Infancy Visits

Prenatal Through 11 Months
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. The Prenatal Visit is especially valuable for first-time parents; single parents; families with high-risk pregnancies, pregnancy complications, or 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. Health evaluation for newly adopted children has been reviewed, with recommendations provided. 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 importance of early skin-to-skin contact and routine newborn screening, including blood, bilirubin, hearing, and critical congenital heart disease tests. Other issues for discussion are the anticipated timing of the newborn’s discharge from the nursery, common health care concerns for a newborn during the first week of life, and normal early newborn behaviors. This visit also provides an opportunity to provide an overview of health supervision during the first year and to discuss the practice’s routines for handling telephone or electronic communication for questions, the procedure for scheduling appointments, and after-hours care. During the Prenatal Visit, the health care professional can review the importance of a healthy maternal diet for fetal development as well as identify any unique dietary concerns for the family, including any food allergies or intolerances, cultural feeding practices, and the use of herbal or complementary products. The Prenatal Visit also presents an opportunity to inquire about, and document, important aspects of pregnancy history, including potential exposures to toxins (eg, lead, alcohol, drugs) as well as to reiterate messages about healthy behaviors. 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 human milk can be addressed. The health care professional also can inquire about the family constellation; the family’s genetic history and health beliefs; the mother’s health and wellness, including her mental health, life stressors, status of health insurance coverage for the mother and other family members, and support systems; and the couple’s developmental adaptation to becoming parents. The family’s preparations for the newborn’s birth and homecoming can be assessed during this discussion, as can potential safety concerns and resource needs. This will help
the health care professional 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 the parents and other important caregivers to attend subsequent health supervision visits, if possible.

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

Priorities for the Prenatal 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:

- Social determinants of health (risks [living situation and food security, environmental risks, pregnancy adjustment, intimate partner violence, maternal drug and alcohol use, maternal tobacco use], strengths and protective factors [becoming well informed, family constellation and cultural traditions])
- Parent and family health and well-being (mental health [perinatal or chronic depression], diet and physical activity, prenatal care, complementary and alternative medicine)
- Newborn care (introduction to the practice as a medical home, circumcision, newborn health risks [handwashing, outings])
- Nutrition and feeding (breastfeeding guidance, prescription or nonprescription medications or drugs, family support of breastfeeding, formula-feeding guidance, financial resources for infant feeding)
- Safety (car safety seats, heatstroke prevention, safe sleep, pets, firearm safety, safe home environment)

Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
Health Supervision

The Bright Futures Tool and Resource Kit contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

History

The prenatal history may be obtained according to the concerns of the family and the health care professional's preference or style of practice.

General Questions
- How has your pregnancy gone so far? What are similarities and differences from what you expected? From previous pregnancies? Have you had any prenatal testing done?
- 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 of routine child health care? What have you heard about 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?
- Where do you get information when you have questions about health issues or caring for your baby? How do you prefer to receive information?

Family History
- Obtain a comprehensive family health history. A family history questionnaire can be found in the Bright Futures Tool and Resource Kit.

Social History
- See the Social Determinants of Health priority in Anticipatory Guidance for social history questions.
Surveillance of Development

What have you heard about what newborns can do at birth?

- Newborns are able to smell (especially their mother’s breast milk), hear their parents’ voices, see up to a distance of under 1 foot (eg, they can see their parent’s face when being held), and respond to different types of touch (soothing touch and alerting touch).
- 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.
- Newborns learn to anticipate and trust their world through their parents’ consistent and predictable caregiving (eg, through feeding and how parents respond to their cries).
- For the first months of life, newborns learn to live in a world that is very different from the womb. In the womb, the baby is in a dark environment, is in a curled-up position with arms and legs close to the body, and feels swaying movements when you walk. The baby is used to a small space with limited movements. Your baby hears constant swishing sounds of the placenta and your heartbeat.
- During the first month after birth, babies have a lot to learn—how to feed well and how to coordinate sucking, swallowing, and breathing while breastfeeding or feeding from a bottle. They also must learn how to handle the world around them—the sights, sounds, tactile stimulation (touch)—while learning to control their movements. All these are important steps in a young infant’s development.

Review of Systems

Not applicable.

Observation of the Family Dynamic

During the visit, the health care professional acknowledges and reinforces positive parent interactions and discusses any concerns. Observation focuses on

- Who asks questions and who provides responses to questions? (Observe mother’s relationship with her partner, other children, or support people present during the visit.)
- Verbal and nonverbal behaviors and communication between family members indicating support and understanding, or differences and conflicts.

Physical Examination

Not applicable.
### Screening

Discuss the purpose and importance of the routine newborn screening tests, including newborn blood screening (metabolic, endocrine, hemoglobinopathy), jaundice, congenital heart disease, and hearing, that will be performed in the hospital before the baby is discharged. Explain that the hospital, state health department, and the health care professional work together to ensure that family gets these test results and the appropriate follow-up if any test results are not normal or are not able to be completed before the baby goes home.

Inquire about any maternal prenatal testing (eg, alpha fetoprotein, diabetes [GTT/GCT, HgA1c], hepatitis B, syphilis, human immunodeficiency virus [HIV], cytomegalovirus, group B Streptococcus), any abnormal findings seen on ultrasound, and any maternal conditions that may affect the developing fetus or newborn.

### Immunizations

Discuss the importance of routine initiation of immunizations, including routine newborn hepatitis B immunization and any state-specific recommendations for immunization before discharge.

Infants younger than 6 months are at risk of complications from influenza, but are too young to be vaccinated for seasonal influenza. Encourage influenza vaccine for caregivers of infants younger than 6 months and recommend pertussis immunization (Tdap) for adults who will be caring for the infant. The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommends that every pregnant woman receive Tdap with each pregnancy. The Tdap is safe after 20 weeks' gestation and immediately postpartum for women who have not received Tdap in the previous year.

The health care professional also can use this opportunity to assess vaccination status for other children in the family. Their vaccination status not only affects their health but also that of the newborn.

Consult the CDC/ACIP or American Academy of Pediatrics (AAP) Web sites for the current immunization schedule.

CDC National Immunization Program [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

AAP Red Book: [http://redbook.solutions.aap.org](http://redbook.solutions.aap.org)
The following sample questions, which address the Bright Futures 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 infant and family. Tools and handouts to support anticipatory guidance can be found in the *Bright Futures Tool and Resource Kit*.

**Priority**

**Social Determinants of Health**

**Risks:** Living situation and food security, environmental risks (dampness and mold, lead, pica), pregnancy adjustment, intimate partner violence, maternal drug and alcohol use, maternal tobacco use

**Strengths and protective factors:** Becoming well informed, family constellation and cultural traditions

**Risks: Living Situation and Food Security**

Parents in difficult living situations or with limited means may have concerns about their ability to care for their newborn. Suggest community resources that help with finding quality child care, accessing transportation, or getting an infant car safety seat and crib, or addressing issues such as financial concerns, inadequate resources to cover health care expenses, parental inexperience, or lack of social support. Other community groups or agencies can address inadequate or unsafe housing and limited food resources (e.g., food or nutrition assistance programs, such as the Commodity Supplemental Food Program, Supplemental Nutrition Assistance Program [SNAP], or Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]).

**Sample Questions**

Tell me about your living situation. Do you live in an apartment or a house? Is permanent housing a worry for you?

Do you have the things you need to take care of the baby, such as a crib, a car safety seat, and diapers? Does your home have enough heat, hot water, electricity, and working appliances? Do you have health insurance for yourself? How about for the baby?

Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?
Anticipatory Guidance

- Community agencies are available to help you with concerns about your living situation.
- Programs and resources are available to help you and your baby. You may be eligible for the WIC or housing or transportation assistance programs. Several food programs, such as the Commodity Supplemental Food Program and SNAP, the program formerly known as Food Stamps, can help you. If you are breastfeeding and eligible for WIC, you can get nutritious food for yourself and support from peer counselors.

Risks: Environmental Risks—Dampness and Mold

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

Sample Questions

*Are you aware of any health concerns in your family related to dampness or mold in your home? Have you had problems with bugs, rodents, or peeling paint or plaster in your home?*

Anticipatory Guidance

- Some homes may have health risks that may affect your baby. Exposure to damp and moldy environments can cause a variety of health effects in people sensitive to mold. Mold exposure can cause nasal stuffiness, throat irritation, coughing or wheezing, eye irritation, or, in more severe cases, breathing difficulties.
- Mold will grow in places with a lot of moisture, such as around leaks in roofs, windows, or pipes, or where there has been flooding. Mold grows easily on paper products, cardboard, ceiling tiles, and wood products.
- To control mold, prevent water leaks, ventilate well, clean gutters, and drain water away from your house's foundation.
- Mold can be removed from hard surfaces with commercial cleaners, soap and water, or a bleach solution of 1 part bleach in 4 parts of water.

Risks: Environmental Risks—Lead

Exposure to lead, whether during pregnancy or after the baby's birth, can have harmful effects on the health and developmental of the baby. Prenatal lead exposure affects children's neurodevelopment, placing them at increased risk for developmental delay, reduced IQ, and behavioral problems. Risk factors for lead exposure above normal day-to-day environmental levels differ in pregnant women from those described in young children.

Women and children with iron deficiency anemia are at particularly high risk for lead poisoning. Other risk factors for lead exposure in pregnant women include recent immigration; pica practices; occupational exposure (e.g., working at a battery manufacturing plant); culturally specific practices, such as the use of traditional remedies or imported cosmetics; and the use of traditional lead-glazed pottery for cooking and storing food. Lead-based paint is less likely to be an important exposure source for pregnant women than it is for children, except during renovation or remodeling in older homes.
Some states have lead screening guidelines and follow-up requirements for pregnant women by physicians or other health care professionals. The CDC encourages mothers with blood lead levels less than 40 μg/dL to breastfeed. However, mothers with higher blood lead levels are encouraged to pump and discard their breast milk until their blood lead levels drop below 40 μg/dL.

