

Parents need to understand developmentally appropriate strategies to redirect their child's behavior when safety is threatened or inappropriate behaviors occur.

Priorities for the Visit

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Family functioning (balancing parent roles [health care decision making, parent support systems], child care)
- Infant development (parent expectations [parents as teachers], infant developmental changes [cognitive development/learning, playtime], communication [babbling, reciprocal activities, early intervention], emerging infant independence [infant self-regulation/behavior management], sleep routine [self-calming/putting self to sleep, crib safety])
- Nutrition and feeding: adequacy/growth (feeding strategies [quantity, limits, location, responsibilities] feeding choices [complementary foods, choices of fluids/juice], feeding guidance [breastfeeding, formula])
- Oral health (fluoride, oral hygiene/soft toothbrush, avoidance of bottle in bed)
- Safety (car safety seats, burns [hot water/hot surfaces], falls [gates at stairs and no walkers], choking, poisoning, drowning)

Health Supervision

History

Interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

- How are things going for you and your family?
- What questions or concerns do you have about your baby?
- What does your partner enjoy most about your baby?
- Are there differences in your views about the baby and those of your partner?
- Have there been any major stresses or changes in your family since your last visit?

Observation of Parent-Child Interaction

During the visit, the health care professional should observe:

- Are the parents and infant responsive to one another (eg, holding, talking, smiling, providing toys for play and distraction, especially during the examination)?
- Are the parents aware of, responsive to, and effective in responding to the infant?
- Do the parents express and show comfort and confidence with their infant?
- Does the parent-infant relationship demonstrate comfort, adequate feeding/eating, and response to the infant's cues?
- Do parents appear to be happy, content, depressed, tearful, angry, anxious, fatigued, overwhelmed, or uncomfortable?
- Do the parents/partners support each other or show signs of disagreement?

Surveillance of Development,

Do you have any specific concerns about your baby's development, learning, or behavior?

SOCIAL-EMOTIONAL

- Is socially interactive with parent
- Recognizes familiar faces and is beginning to recognize whether a person is a stranger

COMMUNICATIVE

- Uses a string of vowels together (babbling "ah," "eh," "oh") and enjoys vocal turn taking
- Is beginning to recognize own name
- Will begin to use consonant sounds ("m," "b") and then combine together ("ah," "ba,") as jargon

COGNITIVE

- Continues to use visual exploration to learn about the environment but is also beginning to use oral exploration for learning

PHYSICAL DEVELOPMENT

- Rolling over and sitting allow for increasing mobility, standing and bouncing; in prone position, will gradually move into crawling position
- Rocks back and forth, often crawling backward before moving forward
- Will learn to rotate in sitting and eventually move from sitting to crawling position

Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

- **Measure and plot:**
  - Length
  - Weight
  - Head circumference
- **Plot:**
  - Weight-for-length
- **Skin**
  - Rashes; bruising
- **Eyes**
  - Assess ocular mobility for lateral and horizontal gaze
  - Assess eye alignment
  - Examine pupils for opacification and red reflexes
- **Heart**
  - Ascult for murmurs
  - Palpate for femoral pulses
- **Musculoskeletal**
  - Assess for developmental hip dysplasia by examining for abduction
- **Neurologic**
  - Evaluate tone, strength, and symmetry of movements

Screening

UNIVERSAL SCREENING	ACTION	
Oral health	Administer the oral health risk assessment	
SELECTIVE SCREENING	**RISK ASSESSMENT***	**ACTION IF RA +**
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure
Vision	Parental concern or abnormal fundoscopic examination or abnormal alignment of eyes	Ophthalmology referral
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment
Lead	+ on risk screening questions	Lead screen
Tuberculosis	+ on risk screening questions	Tuberculin skin test

*See the Rationale and Evidence chapter for the criteria on which risk screening questions are based.

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.
CDC National Immunization Program (NIP): http://www.cdc.gov/vaccines
American Academy of Pediatrics *Red Book*: http://www.aapredbook.org

ANTICIPATORY GUIDANCE

The following sample questions, which address the Infancy Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family.

FAMILY FUNCTIONING

Balancing parent roles (health care decision making, parent support systems), child care

For some families, gender roles may preclude one parent from asking for help from the other. It is important to periodically review the family's living circumstances, familial relationships, and who is currently responsible for decision making and care giving to the child and family.

SAMPLE QUESTIONS:

How are you balancing your roles of partner and parent? How do you feel you are managing in meeting the needs of your family? Who are you able to go to when you need help with your family?

ANTICIPATORY GUIDANCE:

- Families who are living with others—such as elders, those who are helping them from being homeless, or teen parents living with their parents—may have little control over their environment and caregiver roles and responsibilities. If you are in this situation, it may add to the stress of your family's living situation.

As the infant becomes increasingly awake and alert and demands attention and personal contact, parents find that their responsibilities become more demanding. Mothers may find that early family support systems are actually less available now that she needs more support. Often, one family member is the decision maker about health decisions. Therefore, health care professionals should determine who should get the health information needed for health care decisions.

SAMPLE QUESTION:

Who are you able to rely on to assist you with the baby or when you are tired?

ANTICIPATORY GUIDANCE:

- When you are feeling stressed or overwhelmed, you need to be able to use the natural support network that is available to help you. If you are having difficulty doing this or are hesitant to do so, we may be able to give you additional counseling and support.

Review parents' selection of child care providers, including what they may expect from a child care provider, safeguards in place, and the importance of their infant having a consistent child care provider with regular and predictable daily routines.

SAMPLE QUESTIONS:

What are your child care arrangements? Do you have a reliable person to care for your baby when you need or want to go out? Are you satisfied with the arrangements? How many hours is your child in child care each day?

ANTICIPATORY GUIDANCE:

- It is important that you have a child care provider whom you like and trust and who gives your baby a healthy and predictable daily routine that is similar to what you provide.
- If you are at home with your infant and you are not getting out, you may want to join a playgroup or invite other mothers and babies over for a playdate.