**Sample Questions**

*Do you have concerns about lead exposure in your home or neighborhood? How old is your home or apartment building? Was it built before 1978? Do you know if there have been any recent renovations on your house, or have you done any? Is your house near a freeway or busy roadway? Does anyone in your house work in a job that exposes him or her to lead?*

**Anticipatory Guidance**

- If your home was built before 1978, it will likely have lead-based paint. You can obtain information about testing your home for lead by contacting the National Lead Information Center at 800-424-LEAD or calling your local state or city health department.
- You can protect your baby and other young children from lead exposure. Avoid using traditional home remedies and cosmetics that may contain lead. When you store or cook foods or liquids, avoid using containers, cookware, or tableware that is not shown to be lead-free. Use only cold water from the tap for drinking, cooking, and making baby formula because hot water is more likely to contain higher levels of lead.
- Avoid exposing children and women who are pregnant or breastfeeding to areas where old paint is being sanded or chipped. Wait until the work is completed and area completely wiped down.
- Lead dust can come into your home on your clothes or body of people who work with lead. After people who live with a woman who is pregnant or breastfeeding finish a task that involves working with lead-based products, such as renovating older housing, stained glass work, bullet making, or using a firing range, they should change their clothes before they enter the home and shower as soon as they return home. Women who are pregnant or breastfeeding should avoid activities that involve working with lead.

**Risks: Environmental Risks—Pica**

The most common source of lead exposure in pregnant women is pica, or a craving to eat nonfood items. In addition to dirt, clay, and plaster, pregnant women with pica may consume burnt matches, stones, charcoal, mothballs, cornstarch, toothpaste, soap, sand, coffee grounds, baking soda, and cigarette ashes. Pica can interfere with the body’s ability to absorb nutrients from healthy foods and actually cause a nutrient deficiency. Pica cravings are a concern because nonfood items may contain toxic elements, like lead or parasitic organisms. In some instances, pica cravings may indicate an underlying physical or mental disorder.

**Sample Question**

*Do you ever have the urge to eat dirt, clay, plaster, or other nonfood items? Tell me about them.*
Anticipatory Guidance

- Eating nonfood substances can harm both you and your baby. Please let me know if you have these cravings. I can help you understand why it can be risky.
- If you do have these cravings, talk with your own health care professional. He or she will check your iron status and review your vitamin and mineral intake.
- When a pica craving occurs, try chewing sugarless gum instead. Tell family members or friends about your cravings so they can help you avoid nonfood items.

Risks: Pregnancy Adjustment

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? How does your partner feel about it? Is your pregnancy a source of discord between you and your partner? What works in your family for communicating with each other, making decisions, managing stress, and handling emotions?

Anticipatory Guidance

- It’s great that you are happy about having your baby. Working on open communication with your partner and making decisions together will help you both get through the stresses of introducing a new baby into your home and family.
- Taking advantage of support from family and friends and community groups can be a big help in the first few days after you get home with your new baby.
- Pregnancy is a time of personal growth and learning about yourself and your partner. 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 they may cause. Resolving these problems also can help you be emotionally ready for the baby’s birth.

Risks: Intimate Partner Violence

According to the CDC, 1.5 million women are battered by their intimate partner every year, and 324,000 of those women are pregnant. Homicide is the leading cause of death for pregnant and recently pregnant women.\(^3\) 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 effect of intimate partner violence on the fetus and children and the community resources that provide assistance. Recommend resources and support groups.
To avoid causing upset to families by questioning about sensitive and private topics, such as family violence, alcohol and drug use, and similar risks, it is recommended to begin screening about these topics with an introductory statement, such as, “I ask all patients standard health questions to understand factors that may affect health of their child as well as their own health.”

**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 all my patients about it routinely. Do you always feel safe with your partner? Has your partner, or another significant person in your life, 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? Can we help you develop a safety plan for you and your other children?

**Anticipatory Guidance**

- If your partner, or another significant person in your life, is hitting or threatening you, one way that I and other health care professionals can help you is to support you and provide information about local resources that can help you.
- You can also call the toll-free National Domestic Violence Hotline at 800-799-SAFE (7233).

**Risks: Maternal Drug and Alcohol Use**

Any substance taken during pregnancy should be evaluated for its risk to the developing fetus, including prescription drugs, over-the-counter preparations, pain relievers, herbal substances, marijuana, and other illegal substances.

Alcohol is a particular risk in pregnancy. During medical screening at this visit, if the pregnant woman acknowledges alcohol use, discuss the concerns about both neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE) and fetal alcohol spectrum disorder (FASD) to the developing fetus. Both ND-PAE and FASD have lifelong effects on the baby that can include physical problems and problems with behavior and learning. Fetal alcohol exposure, including the timing during the pregnancy, quantity, and duration, is important to document for later diagnosis of FASD. The pregnant woman should be advised to stop drinking and a brief intervention and referral for drug and alcohol counseling is recommended. Referrals to community social service agencies and drug and alcohol treatment programs can be provided if the mother is not already linked to these services.

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

The newborn will need referral to the state Early Intervention Program, often referred to as IDEA Part C, based on the newborn’s clinical findings at birth and state-specific policy.
Sample Questions

How often do you drink beer, wine, or liquor in your household?

For any response other than “Never,” ask the following questions: In the 3 months before you knew you were pregnant, how many times did you have 4 or more drinks in a day? After you knew you were pregnant, how many times did you have 4 or more drinks in a day?

Depending on the responses to any of the above questions, the health care professional can, if desired, follow up to determine frequency and extent of consumption by asking the following questions:

During your pregnancy on average, how many days per week have you had a drink? During your pregnancy on a typical day when you’ve had an alcoholic beverage, how many drinks did you have?

Are you using marijuana, cocaine, pain pills, narcotics, or other controlled substances? What have you heard about the drug’s effects on the baby during pregnancy or after the baby is born? Are you getting any help to cut down/stop your drug use?

If any maternal at-risk drinking is identified, a brief intervention and referral is recommended.

Are you taking any medicines or vitamins now? Are you using any prescription or over-the-counter 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

- The reason we are concerned about a pregnant woman’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.
- Alcohol and drug cessation programs are available in our community and we would like to help you connect to these services.
- Community agencies are available to help women during their pregnancy as well as after their baby arrives so that they can safely care for their baby and themselves. Your obstetrics provider also can refer you to programs that help pregnant women stop using drugs and alcohol.
- To understand how over-the-counter medications or herbal products may affect your baby, it is important to know what, if any, of these products you are taking.
- It is important that you have accurate information about the safety in pregnancy of any over-the-counter drugs or remedies that you are using.
Risks: Maternal Tobacco Use

Address how smoking affects the baby, including increasing the risk of low birth weight, preterm delivery, premature rupture of the membranes, placental abruption, sudden infant death syndrome (SIDS), asthma, cleft lip and palate, 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.

**800-QUIT-NOW (800-784-8669); TTY 800-332-8615** is a national telephone triage and support service that is routed to local resources. Additional resources are available at [www.cdc.gov](http://www.cdc.gov). Specific information for women is available at [http://women.smokefree.gov](http://women.smokefree.gov). 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](http://www.cancer.org)) or the American Lung Association ([www.lungusa.org](http://www.lungusa.org)).

Sample Questions

*Have you smoked during this pregnancy? Do you use any other forms of nicotine delivery, such as e-cigarettes? Does anyone else in your home smoke or use e-cigarettes? Have you thought about cutting down or quitting now that you are pregnant? Have you been able to cut down the daily number of cigarettes or even quit? Do you know where to get help with stopping smoking?*

Anticipatory Guidance

- It is important to keep your car, home, and other places where your baby spends time free of tobacco smoke and e-cigarette vapor. Smoking affects the baby by increasing the risk of sudden infant death, asthma, ear infections, and respiratory infections.

Strengths and Protective Factors: Becoming Well Informed

Discuss the parents’ support system at home and access to health information.

Be ready to provide parents with trusted sources of maternal and child health information, and provide these links on your own Web site.

Parents of hospitalized babies or whose babies have special health care needs may be more likely to seek out virtual networks for support and information. Trusted Web sites with accurate information can be recommended.

Sample Questions

*Tell me about whom you ask for information and where else you go for answers about health questions. How do you decide if the information you get is something you can trust? Are going to believe? To try? Do you enjoy connecting with other parents using social media? What sites, including blogs and birth groups, do you use for networking and finding information about pregnancy, birth, parenting, and caring for a new baby?*
Anticipatory Guidance

- Social media tools can be useful in building social networks, but they should not be relied on for maternal and child health advice.
- The AAP HealthyChildren.org is one resource that you may find helpful. Its Web site is www.HealthyChildren.org, and its Twitter address is @healthychildren.

**Strengths and Protective Factors: Family Constellation and Cultural Traditions**

New parents look to family and friends for support and answers to their questions about their children’s health and development.

Inquire about other children, older family members and others living in the home, 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? How have they responded to your pregnancy and the thought of becoming a big brother or sister? Do you have any children or family members living with you who have special health care needs?

Who will be helping you take care of the baby and yourself when you go home from the hospital? How will you handle 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? 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? If you are returning to school or work, do you have child care arrangements?

Anticipatory Guidance

- It can be a challenge to provide care to several children at once, especially knowing and understanding the unique needs of each family member.
- Older children in the home at any age may express a variety of feelings—from happiness and excitement to anger, sadness, or guilt—about the new baby or your need to devote extra time and attention to the baby. Make the most of your other children’s positive feelings and support their emotional needs as they adapt to a new sibling. Helping your other children feel that they have a role in the care and emotional support of the baby is a good way to strengthen family bonds.
- It is important to take the time to get to know your new baby and her personality. This will help you and the rest of your family learn how to help her grow and develop.
- Take advantage of your support network, whether it's friends, family members, or community contacts. This network can be an important strength for you as you prepare to welcome a new baby into your life.
- The information you share with me about your family traditions and your sources of support and assistance will help me learn about your family, its strengths, and how we can best partner in your baby’s health care decisions.
Mental Health (Perinatal or Chronic Depression)

An estimated 10% to 20% of women struggle with major depression before, during, and after delivery of a baby. Perinatal depression has substantial personal consequences and interferes with quality of child-rearing, adversely affecting parent-child interactions, maternal responsiveness to infant vocalizations and gestures, and other stimulation essential for optimal child development. Fathers also can experience depression.

New mothers may wonder why they are being asked about signs of depression. Because pregnancy and childbirth are supposed to be a joyous occasion, women may feel that they are going to be bad mothers if they are depressed. It is important for apprehensive patients to understand what perinatal depression is, to know that many women experience similar feelings, and to realize that untreated perinatal depression may have adverse effects on women's health and their children's health and development.

Sample Questions

Over the past 2 weeks, have you ever felt down, depressed, or hopeless? Over the past 2 weeks, have you felt little interest or pleasure in doing things?

Anticipatory Guidance

- Although a birth of a baby is considered a wonderful experience, it is important not to ignore the stress that often occurs during parenting a newborn, and the life changes that come with this responsibility. In addition to taking care of your baby and family, you need to make sure to take care of yourself. This stress can take a toll on any parents' mental health and their interactions with the child. It can affect your partner as well.
- It is common for women during and after pregnancy to feel down or depressed. Fathers can also be affected in similar ways. It is very important to address these feelings to ensure your health and your baby's health.
- Emphasizing healthy life behaviors, like getting enough sleep, eating healthy foods, and finding time for walking or other light physical activity, can help you feel better.
- If you are sad or down for more than 2 days in a row, please speak with me about options for treatment. Talk therapy or counseling generally helps very quickly.
Diet and Physical Activity

Pregnant women need a balanced diet and should also take a prenatal vitamin containing folic acid, vitamin D, choline, and iron in amounts that will help protect the mother’s and baby’s health.

A pregnant woman’s diet should include an average daily intake of 200 to 300 mg of the omega-3 long-chain polyunsaturated fatty acid (PUFA) docosahexaenoic acid (DHA) to guarantee a sufficient concentration of preformed DHA in the milk. Consumption of one to two 3-oz portions of seafood weekly will supply sufficient DHA. Women who are pregnant and breastfeeding should avoid the 4 types of fish that are high in mercury. These are tilefish, shark, swordfish, and king mackerel.

Additionally, a pregnant woman’s diet should include 550 mg/day of choline because human milk is rich in choline and depletes the mother’s tissue stores. Eggs, milk, chicken, beef, and pork are the biggest contributors of choline in the diet. For vegan mothers, who consume no animal products in the diet, a daily multivitamin including iron, zinc, vitamin B₁₂, omega-3 fatty acids, and 550 mg/day of choline is recommended.

Pregnant women also should be encouraged to engage in moderate-intensity physical activity for at least 30 minutes at least 5 days of the week to help ensure appropriate prenatal weight gain and to improve blood glucose levels. Pregnant women who habitually engage in vigorous-intensity aerobic activity or who are highly active can continue physical activity during pregnancy and the postpartum period, provided that they remain healthy and discuss with their health care professional how and when activity should be adjusted over time.

Sample Questions

Are you able to eat a healthy diet? Has your obstetrician or nurse midwife prescribed a vitamin for you to take every day? Do you eat fish at least 1 to 2 times per week? Do you have protein-containing foods every day, such as eggs, chicken, beef or pork, or dairy? Are you able to exercise most days?

Anticipatory Guidance

- Eating a small serving of fish 1 to 2 times a week provides important nutrients to your baby. Canned light tuna, salmon, trout, and herring are the best choices to give your baby the neurobehavioral benefits of an adequate intake of an important fat called DHA.
- It is best to avoid 4 kinds of fish that are high in mercury. These fish are tilefish, shark, swordfish, and king mackerel.
- Consuming small amounts of milk, eggs, or meat every day is recommended.
- Talk with your own health care professional about how physically active you should be now and how to adjust your activity after the baby is born.
**Prenatal Care**

Reinforce adherence to recommended prenatal care and encourage the mother to share her concerns with her obstetrician or other health care professional. 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 HIV testing and counseling.

**Sample Question**
What have you been doing to keep yourself and your baby healthy during your pregnancy?

**Anticipatory Guidance**
- It is important to maintain your own health by getting prenatal care and going to all your prenatal care appointments, getting enough sleep, and regular physical activity, 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.
- All mothers should know their HIV status because early treatment for themselves, and particularly for their baby, is so important. 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 getting the virus.

**Complementary and Alternative Medicine**

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?

**Anticipatory Guidance**
- 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.
Introduction to the Practice as a Medical Home

Families new to the practice will want to learn information about the practice. This information includes the need for follow-up visits within 48 to 72 hours of nursery discharge and 24-hour access phone numbers to call in case of any particular concerns (eg, jaundice, breastfeeding problems or questions, concerns about infant's intake or feeding skills, fever or suspected illness). Information about the practice policies for after-hours and weekend routines and when parents should contact the health care professional should be included as well.

First-time parents may need detailed information about typical early infant care and supply needs for their newborn. Mothers who have had a cesarean delivery may have additional information and referral needs. Special considerations may also be necessary depending on the number of other children in the home or if any individuals in the home have special health care needs to which the new mother must attend. If the mother is ill herself, it may limit or constrain her ability to fully care for her infant. These should be assessed and plans developed to support the needs of the infant and mother. Home health care or public health nursing referrals for post-discharge assessment and supportive care may be appropriate.

Sample Questions

Most new parents worry that they may not be ready to care for a baby. Do you have any concerns about being ready to take care of your baby? What are you looking forward to? What challenges do you think you will face as new parents?

Anticipatory Guidance

- Because your family is new to the practice, we will give you information about the practice, such as names and background of the health care professionals, staff, appointment scheduling, and urgent and emergency access information.
- Preparing to become a parent can seem daunting, but the best way to be a terrific parent to your baby is to learn as much about your baby as possible. You will learn to read your baby's personality and understand how to help her adjust to her new environment.
- If you have other children in the home, you will also figure out how best to help them adapt to having another family member who needs a lot of your time and attention.
Circumcision

Discussion about the parents’ views on circumcision would be appropriate at this time, but must be handled in a culturally sensitive manner. The parents’ decision may be based on family beliefs and cultural or religious practices. If parents are interested in having their baby circumcised, provide information about methods for performing circumcisions, pain relief during the procedure, and early care of the circumcised penis. If parents choose not to circumcise their son, provide information about early care of the uncircumcised penis.

Sample Questions
If you have a son, have you decided about circumcision? If you are planning on circumcision, who will be performing the procedure?

Anticipatory Guidance
- Circumcision has potential medical benefits and advantages, as well as risks. A recent analysis by the AAP concluded that the medical benefits of circumcision outweigh the risks.4
- The AAP recommends that the decision to circumcise is one best made by parents in consultation with their pediatrician, taking into account what is in the best interests of the child, including medical, religious, cultural, and ethnic traditions and personal beliefs.

Newborn Health Risks (Handwashing, Outings)
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.

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, and always 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 people may have illnesses.
- Breastfeeding provides important protection for the baby and reduces the frequency of illnesses in babies.
Breastfeeding Guidance

Feeding guidance will be based on the mother’s plan for feeding her baby (i.e., 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. Potential barriers to successfully meeting the mother’s breastfeeding goals, such as pain, worry about how much the baby is getting, returning to work, embarrassment, and family influences, should be discussed along with strategies to overcome them. Relevant information and appropriate resources should be given. 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. In addition, pregnant women may benefit from attending local community breastfeeding support group meetings, such as through the health department or La Leche League (www.llli.org). These meetings provide role models and peer support for breastfeeding.

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 2–4 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 understand that the mother may 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 breastfeed 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? Do you have a breast pump? If you plan to return to work, do you have time, space, and enough privacy to use a breast pump?

**Anticipatory Guidance**

- Successful breastfeeding begins with knowledge and information. 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.
- Put your baby to the breast 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, provides the best nutrition and supports the best possible growth and development. You can continue to breastfeed for as long as you and your baby want.

**Prescription or Nonprescription Medications or Drugs**

Share information about the known effects for an expectant mother of any drugs, medications, or herbal or traditional health remedies that she may be taking. 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.)

A general vitamin-mineral supplement that contains 100% of the daily recommended intake for iron, vitamin D, folic acid, and vitamin B₁₂ is recommended for all women who are breastfeeding. Women should also be encouraged to drink plenty of fluids and to eat a healthy diet while breastfeeding. Docosahexaenoic acid supplements are generally safe to consume during pregnancy and lactation.

**Sample Questions**

*Are you taking any prescribed or over-the-counter 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, drink 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 human milk, it is important to know what these might be so that you can be advised appropriately when you are breastfeeding.
Family Support of Breastfeeding

Most mothers are able to successfully breastfeed their babies. Babies with medical conditions that make breastfeeding challenging may still breastfeed. Their mothers 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 human milk if they are unable to breastfeed from their mother.

Describe actions that 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 to 72 hours of discharge at the health care professional’s office, 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, if available. 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.
- We will be able to answer your breastfeeding questions and help you get the support that you need to be successful.

Formula-Feeding Guidance

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

An explanation of the rationale for iron fortification, that iron-fortified formulas are well tolerated, and that studies show that iron-fortified formulas do not cause constipation, can help ensure that parents choose iron-fortified formula.

Encourage parents to discuss choice of formula and any proposed changes in formula with the 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, such as 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.

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

Sample Questions
Are you concerned about having enough money to buy food or infant formula? Would you be interested in resources that may 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, or housing or transportation assistance programs. Several food programs, such as the Commodity Supplemental Food Program and SNAP, can help you. The SNAP used to be called Food Stamps. If you are breastfeeding and eligible for WIC, you can get nutritious food for yourself and support from peer counselors.
Car Safety Seats

Although the rate of motor vehicle crash injury deaths has declined over time, it is still the leading cause of death in childhood. Car safety seats significantly reduce the risk of death and injury and are essential for every trip in any vehicle, starting with the first ride home from the hospital. 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. It is important to explore the parents’ beliefs about seat belt use and their understanding of car safety seat use for infants. 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.

The parents’ own safe driving behaviors (including using seat belts at all times, not driving under the influence of alcohol or drugs, and not using a cell phone or other handheld device) are important to the health of their children. The use of seat belts during pregnancy is especially critical. Lap belts should be worn below the belly and shoulder belts across the mid-chest.

Sample Questions

Do all members in the family use a seat 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 seat belt during pregnancy is the best way to protect you and your unborn baby, even if your vehicle has an air bag and even when you ride in the back seat. 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 while still allowing you to drive easily.