INFANT DEVELOPMENT

Parent expectations (parents as teachers), infant developmental changes (cognitive development/learning, playtime), communication (babbling, reciprocal activities, early intervention), emerging infant independence (infant self-regulation/behavior management), sleep routine (self-calming/putting self to sleep, crib safety)

Parents' expectations about their infant's development should demonstrate evolving attachment and an understanding of their infant's desire for independence. Parents need to understand the developmental next steps that are likely to occur after each visit as well as the parent's role as a teacher and the importance of using appropriate behavioral management strategies for the child's developmental age. Infants learn about their environment through visual exploration, mouthing toys, and, eventually, imitation. Show parents examples of age-appropriate books such as "touch and feel" and other soft plastic or hardcover books that cannot be damaged by the infant's ripping or chewing.

SAMPLE QUESTIONS:

How do you think your baby is learning? Does your baby watch you as you walk around the room?

ANTICIPATORY GUIDANCE:

- Your baby's vision gradually improves during the first year of life. By 6 months, he should be able to follow you around the room with his eyes. Putting your baby in a high chair or an upright seat during awake time (as opposed to a crib), will allow him to visually explore and verbally interact with you and his brothers and sisters.

As the baby matures, parents will need to develop strategies to support their child's neurobehavioral maturation, self-regulation, and ability to tolerate specific sensory stimuli. If developmental or behavioral concerns exist, a referral to a local Early Intervention Program, often referred to as Part C of IDEA, is appropriate to provide parents with education and counseling on strategies they may be able to implement during everyday routines that will support their child's ever-changing development.

SAMPLE QUESTIONS:

What have you noticed about changes in your baby's development and behaviors around you and other people? How does your baby adapt to new situations, such as people or places? Is he sensitive to any kind of stimulation? Does he seem to get anxious or easily upset? If yes: *What things seem to trigger these reactions?*

ANTICIPATORY GUIDANCE:

- Your baby's temperament and sensory processing and how it affects the way he relates to the world will become more evident at 6 months of age. Parents who understand their baby's temperament will respond to his needs and fussy behaviors appropriately.

This is a time when gestural communication, joint attention, and social referencing should be established. An infant who is not pointing with an index finger and not making good eye contact should be closely followed. Encourage parents to engage in interactive, reciprocal play with their infants, as this promotes emotional security as well as language development. This playtime should not be a teaching session but rather a time to follow the infant's interests and expand the play with simple words.

SAMPLE QUESTIONS:

How does your baby communicate or tell you what he wants and needs? With gestures? Does he point? What sounds is your baby making (eg, "aa," "ee," "oo," "ba," "da")?

ANTICIPATORY GUIDANCE:

- Babies learn to communicate during typical daily routines, such as bedtime, naptime, baths, diaper changes, and dressing. Here are some things you can do to help your baby develop these communication skills:
  - Look at books and pat pictures.
  - Play music and sing.
  - Imitate vocalizations.
  - Read to your baby.
  - Play games such as "pat-a-cake," "peek-a-boo," and "so big."

Infants who have consistent and predictable daily routines are able to develop their own self-regulation in the first year of life, which leads to better self-regulation later. Parents who are unable to provide this type of environment for their infant may need additional counseling, monitoring, and intervention.

Monitor infants who are excessively active or extremely quiet. Additional counseling and assistance for parents who are sad or unhappy or who rarely sleep or sleep more than expected, is extremely important. Infants, especially those with special health needs, such as premature infants or babies with chronic health or developmental conditions, who exhibit any stereotypical behaviors or sensory issues may need additional assistance. Parents who are excessively anxious, or, conversely, parents who are unaware of potential dangers, also need additional assistance.

SAMPLE QUESTIONS:

What is your baby's typical day like? When does he wake up, eat, play, nap, and go to sleep for the night?

ANTICIPATORY GUIDANCE:

- As much as possible, maintain a consistent and predictable daily routine for your baby. This will help him learn how to manage his own behavior appropriately now and as he gets older.

By 6 months, some, but not all, babies are sleeping for longer stretches at night (6 to 8 hours), which parents consider "through the night." Parents need to support their infant's increasing ability to put himself to sleep initially and put himself back to sleep after awakening at night. Explore the parent's comfort with the infant sleeping in a crib in another room. If parents have concerns in this area, additional counseling and assistance may prevent later sleep problems.

Suggestions about establishing a bedtime routine, putting the infant to bed when he is awake, and other habits to discourage night waking help parents help their baby learn self-consoling. In many cultures, family sleep arrangements are viewed as a part of the parent's commitment to their children's well-being. Infant sleep patterns are often among the last traditions to change among immigrant and minority families.

Parents also may have questions about their ability to keep their infant on his back now that he has learned to roll over. Information on continuing to keep the crib safe is important in providing reassurance.

SAMPLE QUESTION:

How is your baby learning to go to sleep by himself?

ANTICIPATORY GUIDANCE:

- Placing your baby in the crib when he is drowsy but not asleep will help your baby learn that he can go to sleep on his own. Then, when he awakens at night, he will be more likely to be able to go back to sleep without your help. This approach will help both you and your baby get a good night's sleep.

- Remember to always put your baby down to sleep on his back, not his tummy or side, even though he may now roll over on his own during sleep. Ask your relatives and caregivers to also put your baby "back to sleep." Experts also recommend that your baby sleep in his own crib, not in your bed. If you breastfeed or bottle-feed your baby in your bed, return him to his own crib or bassinet when you both are ready to go back to sleep.
- Be sure your baby's crib is safe. The slats should be no more than $2\frac{3}{8}$ inches (60 mm) apart. The mattress should be firm and fit snugly into the crib. Keep the sides of the crib raised when the baby is sleeping in it. Be sure it is certified by the JPMA.
- The crib mattress should be at its lowest point before the baby begins to stand. If bumper pads are used, remove them when the baby begins to stand so that they cannot be used as steps.
- If you choose a mesh playpen or portable crib, the weave should have openings less than $\frac{1}{4}$ inch (6 mm). Never leave the baby in a mesh playpen with the drop-side down.

Even at 6 months, infants may have periods of fussiness and irritability. Parents need strategies to deal with these periods without endangering the infant. Parents always need to know that, if they have checked that the infant is fed and clean and safe, it is all right to put him in his crib and give themselves a break. Let them know that babies may cry a lot at this age and that it does get better as the infant gets older and is more able to calm himself. Sometimes, it may be necessary to allow another responsible adult to take care of the baby so that the parents can have some needed time off.

Review the importance of protecting an infant's head even though the baby has head control, and to never shake or hit an infant, as even unintentional shaking or hitting may cause brain damage.

SAMPLE QUESTIONS:

How does your baby calm himself? How much does your baby cry? What helps to calm your baby? What do you do if that does not work? Do you ever feel that you and/or other caretakers may hurt the baby because of the crying? What will you do if you feel this way? Do you have a plan? How do you handle the feeling?

ANTICIPATORY GUIDANCE:

- At 6 months, your baby may still have fussy periods. If he is clean, dry, and not hungry, his fussiness may be telling you that he is tired or bored. Regular daily naps and giving him a variety of short play activities are 2 good strategies for dealing with overtiredness and boredom.
- By 6 months, your baby will have different strategies that will allow him to begin calming himself, such as grasping safe and appropriate toys, oral exploration, and visual exploration.

NUTRITION AND FEEDING: ADEQUACY/GROWTH

Feeding strategies (quantity, limits, location, responsibilities), feeding choices (complementary foods, choices of fluids/juice), feeding guidance (breastfeeding, formula)

General Guidelines on Feeding

By reviewing the growth chart with parents at each visit, parents become aware of the importance of growth and nutrition and become partners in providing appropriate nutrition for their child. This review also will determine the need for more in-depth assessment of nutritional adequacy and anticipatory guidance about the use of nutritional supplements (eg, vitamins, herbs, alternative formulas, and foods). Infants who take longer than 35 to 45 minutes to feed should be evaluated carefully for developmental and nutritional concerns.

Significant transitions in feeding occur during the next 3 months, and parents need clear guidance about what to expect. Managing this transition includes a discussion about the cultural/extended family beliefs about introduction of solids and types and textures of foods. The concept of the division of responsibility between parent and infant with feeding is especially helpful. In this division, the parent is responsible for providing appropriate foods, and the infant is responsible for how much to eat.

SAMPLE QUESTIONS:

What questions or concerns do you have about your baby's growth and feeding? What are you feeding your baby at this time? How often are you feeding your baby? How much does your baby eat or drink? When you begin solids, where are you going to be feeding your baby? Are you feeding your baby any drinks or foods besides breast milk or formula? About how long do feedings last?

ANTICIPATORY GUIDANCE:

- In the next 6 months, it is typical for your baby's growth to slow down a little, as you can see on the growth chart.
- Breastfeeding exclusively for the first 4 to 6 months of life, and then combining it with solid foods from about 6 to 12 months of age and for as long after that as you and the baby want, provides the best nutrition and supports the best possible growth and development. For infants who are not breastfed, iron-fortified infant formula, with the addition of solid foods, is the recommended alternative through the first year of life.
- As you begin solids, it is important to feed your baby in a bouncy seat or high chair that is adjusted to make sure your baby's head, trunk, and feet are supported, so that you can look at each other. Your baby's arms also should be free, as this is her way of communicating with you. Of course, when offering the bottle, it is still very important to continue to hold your baby so that you can see each other and communicate with each other. Your baby then will be able to let you know when she is still hungry and when she is full.
- Responding appropriately to your baby's behaviors during feedings lets her know that you understand her needs so you can provide the appropriate amount of food at a feeding. Remember, you are responsible for providing a variety of nutritious foods, but she is responsible for deciding how much to eat.

Parents need specific verbal or written guidance on the introduction of complementary foods. The order in which they are introduced is not critical as long as essential nutrients are provided. For the breastfed infant, emphasize the need to include a good dietary source of iron to prevent iron deficiency.

Parents can offer store-bought and home-prepared baby food as well as soft table foods. As the infant progresses from purees to foods with more consistency, encourage parents to offer finger foods, such as soft bananas and cereal. Advise parents that infants do not need salt or sugar added to their food.

WIC can provide information and guidance on introducing complementary foods.

SAMPLE QUESTIONS:

How are you planning on introducing solid foods, such as cereal, fruits, vegetables, meats, and other foods?

- *How much does your baby eat at a time?*
- *How does your baby let you know when he likes a certain food?*
- *Does your baby have any favorite foods?*

ANTICIPATORY GUIDANCE:

- Adding complementary foods (also called solids) to your baby's diet is very individualized. There are different steps involved in transitioning from breast milk or formula at 4 to 6 months to table foods at 12 months.
- A key step is to determine when your baby is ready for solids.
  - One of the signs that a baby is ready for eating solids is the fading of the baby's tongue-thrust reflex (pushing food out of the mouth).
  - Another sign is that the baby can elevate her tongue to move pureed food to the back of her mouth and, as she sees a spoon approach, she opens her mouth in anticipation of the next bite. At this stage, your baby sits with arm support and has good head and neck control, so she can indicate a desire for food by opening her mouth and leaning forward.
  - She can tell you she's full or doesn't want food by leaning back and turning away.
- Introduce single-ingredient new foods, one at a time, and watch for adverse reactions over several days to a week.
- Good sources of iron include iron-fortified infant cereal and meats, especially red meats. One ounce (30 g) of infant cereal provides the daily iron requirement, particularly if fed with vitamin C-rich foods, such as baby fruits, which enhance iron absorption from the cereal.
- Gradually introduce other pureed or soft fruits and vegetables after your baby has accepted iron-fortified, single-grain infant cereal and/or pureed or soft meats. Offer solid food 2 to 3 times per day and let her decide how much to eat.
- As with all feeding interactions, watch your baby's verbal and nonverbal cues and respond appropriately. If a food is rejected, move on and try it again later. Don't force her to eat or finish foods.