- All babies and children younger than 2 years should always ride in a rear-facing car safety seat in the back seat of the car. There are different types of rear-facing car safety seats. Rear-facing-only seats have a carry handle and typically attach to a base that stays installed in the vehicle. Convertible and 3-in-1 car safety seats are used in the rear-facing position and later convert in the forward-facing position. They typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear facing for a longer period of time. However, they may not fit small newborns as well as rear-facing-only seats. Do not use any extra products, like cold-weather bunting or inserts, that did not come in the box with the car safety seat. If the weather is cold, tuck a blanket around the baby over the straps.
- Bring your newborn home from the hospital in a rear-facing car safety seat, as this provides the best protection for infants and toddlers. You can choose either a rear-facing-only seat or a convertible car safety seat. The car safety seat should be installed in the back seat of the vehicle at the angle recommended by the manufacturer. If you use a convertible seat, choose one with a lower weight limit for rear facing that is no more than the weight of your baby.
- 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 car safety seat straps are adjusted and how to install the seat in your vehicle. You can get help from a local certified Child Passenger Safety Technician. The National Highway Traffic Safety Administration (NHTSA) also has information for parents on its Web site that includes videos on how to install and use a child's car safety seat.
- Your own safe driving habits are important to the health of your children. Always use a seat belt and never drive under the influence of alcohol or drugs. Don't text or use cell phones or other handheld devices while you are driving.
- Never put a rear-facing car safety seat in the front seat of a vehicle.

For information about car safety seats and actions to keep your baby safe in and around cars, visit the NHTSA Web site at www.safercar.gov/parents.


Toll-free Auto Safety Hotline: 888-327-4236

Heatstroke Prevention

Each year, children die of heatstroke after being left in a car that becomes too hot. More than half of the deaths are infants and children younger than 2 years. In most cases, the parent or caregiver forgot the child was in the car, often because there was a change in the usual routine or schedule. Even very loving and attentive parents can forget a child in the car. Additionally, some children have died while playing in the vehicle or after getting in the vehicle without the caregiver's knowledge.

The temperature inside a car can rise to a dangerous level quickly, even when the temperature outside is as low as 60 degrees. Leaving the windows open will not prevent heatstroke. Because children have proportionally less surface area than adults and less ability to regulate internal temperature, their bodies overheat up to 5 times more quickly than adults' bodies.

Parents should establish habits early to help prevent their baby from being forgotten in a vehicle.

Sample Question

Every year, babies die of heatstroke after being left in a hot car. Would you like to talk about creating a plan so this doesn't happen to you?
Anticipatory Guidance

- Never leave your child alone in a car for any reason, even briefly.
- Start developing habits that will help prevent you from ever forgetting your baby in the car. Consider putting your purse, cell phone, or employee identification in the back seat to help form the habit of checking the back seat before you walk away.
- Check the back seat before walking away, every time you park your vehicle.

Safe Sleep

The incidence of sleep-related infant death has been dramatically reduced by safe sleep policies promoted in the past 15 years. Sudden unexpected infant death (SUID) describes sudden infant death that is explained or unexplained. After autopsy, case review, and death scene investigation, a SUID may be determined to be caused by asphyxiation, suffocation, parental overlie, infection, or other medical causes. The diagnosis of SIDS is reserved for infant deaths that are unexpected and unexplained. Culturally sensitive information should be provided about what is known about safe sleep environments for babies.

A supine position (“back to sleep”) is best for babies, including premature babies, because of the reduction of SIDS. However, parents should avoid using wedges or other positioning devices, as they are a suffocation hazard. Room sharing is recommended, with the baby in a separate, but nearby, sleep space. Bed sharing (sleeping in the same bed as the parents, another adult, or a child) is not recommended. Bed sharing increases the risk of SUID. Likewise, sleeping together on a non-bed surface, such as a sofa or chair, places a baby at risk for entrapment, suffocation, and death. It is important to explore the parents’ intended infant sleep practices at home and to offer guidance to ensure the safest sleep environment for the newborn.

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. Different cultures may view infant sleep differently than current safe sleep recommendations. These concerns should be sought and discussed with the parents.

Swaddling can be a useful calming technique with an awake infant and is appropriately used for positioning in early breastfeeding. However, swaddling is no longer generally recommended and it is not for sleep. Swaddled infants have been associated with a 3-fold increase in SUID when compared to infants in a footed blanket sleeper or a sleepsack. Before 2 months of age, if parents swaddle their awake infant, they should be encouraged to remove the wrap before putting their baby down for sleep because this can establish a habit that can be hard to change and the risk of harm appears to increase with age. After 2 months of age, swaddling should never be used for sleep. Deaths have been reported among babies 2 to 2½ months of age who are swaddled and end up on their stomachs. Tight swaddling for a prolonged period of time is a risk factor for worsening of developmental hip dysplasia. Recommendations for what is now referred to as “modern swaddling” for awake infants in their parent’s arms are based on the principle that infants have startle reflexes they are not able to control. If the blanket is snug around the chest, but loose around the legs, infants have the benefits of swaddling without the risk to the hips. The blanket should be loose enough at the chest that a hand can fit between the blanket and the baby’s chest, but not so loose that it unravels. There is currently no evidence supporting a safe swaddling technique for sleep.
Parents need strategies that will assist them in engaging relatives, friends, and child care providers to follow safe sleep practices for the baby. A consistent message about back to sleep provides family members with the best information.

**Sample Questions**
*What have you heard about safe sleep for infants?*  *Where will your baby sleep? How about at naptime?*

**Anticipatory Guidance**
- It is best to always have your baby sleep on her back because it reduces the risk of sudden infant death. We recommend this sleep position for babies even if they are born premature or have problems with reflux, which is frequent vomiting after feeding. Do not use a wedge or other product to keep your baby on her back, as the baby can wiggle down and suffocate against the wedge.
- For at least the first 6 months, your baby should sleep in your room in her own crib, but not in your bed. Think about some strategies you might use to soothe your baby without bringing her into your bed, where the risks of suffocation, entrapment, and death are increased.
- If possible, use a crib purchased after June 28, 2011, as cribs sold in the United States after that date are required to meet a new, stronger safety standard. If you use an older crib, choose one with slats that are no more than 2 3⁄8 inches (60 mm) apart and with a mattress that fits snugly, with no gaps between the mattress and the crib slats. Drop-side cribs are no longer recommended.
- If you choose a mesh play yard or portable crib, consider choosing one that was manufactured after a new, stronger safety standard was implemented on February 28, 2013. If you use an older product, the weave should have openings less than ¼ inch (6 mm) and the sides should always stay fully raised.
- The baby’s sleep space should be kept empty, with no toys or soft bedding, such as pillows, bumpers, or blankets.
- The safest cover for the baby is a sleepsack or footed pajamas that can keep the baby warm without concern about suffocating under a blanket. This also allows the baby to move her legs as opposed to swaddling, which has the potential to cause poor development of her hips and increases your baby’s risk of suffocation and death.
- Some babies with very sensitive startle reflexes appear more comfortable having their arms close to their body. Swaddling can help with this sensitivity. If you swaddle your baby, be sure to keep it loose around her legs, but snug—not tight—around her chest. To make sure your baby can breathe, leave enough space so that you can fit your hand between the blanket and her chest. Also, be sure that there are no loose ends of blanket around her neck, as these can increase your baby’s risk of suffocating.
- Swaddling should only be used with babies younger than 2 months and is recommended only when your baby is awake. Older babies can roll over and risk suffocation if they are swaddled.
Pets

Pet guidance is based on the specific animals in the home (e.g., domestic and exotic birds, cats, dogs, ferrets, or reptiles). 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 handwashing, 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 a parasitic infection called toxoplasmosis that some cats are infected with?

Anticipatory Guidance
- Pets may be dangerous for babies and young children. Cats and dogs can become jealous just like humans. Learn about the risks that may occur with your pets and determine the best method of protecting your baby.
- If you work with or handle cats, we suggest that you talk to your own health care professional about getting tested for toxoplasmosis.

Firearm Safety

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

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

Anticipatory Guidance
- Homicide and suicide and unintentional firearm injuries are more common in homes that have firearms. The best way to keep your child safe from injury or death from firearms is to never have a firearm in the home.
- If it is necessary to keep a firearm in your home or if the homes of people you visit have firearms, they should be stored unloaded and locked, with the ammunition locked separately from the firearm. Make sure the firearm is stored safely before your baby starts crawling and exploring your home.
Safe Home Environment

Discuss other home safety precautions with parents, including appropriate water heater setting and smoke and carbon monoxide detector/alarms.

Sample Question
What home safety precautions have you taken for your unborn baby or any children in your home?

Anticipatory Guidance

- 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.
- Milk and formula should never 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 alarm on every level of your home, especially in the furnace and sleeping areas. Test the alarms every month. It's best to use smoke alarms 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 Underwriters Laboratories (UL), in the hallway near every separate sleeping area of the home.
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 are recovering from the birth, working to establish exclusive breastfeeding, and getting to know their newborns. At the same time, they are navigating visits from elated family and friends and dealing with frequent interruptions from hospital personnel. During this time, the mother needs to be able to focus on establishing breastfeeding and attaching to and caring for her newborn and herself while she recovers from the delivery.

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 on the specific needs of the baby and family. Prior parental experience with newborns, the newborn’s health status, the new mother’s own physical and emotional health needs, 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 the baby OK?” Once they hear that the baby is healthy, the parents want to learn how to feed and care for her, 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 following delivery gives the health care professional an important opportunity to learn more about the family and 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 assess 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 between the health care professional and the mother, questions from the Prenatal Visit may need to be incorporated into this visit 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 a medical home 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 Newborn 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:

- Social determinants of health\(^a\) (risks [living situation and food security, environmental tobacco exposure, intimate partner violence, maternal alcohol and substance use], strengths and protective factors [family support, parent-newborn relationship])
- Parent and family health and well-being (maternal health and nutrition, transition home [assistance after discharge], sibling relationships)
- Newborn behavior and care (infant capabilities, baby care [infant supplies, skin and cord care], illness prevention, calming your baby)
- Nutrition and feeding (general guidance on feeding, breastfeeding guidance, formula-feeding guidance)
- Safety (car safety seats, heatstroke prevention, safe sleep, pets, safe home environment)

\(^a\) Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
Health Supervision

The Bright Futures Tool and Resource Kit contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

History

The prenatal and birth history may be obtained according to the concerns of the family and the health care professional’s preference or style of practice.