- Repeated exposure to foods enhances acceptance of new foods by both breastfed and formula-fed infants. It may take up to 10 to 15 experiences before a new food is accepted, because of the transition to textures as well as tastes.
- Foods associated with lifelong sensitization (peanuts, tree nuts, fish, and shellfish) should not be introduced until after 1 year or even later.

Parents can begin offering sips of breast milk, formula, or water from a small cup held by the feeder, but an infant this age is unlikely or unable to take adequate amounts of fluids and energy needs in a cup. Caution parents about the need to limit juice to 2 to 4 oz per day and to avoid the use of sweetened drinks, such as sodas and artificially flavored "fruit" drinks, which provide calories without other nutrients.

SAMPLE QUESTION:

What types of liquids/fluids is your baby getting in the bottle or cup?

ANTICIPATORY GUIDANCE:

- Give your baby only 2 to 4 oz of juice per day; it is not considered a snack or food. It is best to offer juice in a cup during snack time when she is beginning to take solids more than 3 times a day and when she is developmentally ready.

Guidance on Breastfeeding

Congratulate the mother for continuing to breastfeed.

Weaning ages vary considerably from child to child. Although breastfeeding is recommended for at least 12 months, some infants are ready to wean earlier than that. Refer mothers to breastfeeding support groups or a lactation consultant as needed for questions or concerns.

SAMPLE QUESTIONS:

How is breastfeeding going?

- *In what ways is breastfeeding different now from when you were last here?*
- *How often are you breastfeeding your baby? For how long on each breast?*
- *Does it seem like your baby is breastfeeding more often or for longer periods of time?*
- *How can you tell if your baby is satisfied at the breast?*
- *What are your plans for continuing to breastfeed?*

ANTICIPATORY GUIDANCE:

- At 6 months, breast milk with solids continue to be your baby's best source of nutrition. You should try to continue to breastfeed for the first year of your baby's life and for as long thereafter as you and your baby want to continue.

Guidance on Formula Feeding

Older infants generally consume 24 to 32 oz of formula per day with complementary food, but larger male infants (6 months old, 90th percentile for weight) may take as much as 42 oz of formula per day without complementary foods. Often, at this age, parents may consider using a less expensive formula and may need guidance based on the individual needs of the infant.

SAMPLE QUESTIONS:

How is formula feeding going?

- *What formula are you using now? Have you tried other formulas or are you thinking of using other formulas?*
- *How often does your baby feed in 24 hours and how much does she take at a feeding? Day feeding versus night feedings?*
- *Do you have any concerns about the formula (eg, cost, preparation, or nutrient content)?*

ANTICIPATORY GUIDANCE:

- Continue to feed your baby when she shows hunger cues, usually 5 to 6 times in 24 hours.
- Supplements are not needed if the formula is iron fortified and your baby is consuming an adequate volume of formula for appropriate growth.
- During the first year of life, babies continue to need iron-fortified formula if they are not breastfeeding. If the cost of the formula is a concern, programs such as WIC or other community services may be able to help you.

ORAL HEALTH

Fluoride, oral hygiene/soft toothbrush, avoidance of bottle in bed

To promote preventive dental care, counseling for parents about their infant's oral health needs to begin early. This includes parental awareness of the importance of their own dental health and modeling of brushing their teeth. The oral health risk assessment recommended by the American Academy of Pediatric Dentistry is recommended at 6 months.

SAMPLE QUESTION:

What have you thought about doing to protect your infant's teeth during this first year?

ANTICIPATORY GUIDANCE:

- The use of fluoride supplements will depend on whether your baby is breast-fed or formula fed, as well as the water source. The local health department may be a resource for information about local community fluoride levels.

SAMPLE QUESTION:
What are your plans for protecting your baby's teeth?

ANTICIPATORY GUIDANCE:

- Early dental care, with the eruption of the first tooth, means using a soft toothbrush or cloth to clean your baby's teeth with water only.

SAMPLE QUESTION:
What have you heard about giving your baby a bottle in bed?

ANTICIPATORY GUIDANCE:

- Continue to hold your baby for bottle-feeding. Do not prop the bottle or let your baby graze (drinking from a bottle at will during the day). Putting your baby to bed with a bottle containing juice, milk, or other sugary liquid will harm his teeth. If you ever do give your baby a bottle in bed, make sure it contains only plain water.

SAFETY

Car safety seats, burns (hot water/hot surfaces), falls (gates at stairs and no walkers), choking, poisoning, drowning

If parents are concerned that the child's feet are touching the vehicle seat in the rear-facing position and the child is reaching the highest weight or height allowed for use of the infant-only car safety seat, counsel them to consider switching from their infant-only seat to either a rear-facing convertible seat or an infant-only seat approved for weights greater than 22 pounds. These seats typically allow more room for the infant's legs and are designed to be used rear facing to higher weights.

Remind parents that their own safe driving behaviors (including using safety belts at all times and not driving under the influence of alcohol or drugs) are important to the health of their children.

Questions about proper installation should be referred to a certified Child Passenger Safety Technician in the community.
Child Safety Seat Inspection Station Locator: www.seatcheck.org
Toll-free Number: 866-SEATCHECK (866-732-8243)

SAMPLE QUESTION:
How well does your baby fit in his rear-facing car safety seat?

ANTICIPATORY GUIDANCE:

- A baby's car safety seat must never be placed in the front seat of a vehicle with a passenger air bag. Air bags deploy with great force against a car safety seat and cause serious injury or death. Babies are best protected in the event of a crash when they are in the back seat and in a rear-facing car safety seat.
- Keep your baby's car safety seat rear facing in the back seat of your vehicle until your baby is at least 1 year old and weighs at least 20 pounds. It is preferable to wait even longer, until the baby reaches the highest weight or height allowed by the manufacturer of the seat.

- Infants who reach 20 pounds or 26 to 29 inches before 1 year should use a convertible seat or infant-only seat that is approved for use rear facing to higher weights and heights (up to 30 pounds and 32 inches for infant-only seats and up to 35 pounds and at least 36 inches for convertible seats). Your baby will be safest if she rides rear facing to the highest weight or height allowed by the manufacturer.
- The back seat is the safest place for children to ride.
- Do not start the engine until everyone is buckled in.
- Your own safe driving behaviors are important to the health of your children. Use a safety belt at all times and do not drive after using alcohol or drugs.