General Questions

- How did you and your partner feel about becoming a parent when you first found out you were pregnant? How was the delivery? How are you feeling now?
- Have you named the baby yet? (Families may delay naming because of cultural beliefs.)
- Has the baby been able to stay with you since your delivery? Were you able to spend time with the baby skin-to-skin and breastfeed after the baby was born?
- 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?

Prenatal, Labor, and Delivery History

- Prenatal history
  - Pregnancy history, including maternal conditions potentially affecting the baby’s health—preexisting maternal health conditions (asthma, diabetes, obesity, poor oral health, thyroid disease, chronic cardiac or kidney disease), pregnancy complications (gestational diabetes, hypertensive disorders of pregnancy), special dietary restrictions, infections (group B Streptococcus, chorioamnionitis, urinary tract infection, HIV, hepatitis B, sexually transmitted infections, toxoplasmosis, cytomegalovirus)
  - Prenatal diagnoses and maternal or fetal interventions
    - Maternal medications, including mental health prescriptions; vitamin, mineral, and other nutrition-related supplements; complementary medicine; environmental exposures
  - Maternal or family use of tobacco, alcohol, or other drugs
  - Prior adverse pregnancy outcome

Delivery

- Mother’s hepatitis B, HIV, group B Streptococcus, and blood group and Rh status
- Preterm labor, premature rupture of the membranes
- Mode of delivery—vaginal or cesarean; indication for cesarean; instrumentation—forceps, vacuum
- Medications used—tocolytics, magnesium sulfate, pitocin, analgesics, antenatal steroids, antibiotics
- Anesthesia used—epidural, spinal, general
- Use of episiotomy (degree) or lacerations
- Duration of labor, length of delivery, indications for delivery/induction
- Complications of labor and delivery—fever, infection, bleeding, preeclampsia including HELLP syndrome (hemolysis, elevated liver enzymes, and low platelet count) and toxemia
Newborn at Delivery

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

Neonatal Course

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

Neonatal History and Initial Assessments

- Newborn blood type and direct Coombs test.
- Vital signs (temperature, respirations, heart rate).
- If at risk, newborn’s blood sugar.
- Weight loss/gain.
- Feeding history—breastfeeding LATCH scores,7 frequency, duration.
- Type of infant formula used, if not breastfeeding.
- State regulation and sleep pattern—ease of awakening, pattern of sleep-wake, and duration of sleep cycles.
- Elimination pattern—meconium passage, number of wet diapers.
- Risk assessment for severe neonatal jaundice—blood group incompatibility, prematurity, racial background, exclusive breastfeeding and not feeding well; recommendations for follow-up after discharge.
- Presence of 1 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.
- The family’s cultural beliefs relating to illness and disability, and their reaction to screening, particularly if the screening is mandated. 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.

Family History

- A comprehensive family health history is recommended to be obtained at the 1 Month Visit. Health care professionals wishing to record a family history at this visit can find a questionnaire in the Bright Futures Tool and Resource Kit.
Social History
- See the Social Determinants of Health priority in Anticipatory Guidance for social history questions.

Surveillance of Development

What have you heard about what newborns can do at birth?
Clinicians using the Bright Futures Tool and Resource Kit Previsit Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. (For more information, see the Promoting Healthy Development theme.)

Social Language and Self-help
Does your child
- Have periods of wakefulness?
- Look at and study you when awake?
- Look in your eyes when being held?
- Calm when picked up?
- Respond differently to soothing touch and alerting touch?

Verbal Language (Expressive and Receptive)
Does he
- Communicate discomfort through crying and through behaviors such as facial expressions, body movements, and movement of arms and legs?
- Move or calm to your voice?

Gross Motor
Does she
- Move in response to visual or auditory stimuli?
- Move her arms and legs symmetrically and reflexively when startled?

Fine Motor
Does he
- Keep his hands in a fist?
- Automatically grasp others’ fingers or objects?
Review of Systems

The Bright Futures Infancy Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done by asking the following questions:

Do you have concerns about your newborn’s

- Head
  - Shape
- Eyes
  - Discharge
- Ears, nose, and throat
- Breathing
- Stomach or abdomen
  - Vomiting or spitting
  - Bowel movements
  - Umbilical stump
- Genitals or rectum
- Skin
- Development
  - Muscle strength, movement of arms or legs, any developmental concerns

Observation of Parent-Newborn Interaction

During the visit, the health care professional acknowledges and reinforces positive parent-newborn interactions and discusses any concerns. Observation focuses on

- Who asks questions and who provides responses to questions?
- Do the verbal and nonverbal behaviors/communication between family members indicate support, understanding, or differences of opinion/conflicts?
- 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?
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 newborn this age:

- **Measure and plot on appropriate World Health Organization (WHO) Growth Chart**
  - Recumbent length
  - Weight
  - Head circumference
  - 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, and fontanels.
  - Note evidence of birth trauma.

- **Eyes**
  - Inspect eyes and eyelids.
  - Examine pupils for opacification and red reflexes.
  - Assess visual acuity using fixate and follow response.

- **Ears**
  - Observe shape and position of pinnae, patency of auditory canals, and presence of pits or tags.

- **Nose**
  - Observe for patency, septal deviation.

- **Oral**
  - Note clefts of lip or palate.
  - Note presence of natal teeth, Epstein pearls.

- **Heart**
  - Auscult 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 or labial or vaginal anomalies.
  - Assess position and patency of anus.

- **Musculoskeletal**
  - Note any deformities of the back and spine.
  - Note any foot or arm/hand abnormalities.
  - Palpate clavicles for crepitus.
INFANCY
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- **Developmental hip dysplasia**
  - Perform Ortolani and Barlow maneuvers.
- **Neurologic**
  - Demonstrate primitive reflexes.
  - Observe symmetry of limb posture and extremity movement.
  - Observe muscle tone.

### Screening

<table>
<thead>
<tr>
<th>Universal Screening</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hearing</strong></td>
<td>All newborns should receive an initial hearing screening before being discharged from the hospital.(^a)</td>
</tr>
<tr>
<td><strong>Newborn: Bilirubin</strong></td>
<td>All newborns should be screened for hyperbilirubinemia before nursery discharge or at the first newborn visit if the baby is born at home or at a birth facility.</td>
</tr>
<tr>
<td><strong>Newborn: Blood</strong></td>
<td>Conduct screening as required by state-specific newborn screening requirements. Know the conditions that are screened for in your state.</td>
</tr>
<tr>
<td><strong>Newborn: Critical Congenital Heart Disease</strong></td>
<td>All newborns should be screened for critical congenital heart disease using pulse oximetry before nursery discharge or at the first newborn visit if the baby is born at home or at a birth facility.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selective Screening</th>
<th>Risk Assessment(^b)</th>
<th>Action if Risk Assessment Positive (+)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blood Pressure</strong></td>
<td>Children with specific risk conditions</td>
<td>Blood pressure measurement</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>+ on risk screening questions</td>
<td>Ophthalmology referral</td>
</tr>
</tbody>
</table>

\(^a\) Any newborn who does not pass the initial screen must be rescreened. Any failure at rescreening should be referred for a diagnostic audiologic assessment, and any newborn with a definitive diagnosis should be referred to the state Early Intervention Program.

\(^b\) See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

### Immunizations

Discuss the importance of routine newborn hepatitis B immunization before discharge. Verify that the mother is hepatitis surface antigen negative.

Babies younger than 6 months are at risk of complications from influenza, but are too young to be vaccinated for seasonal influenza. Encourage influenza vaccine for caregivers of babies younger than 6 months and recommend pertussis immunization (Tdap) for adults who will be caring for the baby.

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.

CDC National Immunization Program: [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

AAP Red Book: [http://redbook.solutions.aap.org](http://redbook.solutions.aap.org)
Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents

Anticipatory Guidance

The following sample questions, which address the Bright Futures 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 baby and family. Tools and handouts to support anticipatory guidance can be found in the Bright Futures Tool and Resource Kit.

Priority

Social Determinants of Health

Risks: Living situation and food security, environmental tobacco exposure, intimate partner violence, maternal alcohol and substance use

Strengths and protective factors: Family support, parent-newborn relationship

Risks: Living Situation and Food Security

Parents in difficult living situations or with limited means may 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 an infant crib so that the baby can sleep safely, or addressing issues such as financial concerns, inadequate or unsafe housing, or limited food resources. Public health agencies can be excellent sources of help because they work with all types of community agencies and family needs. Facilitate referrals.

Sample Questions

Tell me about your living situation. Do you live in an apartment or a house? Is permanent housing a worry for you?

Do you have the things you need to take care of the baby, such as a crib, a car safety seat, and diapers? Does your home have enough heat, hot water, electricity, and working appliances? Do you have health insurance for yourself? How about for the baby?

Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?
Anticipatory Guidance

- Community agencies are available to help you with concerns about your living situation.
- Programs and resources are available to help you and your baby. You may be eligible for the WIC food and nutrition program, or housing or transportation assistance programs. Several food programs, such as the Commodity Supplemental Food Program and SNAP, the program formerly known as Food Stamps, can help you. If you are breastfeeding and eligible for WIC, you can get nutritious food for yourself and support from peer counselors.

Risks: Environmental Tobacco Exposure

Address how smoking affects a baby’s health and increases the baby’s chance for respiratory infections, SIDS, ear infections, and asthma. Provide smoking cessation strategies and make specific referrals. If one or both of the parents quit during the pregnancy, congratulate them and encourage them to continue to remain abstinent from tobacco.

Sample Questions

*Did you smoke or use e-cigarettes before or during this pregnancy? Does anyone in your home smoke or use e-cigarettes? Have you been able to cut down the daily number of cigarettes? Do you know where to get help with stopping smoking?*

Anticipatory Guidance

- It’s important to keep your car, home, and other places where your baby spends time free of tobacco smoke and e-cigarette vapor. Smoking affects the baby by increasing the risk of asthma, ear infections, respiratory infections, and sudden infant death.

Risks: Intimate Partner Violence

According to the CDC, 1.5 million women are battered each year by their intimate partner and 324,000 of these women are pregnant. 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.* Be mindful about who is with the mother at the time you conduct the visit. If you suspect intimate partner violence, you may not want to ask the question directly, but provide a paper and pencil screening form. Place flyers or information about abuse and intimate partner violence in women’s restrooms so that mothers can obtain the information in a safe and confidential manner without threat that the perpetrator may bear witness to it.