If a parent has unrealistic developmental expectations or is negative about infant's new abilities (eg, "She's a little terror," or "I have to keep her in the playpen all the time"), additional counseling may be indicated, especially related to other safety issues.

SAMPLE QUESTION:

What other things are you doing to keep your baby safe and healthy?

ANTICIPATORY GUIDANCE:

- As your baby begins to crawl, it is a good idea to do a safety check of your home and the home of family or friends.
- Before bathing your baby, test the water temperature on your wrist to make sure it is not too hot. To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases, you can adjust your water heater.
- Don't leave your baby alone, for even a second, in a tub of water, even if you use a bath ring or seat, or on high places such as changing tables, beds, sofas, or chairs.
- Use appropriate barriers around space heaters, wood stoves, and kerosene heaters.
- The kitchen is the most dangerous room for children. A safer 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.
- Babies at this age explore their environment by putting anything and everything into their mouths. NEVER leave small objects or latex balloons within your baby's reach.
- To prevent choking, limit "finger foods" to soft bits not much larger than a Cheerio®. Children younger than 4 years should not eat hard food like nuts or popcorn.
- Be sure to keep household products, such as cleaners, chemicals, and medicines, locked up and out of your child's sight and reach. If your child does eat something that could be poisonous, call the Poison Control Center at 1-800-222-1222 immediately. Do not make your child vomit.

Poison Control Center (1-800-222-1222)

- Your baby may be able to crawl as early as 6 months. Use gates on stairways and close doors to keep her out of rooms where she might get hurt.
- Do not use a baby walker. Your baby may tip the walker over, fall out of it, or fall down the stairs and seriously injure her head. Baby walkers let children get to places where they can pull heavy objects or hot food on themselves.

Health Supervision: 9 Month Visit

Context

The 9-month-old has made some striking developmental gains and displays growing independence. He is increasingly mobile and will express explicit opinions about everything, from the foods he eats to his bedtime. These opinions often will take the form of protests. He will say "No" in his own way, from closing his mouth and shaking his head when a parent wants to feed him, to screaming when he finds himself alone. The baby also has gained a sense of "object permanence" (ie, he understands that an object or person, such as a parent, exists in spite of not being visible at the moment).

The 9-month-old's behaviors are an adaptation to his uncertainties about how the world works. Though certain that an unseen object exists, he is not yet confident that the out-of-sight object or the absent person will reappear. His protests when a parent leaves show his attachment and his ability to fear loss. His insecurity about the whereabouts of his parents may lead to night waking. Until this age, he was waking during his normal sleep cycle, but usually fell back to sleep. Now, when he awakens, he realizes that he is in a dark room without his parents. This realization generally leads to distressed crying (a behavior that causes difficulties for parents).

As a result of these developments, the parents' tasks have changed dramatically. The infant's increasing activity and protests necessitate setting limits. The parents must decide when it is important for them to say, "No." This requires self-esteem, confidence in their role as responsible parents, and a great deal of energy. Parents also view their infant's growing independence with a sense of loss. No longer content to be held, cuddled, and coddled, the baby will now wiggle, want to be put down, and may even crawl away. This physical independence requires a heightened vigilance about safety around the house.

Recognizing and responding appropriately to infant cues associated with basic care, such as nurturing and feeding, now require complex skills. As the baby's first birthday approaches, the parents' attitudes and expectations, based in part on their own early childhood experiences, will become a significant factor. At the 9 Month Visit, it is important for the health care professional to assess the parents' attitudes and abilities to cope with their child's growing independence of body and mind. The health care professional also should provide the parents with basic skills and resources for making decisions about methods of managing their child's behavior.

At 9 months of age, infants are at the height of stranger awareness. The intensity of their responses to strangers is highly variable. Although they may have been friendly and cooperative at the previous visit, they are far more likely to become upset with the physical examination at this age. The health care professional can minimize this reaction by approaching the infant very slowly, by examining the infant in a parent's arms, by first touching the infant's shoe or leg and gradually moving to the chest, and by distracting the

infant with a toy or stethoscope during the examination.

This is an appropriate age to start guidance for the parents about discipline. Discuss the difference between discipline (which involves the parent teaching appropriate behaviors) and punishment (which places emphasis only on negative behaviors). Assist parents in making their baby's environment safe rather than trying to teach their baby how to be safe. Emphasize that yelling, spanking, and hitting are ineffective punishment in changing behaviors. Also point out that, at this age, an infant is NOT capable of learning or remembering "rules."

Priorities for the Visit

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Family adaptations (discipline [parenting expectations, consistency, behavior management], cultural beliefs about child-rearing, family functioning, domestic violence)
- Infant independence (changing sleep pattern [sleep schedule], developmental mobility [safe exploration, play], cognitive development [object permanence, separation anxiety, behavior and learning, temperament versus self-regulation, visual exploration, cause and effect], communication)
- Feeding routine (self-feeding, mealtime routines, transition to solids [table food introduction], cup drinking [plans for weaning])
- Safety (car safety seats, burns [hot stoves, heaters], window guards, drowning, poisoning [safety locks], guns)

Health Supervision

History

Interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

- How are you? How are things going in your family?
- What questions or concerns do you have today? What questions do you have about your baby's care?
- Tell me about your baby.
- What do you like best about your baby?
- What is most challenging about caring for your baby?

Observation of Parent-Child Interaction

During the visit, the health care professional should observe:

- Do the parents stimulate the infant with language and play?
- Do the parents and infant demonstrate a reciprocal engagement around feeding/eating?
- Is the infant free to move away from the parent to explore and check back with the parent visually and physically?
- Are the parents' developmental expectations appropriate?
- How do the parents respond to their infant's autonomy or independent behavior within a safe environment?

Surveillance of Development

Do you have any specific concerns about your baby's development, learning, or behavior?