To avoid causing upset to families by questioning about sensitive and private topics, such as family violence, alcohol and drug use, and similar risks, it is recommended to begin screening about these topics with an introductory statement, such as, “I ask all patients standard health questions to understand factors that may affect health of their child as well as their own health.”
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 all my patients about it routinely. Do you always feel safe with your partner? Has your partner, or another significant person in your life, 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? Can we help you develop a safety plan for you and your children?

Anticipatory Guidance
- If your partner, or another significant person in your life, is hitting or threatening you, one way that I and other health care professionals can help you is to support you and provide information about local resources that can help you.
- You can also call the toll-free National Domestic Violence Hotline at 800-799-SAFE (7233).

Risks: Maternal Alcohol and Substance Use
Any substance taken during or after pregnancy should be evaluated for its overall risk to the newborn, including prescription drugs, over-the-counter preparations, pain relievers, herbal substances, and illegal substances.

Any alcohol is a particular risk in pregnancy. If the mother acknowledges alcohol use during pregnancy and this was not previously discussed as part of the prenatal history, discuss the concerns for the developing fetus of both ND-PAE and other FASD. Both ND-PAE and FASD have lifelong effects on the baby that can include physical problems and problems with behavior and learning. Fetal alcohol exposure, including the timing during the pregnancy, quantity, and duration, is important to document for later diagnosis of FASD.

Marijuana should be discontinued during pregnancy and breastfeeding. In utero exposure is associated with impaired cognition and increased sensitivity to drugs of abuse. Data regarding the effects of marijuana on infants are insufficient, but its use should be avoided.

Referrals to community social service agencies and drug treatment programs can be provided if the mother is not already linked to these services. Newborns determined to be at risk can be referred to support programs, such as a local Early Intervention Program agency, often referred to as IDEA Part C.

Sample Questions
How often do you drink beer, wine, or liquor in your household? For any response other than “Never,” ask the following questions: In the 3 months before you knew you were pregnant, how many times did you have 4 or more drinks in a day? After you knew you were pregnant, how many times did you have 4 or more drinks in a day?
Depending on the responses to any of the above questions, the health care professional can, if desired, follow up to determine frequency and extent of consumption by asking the following questions:

During the pregnancy on average, how many days per week did you have a drink? During the pregnancy on a typical day when you had an alcoholic beverage, how many drinks did you have? 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?

If any maternal at-risk drinking is identified, a brief intervention and referral is recommended.

Are you using marijuana, cocaine, pain pills, narcotics, or other controlled substances? What have you heard about the drug's effects on the baby during pregnancy or after the baby is born? Are you getting any help to cut down/stop your drug use?

Are you taking any medicines or vitamins at the present time? Are you using any prescription or over-the-counter 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**

- 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), it may be prudent for you to avoid alcohol during the first several months of your baby's life.

- Most medications are compatible with breastfeeding, but should be checked on an individual basis. To understand how any over-the-counter medications or herbal product may affect your baby, it is important to know what you are taking.

- The reason we are concerned about a parent's use of alcohol or drugs is because of the effects on the baby's mental, physical, and social development. Alcohol misuse can harm a parent's interaction with the baby and lead to poor decisions about the baby's care.

- Drug and alcohol cessation programs are available in our community and we would like to help you connect to these services.

- Community agencies are available to help women during their pregnancy as well as after their baby arrives so that they can safely care for their baby and themselves.
Strengths and Protective Factors: Family Support

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. 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 easily can you get help from others? Is there someone who can help you care for the baby? Can someone help with transportation? Is there someone you can leave the baby with?

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 information about ways in which they can be most helpful.

Strengths and Protective Factors: Parent-Newborn Relationship

Skin-to-skin contact and stimulation 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 and it helps to promote child and family development and parental well-being.

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

Anticipatory Guidance
- Make touching your baby (caressing, massaging, holding in your arms or skin-to-skin, 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 bond with 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 improve his sleep, help him regulate his sleep and wake times, and promote the parent-baby attachment that may have been delayed or disrupted because of prolonged or repeated hospitalizations.
Maternal Health and Nutrition

New mothers need to take care of their baby and themselves. This includes getting enough rest and making sure they have adequate resources to feed themselves and their baby. The WIC provides nutritious foods for children, foods for mothers who exclusively breastfeed their babies, nutrition education, and referrals to health and other social services. All breastfeeding mothers should continue to take a prenatal vitamin containing iron. Iron and zinc may be deficient in the diets of certain mothers who have restrictive diets and they may need additional supplementation. Mothers who breastfeed should ingest 500 µg of folate or folic acid daily by taking a daily prenatal vitamin or a multivitamin in addition to eating a nutritious diet.

Sample Questions
Have you been able to get enough rest? What vitamin or mineral supplements do you take or plan to take?

Anticipatory Guidance

- Getting rest is important to your recovery after delivery. It can be difficult while you are in the hospital; you can ask the staff to put a sign on your door saying that you are resting.
- Getting rest or having quiet time to spend with your baby can be a challenge, especially as babies sleep in short stretches at a time, wake easily and often to feed, and are often most awake at night. Don’t be afraid to ask visitors to come at times that are convenient for you, or to ask staff members to try to cluster their care, so that you and the baby can have time to get to know each other and establish feeding patterns and recognize feeding cues, and so that you can rest when possible.
- If you are in pain, be sure to let your nurse and obstetric health care professional know so they can make sure you are getting the right pain medicines or treat any problems that are causing you pain.
- You may continue to take your prenatal vitamin with iron every day to ensure adequate intake of vitamins and minerals. If you do not consume any animal products in your diet and follow a vegan diet, your supplement should include vitamins D and B12.

Transition Home (Assistance After Discharge)

It is important to not only assess the newborn’s status but also listen and observe for concerns the parents may have in obtaining adequate support during the transition period right after the birth that may indicate the need for a referral to home care services. It also is important to provide contact information for lactation consultants, parenting classes, support groups, community resources, or social services to help parents care for their baby and reduce feelings of isolation.
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. Taking care of yourself, too, 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 with just your baby, and partner, as well as what they can do to really help.
  - Identify the activities that are more difficult for you to do, such as grocery shopping, laundry, and vacuuming, now that you are a new mom so that you can ask others to help.
- Many mothers feel tired or overwhelmed in the first weeks at home. These feelings usually don't last more than 1 to 2 weeks. However, for some mothers, these feelings do last for a long time or seem to get worse as time goes by. If you find that you are continuing to feel very tired, overwhelmed, or depressed, you need to let your partner, your own health care professional, and me know so that we can help you get better.

Sibling Relationships
Parent concerns about sibling reactions to the baby are best guided according to the siblings' developmental ages and responses. Behavior regression and jealousy sometimes occur with older siblings.

Sample Questions
Are there other children in your home? How old are they? How did they respond to your pregnancy and the thought of becoming a big brother/sister? What do they think about the new baby?

Anticipatory Guidance
- Older children in the home may exhibit feelings of insecurity, behavioral regression, or, in some instances, anger or embarrassment with the birth of a sibling. It is important to support the emotional needs of your other children as they adapt to a new sibling and to help them to find a role in the care and emotional support of the baby.
- 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. Provide each of your children with love and reassurance that they are important and loved, and that their place in the family is secure.
Infant Capabilities

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 and handle his environment. Acknowledge the parents’ abilities as they respond to and care for their newborn to reinforce their sense of competence. By effectively managing stress, parents feel better and can provide more nurturing attention, which enables their child to form a secure attachment. 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 Question
How do you think your baby sees, hears, and reacts to you?

Anticipatory Guidance

- Your baby is already 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.
- From an early age, your baby learns when he hears words spoken. Hearing words spoken by you and other caregivers will help his brain develop.
- Your baby is adjusting to the world around him while learning to let you know what he needs through his cries and movements. Newborns also have to learn how to respond to all the new sights, sounds, and physical contacts, such as touch, they are exposed to after birth. Some babies will have an easy time of this; others will need your help to learn to calm down or soothe themselves.

Baby Care (Infant Supplies, Skin and Cord Care)

Discuss newborn supplies and safety precautions. Most babies use 8 to 12 diapers a day, or a diaper before 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, although washing is a safe and necessary practice.
Parents and caregivers need to know about the possibility of some vaginal bleeding in female newborns as a result of maternal hormones.

**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’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. The baby has natural skin oils that are protective and do not need to be removed or altered. 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 him to direct sunlight. As much as possible, keep your baby out of the sun. If he 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 does not need to be washed daily with soap.
- To prevent diaper rash, clean your baby after wet diapers or stools and change his diaper frequently. Good cleaning and air drying before replacing the diaper are best for your baby’s skin.
- Current cord care recommendations include air-drying, by keeping the diaper below the cord until the cord falls off, which will happen by about 10 to 14 days. There may be some slight bleeding for a day or two 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.

**Illness Prevention**

Parents may welcome guidance about issues such as knowing how to keep their baby healthy and strategies for how to prevent illness.

**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 and 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 gatherings with a lot of people, including 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.
- Make sure that you and all adults who will have contact with the newborn have had pertussis and influenza immunizations.
Calming Your Baby

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. If there are other children at home, this is a time of adjustment to a new schedule and responsibilities.

Sample Questions

Has your baby been with you since he was born? How has it been having the baby with you? Have you been able to rest or get sleep? What do you do to calm your baby? What do you do if that doesn't work?

Anticipatory Guidance

- The first days and weeks caring for a newborn are exhausting. You and your baby have to get to know each other while, at the same time, you are recovering from giving birth.
- A baby does not cry or fuss to intentionally bother us. When babies cry, it’s because they need us. He may be hungry or wet, or too cold or too warm. He is adjusting to his new environment and needs your help to become comfortable.
- As you try to soothe 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 may be calmed if swaddled in your arms while you rock and softly say, “Shush.” To ensure safe sleep, remove the swaddling before putting your baby down for sleep.
- 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 and brain.
- It is normal for parents to feel upset or frustrated sometimes when there’s a new baby at home. All parents get upset 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.
**Priority**

**Nutrition and Feeding**

General guidance on feeding, breastfeeding guidance, formula-feeding guidance

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**General Guidance on Feeding**

Parents find great enjoyment and satisfaction when their newborn feeds. 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 parents find early feeding a challenge because of difficulties in waking the newborn and the newborn’s immature ability to organize sucking, swallowing, and breathing. Mothers of newborns with special health care needs may benefit from specialized assistance with feeding and nutrition. Consider including a lactation consultant in your medical home to support early and continued attempts at breastfeeding so that mothers can gain confidence.