SOCIAL-EMOTIONAL

- Has developed apprehension with strangers
- Seeks parent for play and comfort, and as a resource

COMMUNICATIVE

- Uses wide variety of repetitive consonants and vowel sounds
- Starts to point out objects

COGNITIVE

- Develops object permanence
- Learns interactive games, such as "peek-a-boo" and "so big"
- Looks at books and explores environment, physically and visually

PHYSICAL DEVELOPMENT

- Rapidly expands motor skills—crawls reciprocally, gets to sitting, begins to pull to stand

Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

- **Measure and plot:**
  - Length
  - Weight
  - Head circumference
- **Plot:**
  - Weight-for-length
- **Head**
  - Palpate for positional skull deformities
- **Eyes**
  - Assess ocular mobility for lateral and horizontal gaze
  - Assess eye alignment
  - Examine pupils for opacification and red reflexes
- **Heart**
  - Ascult for murmurs
  - Palpate femoral pulses
- **Musculoskeletal**
  - Assess for developmental hip dysplasia by examining for abduction
- **Neurologic**
  - Evaluate tone, strength, and symmetry of movements
  - Elicit parachute reflex

Screening

UNIVERSAL SCREENING	ACTION	
Development	Structured developmental screen	
Oral health	Administer the oral health risk assessment	
SELECTIVE SCREENING	**RISK ASSESSMENT***	**ACTION IF RA +**
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure
Vision	Parental concern or abnormal fundoscopic examination or abnormal cover/uncover test	Ophthalmology referral
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment
Lead	+ on risk screening questions	Lead screen

*See the Rationale and Evidence chapter for the criteria on which risk screening questions are based.

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.
CDC National Immunization Program (NIP): http://www.cdc.gov/vaccines
American Academy of Pediatrics *Red Book*: http://www.aapredbook.org

ANTICIPATORY GUIDANCE

The following sample questions, which address the Infancy Expert Panel's Anticipatory Guidance Priorities, are intended to be used selectively to invite discussion, gather information, address the needs and concerns of the family, and build partnerships. Use of the questions may vary from visit to visit and from family to family. Questions can be modified to match the health care professional's communication style. The accompanying anticipatory guidance for the family should be geared to questions, issues, or concerns for that particular child and family.

FAMILY ADAPTATIONS

Discipline (parenting expectations, consistency, behavior management), cultural beliefs about child-rearing, family functioning, domestic violence

This is an age when the entire family needs to adapt to the increasingly mobile infant. The more consistent parents are in establishing and reinforcing appropriate behavior, the easier it will be for the infant to learn what is, and is not, allowed. Providing parents with appropriate developmental expectations is an important aspect of helping parents come to an agreement on their approaches to parenting.

Discuss whether the parents have time to themselves, with each other, and with other family and friends. Social contacts and activities apart from the baby can help maintain parental well-being. Ideally, both partners are involved in health supervision visits and infant care.

SAMPLE QUESTIONS:

What are your thoughts about discipline? Do you and your partner agree on ways to manage the baby's environment to support healthy behavior? Do you and other key family members (such as mothers, mothers-in-law, and other elders) agree on ways to manage the baby's environment to support healthy behavior? Have you discussed these issues with your child care provider? How are your other children adapting to the baby as she gets older?

ANTICIPATORY GUIDANCE:

- An important aspect of discipline is teaching your child what behaviors you expect. During the first year of life, the parents' primary role is that of protector for an infant's natural curiosity. During this time, babies learn more by example from what they observe than through what their parents may say to them. Therefore, setting an example of the behaviors you expect of your child is very important.
- Using descriptions of the behavior that is desired, as often as possible (eg, saying, "Time to sit," rather than, "Don't stand," will provide better direction about the behavior that is desired).
- A critical step in establishing discipline is to limit "No" to the most important issues. One way to do this is to remove other reasons to say, "No" (such as putting dangerous or tempting objects out of reach). Then, when an important issue comes up (such as your baby going toward the stove or radiator), saying, "NO, hot, don't touch" and removing the baby will have real meaning for her.

- Because infants have a natural curiosity about objects they see their parents using but also a short attention span, distraction and replacing a forbidden object with one that is permissible are excellent strategies for managing your baby's behavior in a positive way.
- Another aspect of discipline is consistency between parents, other family members, and child care providers. It is important to discuss what behaviors are allowed and what behaviors are not allowed. Have this discussion with your partner, family members, and child care provider. Some simple rules for your child can be established, such as saying, "Don't touch," for certain objects.
- Asking siblings to help with the baby to the extent they are able will continue to meet their needs of being involved and feeling they are an important member of the family.

SAMPLE QUESTIONS:

Do you have regular time for yourself? How often do you see friends and get out of the house to do other activities?

ANTICIPATORY GUIDANCE:

- All parents need time alone and individual time with their partner.
- Staying in touch with friends and family members and participating in activities without the baby helps avoid social isolation.

SAMPLE QUESTIONS:

Do you have someone to turn to when you need help caring for your baby? Do you have child care? How is it going?

ANTICIPATORY GUIDANCE:

- Choose babysitters and caregivers who are mature, trained, responsible, and recommended by someone you trust.

Children who are exposed to domestic violence are at increased risk of adverse mental and physical health outcomes. Domestic violence cannot be determined through observation, but is best identified through direct inquiry. Avoid asking about "abuse" or "domestic violence," but use descriptive terms, such as hit, kick, shove, choke, or threaten. Provide information about the impact of domestic violence on children and about community resources that provide assistance. Recommend resources for parent education and/or parent support groups.

SAMPLE QUESTIONS:

Because violence is so common in so many people's lives, I've begun to ask about it. I don't know if this is a problem for you, but many children I see have parents who have been hurt by someone else. Some are too afraid or uncomfortable to bring it up, so I've started asking about it routinely.

Do you always feel safe in your home?

- *Has your partner or ex-partner ever hit, kicked, or shoved you, or physically hurt you or the baby?*
- *Are you scared that you and/or other caretakers may hurt the baby?*

Do you have any questions about your safety at home? What will you do if you feel afraid? Do you have a plan? Would you like information on where to go or who to contact if you ever need help?

ANTICIPATORY GUIDANCE:

- One way that I and other health care professionals can help you if your partner is hitting or threatening you is to support you and provide information about local resources that can help you.

INFANT INDEPENDENCE

Changing sleep pattern (sleep schedule), developmental mobility (safe exploration, play), cognitive development (object permanence, separation anxiety, behavior and learning, temperament versus self-regulation, visual exploration, cause and effect), communication

The infant's increasing mobility and independence, but also his need for referencing and looking over to see that the parent is still there for protection, is an important developmental step. Parents need to understand their baby's temperament and sensory processing, and how the family can adapt to it. At around 9 months, it is not unusual for infants who have been sleeping through the night to begin to awaken.

Parents are interested in learning about screen time and alternatives to media entertainment, so reinforce alternative forms of entertainment, such as reading or playing games together or walking in the park. Parents are the target of increasing marketing of video products with unsubstantiated implications of educational value. Current data reveal that children younger than 2 years spend 48 minutes per day watching TV and videos/DVDs and playing on the computer.

During the 9 Month Visit, consider having parents complete a standardized developmental screening tool that can be used to identify any developmental concerns. This type of tool also educates parents about developmental skills that might be expected and assists them in asking questions during the visit.

SAMPLE QUESTIONS:

Have you noticed any changes in your baby's sleeping habits? Does your baby wake up during the night?

ANTICIPATORY GUIDANCE:

- This is an age when sleep routines that help your baby gradually relax and get ready for sleep are especially important. The pre-bedtime hour, before the routine begins, should be especially affectionate and nurturing. Disruptions in routine, such as vacations, visitors, or late evenings out, can significantly disturb sleep patterns. Try to avoid these disruptions if possible.
- If your baby is waking in the night, continue to just check on him and settle him back to sleep. This routine can help your baby put himself back to sleep.
- As your baby begins to stand at the crib, it is important to lower the mattress in your baby's crib to the lowest level before he learns to stand up. If bumper pads are used, remove them when the baby begins to stand so that they cannot be used as steps.

SAMPLE QUESTIONS:

How is your baby getting around now? Do you have any concerns about your baby's development or behavior?

ANTICIPATORY GUIDANCE:

- Your baby's gross motor skills (his ability to control his head and body parts and to move around) will rapidly develop during the next 3 months.
- Give your baby opportunities to safely explore. Be there with him so that he can always check to see that you are nearby.
- Sometimes, it's easy to think that your baby can do more than he's really able to do. Be realistic about his abilities at this age and set realistic, nonthreatening, enforceable limits.

SAMPLE QUESTIONS:

What have you noticed about changes in your baby's behaviors around you and other people? How does your baby adapt to new situations, people, and places?

ANTICIPATORY GUIDANCE:

- Your baby is eager to interact and play with other people as a way to develop interpersonal relationships. At the same time, be sensitive to the fact that, at this age, he will show separation anxiety from you and other important caregivers. This anxiety is a sign of his strong attachment to you.
- Pay attention to the way your baby reacts and adapts to new situations and people. These reactions reflect his personality and temperament. To the extent possible, make these situations easy on your baby (eg, if he is a quiet baby who does not like a lot of noise and bustle, explain that to a person meeting him for the first time and ask the person to greet him in a calm and soothing way).

SAMPLE QUESTIONS:

How do you think your baby is learning? How is your baby communicating with you now?

ANTICIPATORY GUIDANCE:

- Your baby's way of learning is changing from exploring with his eyes and putting things in his mouth to noticing cause and effect, imitating others, and understanding that objects he cannot see still exist.
- Help your baby develop these skills by playing with simple cause-and-effect toys. Try balls that you can roll back and forth, toy cars and trucks that he can push, and blocks that can be put into a container and dumped out. Songs with clapping and gestures and songs with finger actions will help him learn imitation. Peek-a-boo and hide-and-seek are great ways to help him understand "object permanence." It is important to use these ideas to entertain your child. Children younger than 2 years should not watch TV, DVDs, or videos, or use computer products.
- Babies now begin to use gestures such as pointing as well as vocalizations to let you know what they want. They also begin to show their preferences more clearly, such as refusing to eat certain foods by clearly turning away. It still is important to respond to your baby's efforts to communicate with you by acknowledging his preferences, yet being consistent in your expectations. Using modeling, demonstration, and simple descriptions of what behaviors you want from your baby will work much better than long sentences or a raised voice.

FEEDING ROUTINE

Self-feeding, mealtime routines, transition to solids (table food introduction), cup drinking (plans for weaning)

During the next 3 months, infants demonstrate a growing ability to feed themselves. As infants begin to want independence with self-feeding, it is increasingly important for parents to understand the division of responsibility between parent and child with regard to feeding—the parent is responsible for providing a sufficient amount and variety of nutritious foods, and the child is responsible for deciding how much to eat.

The time between the introduction of complementary foods and 9 months is a sensitive period for learning to chew. A gradual exposure to solid textures during this time may decrease the risk of feeding problems, such as rejecting certain textures, refusing to chew, or vomiting.

SAMPLE QUESTIONS:

How has feeding been going?

- *What is your baby feeding herself?*
- *What does your baby eat with her fingers?*
- *Has she used a cup?*

Has your baby received breast milk or other fluids from a bottle or cup?

ANTICIPATORY GUIDANCE:

- Try to be patient and understanding as your baby tries new foods and learns to feed herself. Removing distractions, like television, will help her stay focused on eating. Remember, it may take 10 to 15 tries before your baby will accept a new food.
- As your baby becomes more independent in feeding herself, remember that you are responsible for providing a variety of sufficient nutritious foods, but she is responsible for deciding how much to eat.
- Most 9-month-old infants can be on the same eating schedule as the family (breakfast, lunch, and dinner), plus a mid-morning, afternoon, and bedtime snack. The amount of food taken at a single feeding may vary and may not be a large amount, but the 3 meals and 2 to 3 snacks help ensure that your baby is exposed to a variety of foods and receives adequate nutrition. Snacks can be an opportunity to try new foods.
- Giving your baby foods of varying textures (eg, pureed, blended, mashed, finely chopped, and soft lumps) will help her successfully go through the change from gumming to chewing foods. Slowly introducing solid textures during this time may decrease the risk of feeding problems, refusing to chew, or vomiting. Gradually increase table foods. Avoid mixed textures, like broth with vegetables, because they are the most difficult for infants and toddlers to eat.
- Encourage your baby to drink from a cup with help. Juice may be served as part of a snack but should be limited to 4 oz per day. Avoid the use of sweetened drinks, such as sodas and artificially flavored "fruit" drinks. These drinks provide calories but no nutrients.