Observing a feeding episode, whether at the breast or when bottle-feeding, often provides insight into the newborn’s neuromotor abilities and the parent-newborn interaction. This examination is of value for all babies, but especially for babies who are at risk of 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. Burping frequency varies for breastfed and formula-fed babies and is affected by technique.

Newborns typically lose 7% to 10% of their birth weight during the first 3 to 4 days of life. Birth weight is typically regained by 14 days of age. A newborn who is growing appropriately will gain on average 20 to 30 g per day after birth weight is regained. Newborns who have not passed urine by 24 hours of age or stool by 48 hours of age will require evaluation.

**Sample Question**

*How many wet diapers and stools has your baby had so far?*

**Anticipatory Guidance**

- The baby’s first stools are called meconium. The stools look greenish black and tarry. All babies should have their first stool by 2 days of age. You may notice that your baby is passing frequent meconium stools, especially each time she feeds. Most babies will pass urine by the time they are 1 day old.

- Your baby should have about 6 to 8 wet diapers in 24 hours when she reaches 3 to 4 days of age. She may have stools as frequently as every time she feeds. If you are breastfeeding, your baby’s stools will be loose and yellowish. 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.

Breastfeeding Guidance
Cultural beliefs and family beliefs have an important effect on infant feeding practices. For example, in some cultures, people may believe that colostrum is harmful to the baby and that breastfeeding should not begin until the full milk has come in, or that the addition of formula offers health benefits. Explore what the family thinks about infant feeding and breastfeeding, and provide education that is tailored to their needs or concerns so that the parents can then make an informed decision that is best for them. It is important to get the breastfeeding mother off to a good start by assessing her plans, making sure she is eating healthy foods and taking vitamin and mineral supplements, 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 at www.cdc.gov for most current recommendations), substance use, tuberculosis (only until treatment is initiated and the mother is no longer infectious), herpetic lesions localized to the breast, and chemotherapy or other contraindicated drugs.

Before talking with the mother about how feedings are going, it is advisable to determine the weight difference from birth (percentage weight loss); the type, frequency, and duration of feedings; and number of wet diapers and stools. These details will give the mother specific information about the adequacy of feeding and to identify any possible concerns.

Mothers who breastfeed should ingest 500 µg of folate or folic acid daily by taking a daily prenatal vitamin or a multivitamin in addition to eating a nutritious diet. The mother’s diet should include an average daily intake of 200 mg to 300 mg of the omega-3 long-chain PUFA DHA to guarantee a sufficient concentration of preformed DHA in the milk. This is obtained either through supplementation or consumption of 1 to 2 portions (3 oz each) of fish (eg, herring, canned light tuna, salmon) per week. The concern regarding the possible risk from intake of excessive mercury or other contaminants is offset by the neurobehavioral benefits of an adequate DHA intake and can be minimized by avoiding the intake of 4 types of fish that are high in mercury. These are tilefish, shark, swordfish, and king mackerel. Additionally, the mother’s diet should include 550 mg/day of choline because human milk is rich in choline and depletes the mother’s tissue stores. In the diets of women, eggs, milk, chicken, beef, and pork are the biggest contributors of choline.

For vegan mothers, who consume no animal products in their diet, a daily multivitamin including iron, zinc, vitamin B12, omega-3 fatty acids, and 550 mg of choline is recommended.
Sample Questions
How is breastfeeding going for you and your baby? What questions or concerns do you have about feeding? Are you having pain with breastfeeding? Are your nipples cracked or sore?

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 is calm? Has your baby received any other fluids from a bottle?

How does the baby behave after feedings? Is she still rooting? Or does your baby look satisfied?

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

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 checked. Speak with your nurse or lactation professional to make sure your baby is positioned and latching on correctly. She can also help you with treating your sore or cracked nipples.
- Breastfeeding exclusively for about the first 6 months of life provides ideal nutrition and supports the best possible growth and development. For mothers who have difficulties with breastfeeding their baby or who choose not to breastfeed, iron-fortified infant 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 subtler cues. Once a baby is crying, feeding may become more difficult, especially with breastfeeding, as crying interferes with latching on.
- In the first days after your delivery, encourage your baby to breastfeed between 8 to 12 times per day. This will ensure that she receives small, but frequent feedings of colostrum, the early milk that helps your baby’s immune system and stimulates increased milk production.
- Around day 2 to 4 after delivery, your milk supply increases and you will notice that your breasts feel full and warm. You may notice milk leaking from your breasts. If you have not experienced this increase by day 5, let me know.
- At about 3 to 4 days after birth, babies will often increase the frequency and length of their feedings. They often want to breastfeed very frequently. This is when babies begin to gain weight. They should be back to their birth weight by about 2 weeks of age. As your baby breastfeeds more, you will see your milk supply increase to meet your baby’s needs.
- At about 1 week of age, your baby should feed every 1 to 3 hours in the daytime, and every 3 hours at night with one longer 4- to 5-hour stretch between feedings. For the first few weeks, your baby should breastfeed between 8 to 12 times in 24 hours.
- Feed your baby until she seems full. Signs of fullness are gently releasing the nipple, closing the mouth, and relaxing the hands. If she is sleeping more than 4 hours at a time during the first 2 weeks, she should be awakened for feeding. Keeping her close by rooming-in while in the hospital and at home will make it easier for you to recognize her early feeding cues.
- A newborn is usually very alert for the first 3 to 4 hours after delivery, and then is typically sleepy for the rest of the first day. She may need gentle stimulation (such as rocking, patting, or stroking or undressing) and time to come to an alert state for feeding. These movements also are helpful for consoling your baby.
Healthy babies do not require anything other than mother’s milk. It is not necessary to give your baby anything other than your breast milk unless there is a medical reason.

**Formula-Feeding Guidance**

If a woman is unable or chooses not to breastfeed, a cow’s milk–based, iron-fortified infant formula is the recommended substitute for feeding the full-term infant for the first year of life. Information regarding formula preparation and storage, formula safety, infant holding, and burping should be provided by the birthing hospital staff as part of the routine infant care to ensure safe and appropriate formula preparation and feeding.

**Sample Questions**

*What formula are you planning to use? What do you know about preparing formula and keeping formula safe? How often does your baby feed? How much does your baby take at a feeding? How long does it take to complete a feeding? How does your baby like to be held when you feed her? Are you able to get the baby to burp during or at the end of a feeding? Is the baby falling asleep while you feed her?*

**Anticipatory Guidance**

- Carefully read the instructions on the formula can. It will give you important information about how to prepare the formula and store it safely. The nurses will review how to safely prepare the baby’s milk before you go home from the hospital. 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.
- Choose plastic bottles made from new, safer plastics or tempered glass baby bottles.
- Never heat a bottle in a microwave. If you wish to warm a bottle, a hot water bath is recommended.
- Formula-fed babies should be fed on cue, usually at least 8 times in 24 hours. The baby’s stomach size increases after birth over the first few days. Newborns will typically take ½ to 1 oz per feeding in the first day or 2, and then gradually increase to 1 to 1½ oz by day 2 to 4. Take care not to overfeed your baby.
- 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, you may use it for the next feeding, but be sure to 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.
- Do not cut bottle nipples or make the holes larger to increase the amount of formula the baby receives or to speed up feeding times.
- As your baby’s appetite increases over time, you will need to prepare and offer larger quantities of formula.
- 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 tooth decay. Holding your baby in your arms and holding the bottle for her gives you a wonderful opportunity for warm and loving interaction with her.
INFANCY
NEWBORN VISIT

Priority

Safety
Car safety seats, heatstroke prevention, safe sleep, pets, safe home environment

Car Safety Seats

Although the rate of motor vehicle crash injury deaths has declined over time, it is still the leading cause of death in childhood. Car safety seats significantly reduce the risk of death and injury and are essential for every trip in any vehicle, starting with the first ride home from the hospital. 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. It is important to explore the parents’ beliefs about seat belt use and their understanding of car safety seat use for infants. The family should have obtained a car safety seat and learned how to install it properly before the birth, so this visit is a good opportunity to check that the family is prepared and knows how to transport the baby safely.

If the baby is born preterm, less than 37’ weeks gestation, or is at risk of cardiorespiratory compromise (neurologic impairment, craniofacial anomalies affecting breathing, severe cardiac or pulmonary disease), it is important to ensure that a car safety seat tolerance screening will be performed before the baby is discharged from the hospital. The screening will determine if the baby needs any special precautions during travel or while positioned in the infant seat. For all babies, car safety seats should be used only for travel, not for sleep or positioning outside the vehicle.

The parents’ own safe driving behaviors (including using seat belts at all times, not driving under the influence of alcohol or drugs, and not using a cell phone or other handheld device) are important to the health of their children.

Sample Questions

Do all members in the family use a seat 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

- All babies and children younger than 2 years should always ride in a rear-facing car safety seat in the back seat of the car. There are different types of rear-facing car safety seats: rear-facing–only seats have a carry handle and typically attach to a base that stays installed in the vehicle. Convertible and 3-in-1 car safety seats are used rear facing and later convert to forward facing; they typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear facing for a longer period of time. However, they may not fit small newborns as well as rear-facing–only seats. Do not use any extra products, like cold-weather buntings or inserts, that did not come in the box with the car safety seat. If the weather is cold, tuck a blanket around the baby over the straps.
Bring your newborn home from the hospital in a rear-facing car safety seat, as this provides the best protection for babies. You can choose either a rear-facing–only seat or a convertible car safety seat. The car safety seat should be installed in the back seat of the vehicle at the angle recommended by the manufacturer. If you use a convertible seat, choose one with a lower weight limit for rear facing that is no more than the weight of your baby. 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 car safety seat straps are adjusted and how to install the seat in your vehicle. You can get help from a local certified Child Passenger Safety Technician. The NHTSA also has information for parents on its Web site that includes videos on how to install and properly use a child’s car safety seat.

Your own safe driving habits are important to the health of your children. Always use a seat belt and do not drive under the influence of alcohol or drugs. Don’t text or use a cell phone or other handheld device while you are driving.