- Foods associated with lifelong sensitization (peanuts, tree nuts, fish, and shellfish) should not be introduced until after 1 year or even later.

SAMPLE QUESTIONS:

What are your plans for continuing to breastfeed? What questions or concerns do you have?

ANTICIPATORY GUIDANCE:

- Weaning ages vary considerably from child to child. Some are ready to wean earlier than others and will show this by decreasing their interest in breastfeeding as they increase their interest in the foods they see their parents eating.
- At 9 months, breast milk with complementary food continues to be the baby's best source of nutrition. Try to continue breastfeeding through the first year of the baby's life, or for as long as both you and your baby want to continue.

SAFETY

Car safety seats, burns (hot stoves, heaters), window guards, drowning, poisoning (safety locks), guns

Parents may be tempted to prematurely change their 9-month-old baby's rear-facing car safety seat to a forward-facing seat. Death and serious injury are significantly less likely for infants and young children who are rear facing compared to forward facing. For the best protection, children should ride rear facing to the highest weight or height allowed for rear facing by the manufacturer of the seat. As infants approach 20 pounds or their head is 1 inch below the top of the infant-only seat, counsel parents to consider switching from their infant-only seat to either a rear-facing convertible seat or an infant-only seat approved for weights greater than 22 pounds.

Remind parents that their own safe driving behaviors (including using safety belts at all times and not driving under the influence of alcohol or drugs) are important to the health of their children.

Questions about proper installation should be referred to a certified Child Passenger Safety Technician in the community.
Child Safety Seat Inspection Station Locator: www.seatcheck.org
Toll-free Number: 866-SEATCHECK (866-732-8243)

SAMPLE QUESTIONS:

Is your baby fastened securely in the back seat in a rear-facing car safety seat for every ride in a vehicle? Do you know when to turn the baby's car safety seat forward facing? Do you know where to get help with using your car safety seat? Does everyone in the family use a safety belt every time they ride in a vehicle?

ANTICIPATORY GUIDANCE:

- A baby's car safety seat must never be placed in the front seat of a vehicle with a passenger air bag. Air bags deploy with great force against a car safety seat and cause serious injury or death. Babies are best protected in the event of a crash when they are in the back seat and in a rear-facing car safety seat.
- Keep your baby's car safety seat rear facing in the back seat of the vehicle until your baby is at least 1 year old and weighs at least 20 pounds. It is preferable to wait even longer, until the baby reaches the highest weight or height allowed by the manufacturer of the seat.
- Infants who reach 20 pounds or 26 to 29 inches before 1 year should use a convertible seat or infant-only seat that is approved for use rear facing to higher weights and heights (up to 30 pounds and 32 inches for infant-only seats and up to 35 pounds and at least 36 inches for convertible seats). Your baby will be safest if he rides rear facing to the highest weight or height allowed by the manufacturer.
- The back seat is the safest place for children to ride.
- Do not start the engine until everyone is buckled in.
- Your own safe driving behaviors are important to the health of your children. Use a safety belt at all times and do not drive after using alcohol or drugs.

Now that their baby is more active, discuss with parents the changes they can make to make their home safer for their child. No home is ever "childproof," but parents can initiate changes to make the environment safer.

SAMPLE QUESTION:

Now that your child can move on his own more, what changes have you made in your home to ensure his safety?

ANTICIPATORY GUIDANCE:

- Do not leave heavy objects or containers of hot liquids on tables with tablecloths. Your baby may pull on the tablecloth. Turn handles of pans or dishes so they do not hang over edge of stove or table.
- Use appropriate barriers around space heaters, wood stoves, and kerosene heaters.
- The kitchen is the most dangerous room for children. A safer place for your child while you are cooking, eating, or unable to provide your full attention is the playpen, crib, or stationary activity center, or buckled into a high chair.
- Keep electrical cords out of your child's reach. Mouth burns can result from chewing on the end of a live extension cord or on a poorly insulated wire.
- To prevent children from falling out of windows, keep furniture away from windows and install operable window guards on second- and higher-story windows. Use gates at the top and bottom of stairs.
- Watch your toddler constantly whenever he is near water. Your child can drown in even a few inches of water, including in the bathtub, play pools, buckets, or toilets. A supervising adult should be within an arm's reach, providing "touch supervision," whenever young children are in or around water.

- Do not let young brothers or sisters watch over your toddler in the bathtub, house, yard, or playground.
- Empty buckets, tubs, or small pools immediately after you use them.
- To prevent poisoning, keep household products, such as cleaners, chemicals, and medicines, locked up and out of your child's sight and reach. Keep the number of the Poison Control Center (1-800-222-1222) posted next to every telephone.

Review gun safety with parents. The AAP recommends that guns be removed from the places where children live and play. Parents who own guns may be more receptive to this discussion when guns are considered along with the other household hazards than when they are the sole focus of a discussion.

SAMPLE QUESTIONS:

Does anyone in your home have a gun? If so, is the gun unloaded and locked up? Is the ammunition stored and locked separately from the gun? Have you considered not owning a gun because of the danger to children and other family members?

ANTICIPATORY GUIDANCE:

- Homicide and suicide are more common in homes that have guns. As your child becomes more active, the potential dangers of a gun become even greater. The best way to keep your child safe from injury or death from guns is to never have a gun in the home.
- If it is necessary to keep a gun in your home or if the homes of people you visit have guns, they should be stored unloaded and locked, with the ammunition locked separately from the gun.

Poison Control Center (1-800-222-1222)

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