For information about car safety seats and actions to keep your baby safe in and around cars, visit the NHTSA Web site at www.safercar.gov/parents.


Toll-free Auto Safety Hotline: 888-327-4236

Heatstroke Prevention

Each year, an average of 37 children die of heatstroke after being left in a car that becomes too hot. More than half of the deaths are children younger than 2 years. In most cases, the parent or caregiver forgot the child was in the car, often because there was a change in the usual routine or schedule. Even very loving and attentive parents can forget a child in the car. Additionally, some children have died while playing in the vehicle or after getting in the vehicle without the caregiver’s knowledge.

The temperature inside a car can rise to a dangerous level quickly, even when the temperature outside is as low as 60 degrees. Leaving the windows open will not prevent heatstroke. Because children have proportionally less surface area than adults and less ability to regulate internal temperature, their bodies overheat up to 5 times more quickly than adults’ bodies.

Parents should establish habits early to help prevent their child from being forgotten in a vehicle.

Sample Question
Every year, children die of heatstroke after being left in a hot car. Would you like to talk about creating a plan so this doesn’t happen to you?

Anticipatory Guidance

- Never leave your child alone in a car for any reason, even briefly.
- Start developing habits that will help prevent you from ever forgetting your baby in the car. Consider putting an item that you need, like your purse, cell phone, or employee ID, in the back seat of the vehicle, so you will see the child when you retrieve the item before leaving the car.
- Check the back seat before walking away, every time you park your vehicle.
Safe Sleep

Culturally sensitive information should be provided about what is known about safe-sleep environments for babies. A supine position is best for babies, including premature babies, because it reduces the risk of SIDS. However, parents should avoid using wedges or other positioning devices, as they are a suffocation hazard. Room sharing is recommended, with the baby in a separate, but nearby, sleep space. Bed sharing (sleeping in the same bed as the parents, another adult, or a child) increases the risk of SUID. Parents should never bed share or sleep with their baby in a chair or on a couch. Bed sharing is not required for successful breastfeeding and the clinician can share other approaches for soothing the baby other than putting the baby in their bed. It is important to explore the parents’ intended infant sleep practices at home and to offer guidance to ensure the safest sleep environment for the newborn.

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 or aspiration, perceived uncomfortable or less peaceful sleep, concern about a flat occiput and hair loss, and family beliefs about appropriate infant sleep patterns, position, and sleep location. Different cultures may view infant sleep differently than current safe sleep recommendations. These concerns should be sought and discussed with the parents.

Swaddling can be a useful calming technique with an awake infant and is appropriately used for positioning in early breastfeeding. However, swaddling is no longer generally recommended and it is not for sleep. Swaddled infants have been associated with a 3-fold increase in SUID when compared to infants in a footed blanket sleeper or a sleepsack. Before 2 months of age, if parents swaddle their awake infant, they should be encouraged to remove the wrap before putting their baby down because this can establish a habit that can be hard to change and the risk of harm appears to increase with age. After 2 months of age, swaddling should never be used for sleep. Deaths have been reported among babies 2 to 2½ months of age who are swaddled and end up on their stomachs. Tight swaddling for a prolonged period of time is a risk factor for worsening of developmental hip dysplasia. Recommendations for what is now referred to as "modern swaddling" for awake babies in their parent's arms are based on the principle that babies have startle reflexes they are not able to control. If the blanket is snug around the chest, but loose around the legs, babies have the benefits of swaddling without the risk to the hips. The blanket should be loose enough at the chest that a hand can fit between the blanket and the baby's chest, but not so loose that it unravels. There is currently no evidence supporting a safe swaddling technique for sleep.

Parents need strategies that will assist them in engaging relatives, friends, and child care providers to follow safe sleep practices for the baby. A consistent message about “back to sleep” provides family members with the best information.

Sample Questions
What have you heard about how babies should sleep? Where will your baby sleep? How about at naptime?
**Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents**

**INFANCY**

**NEWBORN VISIT**

**Anticipatory Guidance**

- It is best to always have your baby sleep on his back because it reduces the risk of sudden death. We recommend this sleep position for babies even if they are born premature or have problems with reflux, which is frequent vomiting after feeding. Do not use a wedge or other product to keep your baby on his back, as he can wiggle down and suffocate against the wedge.

- Your baby should sleep in your room in his own crib, but not in your bed. Think about some strategies you might use to soothe your baby without bringing him into your bed, where the risks of suffocation, entrapment, and death are increased.

- If possible, use a crib purchased after June 28, 2011, as cribs sold in the United States after that date are required to meet a new, stronger safety standard. If you use an older crib, choose one with slats that are no more than 2¾ inches (60 mm) apart and with a mattress that fits snugly, with no gaps between the mattress and the crib slats. Drop-side cribs are no longer recommended.

- If you choose a mesh play yard or portable crib, consider choosing one that was manufactured after a new, stronger safety standard was implemented on February 28, 2013. If you use an older product, the weave should have openings less than ¼ inch (6 mm) and the sides should always stay fully raised.

- The baby's sleep space should be kept empty, with no toys or soft bedding, such as pillows, bumpers, or blankets.

- The safest cover for the baby is a sleepsack or footed pajamas that can keep him warm without concern about suffocating under a blanket. This also allows the baby to move his legs, as opposed to swaddling, which has the potential to cause poor development of his hips and increases his risk of suffocation and death.

- Newborn sleeping patterns may be different from one baby to another. Usually, in the first few weeks, the baby's pattern may vary from day to day, but most babies will sleep 16 to 20 hours out of 24. They may wake and need to be fed as often as every 1 to 2 hours and often have one period when they sleep for 3 to 4 hours.

**Pets**

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

**Sample Question**

*Do you have any pets at home or do you handle any animals?*

**Anticipatory Guidance**

- Pets may be dangerous for infants and young children. Cats and dogs can become jealous just like humans. Learn about the risks that may occur with your pets and determine the best method of protecting your baby.
Safe Home Environment

Discuss other home safety precautions with parents.

Sample Question
What home safety precautions have you taken for your baby and any other children in your home?

Anticipatory Guidance
- 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.
- If you bathe your baby in the kitchen sink, do not run the dishwasher at the same time. Hot water from the dishwasher can come up the sink drain and scald the baby.
- 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 alarm on every level of your home, especially in the furnace and sleeping areas. Test the alarms every month. It's best to use smoke alarms 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 UL-certified carbon monoxide detector/alarm in the hallway near every separate sleeping area of the home.
Families need a clear plan, tailored to their individual needs, for continuing care of their newborn. Current recommendations for timing the initial post-nursery continuing care visit are based on the known health risks for a newborn during the first week of life—jaundice, feeding difficulties, hydration problems that cause excessive weight loss, suspected sepsis, and detection of serious congenital malformations that were not apparent on the initial examinations, but became symptomatic during the first weeks of life. A follow-up visit should, therefore, occur within 3 to 5 days after birth and within 48 to 72 hours after discharge.

Early discharge at 48 hours or less after delivery may be appropriate following the normal vaginal birth of a healthy, full-term newborn (39–40½ weeks' gestation). Late preterm newborns, defined as 34½ to 36½ weeks' gestation, typically require a longer hospitalization. These younger newborns have higher rates of neonatal complications and adverse outcomes when compared with the full-term newborn. In this younger group, the likelihood is greater within the first 2 weeks of life for neonatal morbidities. These include respiratory distress, difficulties with feeding, problems with glucose homeostasis and temperature regulation, suspected sepsis, and severe hyperbilirubinemia requiring specialized newborn care or rehospitalization.

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, most of these newborns are not receiving timely post-discharge follow-up care. Early follow-up care may not be feasible in some rural communities and adherence may be poor among families who do not have a previously established medical home. Health care professionals may use a variety of approaches (both office-based and home visits conducted by a hospital home health program, public health nurse, or community outreach worker) to ensure follow-up care within the first week of life.

The recommendation for babies delivered by cesarean delivery 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 (3 to 5 Days) include prematurity, risk factors for severe hyperbilirubinemia (blood group incompatibility or other causes of neonatal hemolytic anemia), bruising, cephalohematoma, maternal conditions that may affect the newborn (maternal diabetes, thyroid disease, substance/psychotropic medication use), as well as breastfeeding difficulties or problems with feeding or state regulation (alertness, orientation, and regulatory capacity). Assessment for perinatal depression and observation of parent-newborn interactions are additional aspects of importance to this visit.

The completion of routine newborn screening, including blood, bilirubin, hearing, and critical congenital heart disease tests, needs to be confirmed, available results reviewed, and plans made for communication with the family for pending results.
If these tests were not performed during the newborn’s hospital stay, the pediatric primary care professional will need to assess the newborn and ensure that screening is completed in the office, or that the newborn has follow-up appointments for the necessary screening.

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 or the need for specialized newborn care require extra attention, as they may experience depression, anxiety, guilt, a sense of 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 newborn’s special needs.

### Priorities for the First Week Visit (3 to 5 Days)

*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:

- Social determinants of health\(^a\) (risks [living situation and food security, environmental tobacco exposure], strengths and protective factors [family support])
- Parent and family health and well-being (transition home, sibling adjustment)
- Newborn behavior and care (early brain development, adjustment to home, calming, when to call [temperature taking] and emergency readiness, CPR, illness prevention [handwashing, outings] and sun exposure)
- Nutrition and feeding (general guidance on feeding [weight gain, feeding strategies, holding, burping, hunger and satiation cues], breastfeeding guidance, formula-feeding guidance)
- Safety (car safety seats, heatstroke prevention, safe sleep, safe home environment: burns)

\(^a\) Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
Health Supervision

The Bright Futures Tool and Resource Kit contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

**History**

The interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice.

**General Questions**

- Tell me how things are going for you and your baby.
- What questions or concerns do you have at this time?
- How are you feeling?
- How have things been going since you got home from the hospital?
- What has been easier or harder than you expected?
- How are things going for you and your family?

**Family History**

- A comprehensive family health history is to be obtained at the 1 Month Visit. If this is the first visit to the health care professional or practice, then a detailed family, pregnancy, delivery, and initial newborn care history is needed. A family history questionnaire can be found in the Bright Futures Tool and Resource Kit.

**Social History**

- See the Social Determinants of Health priority in Anticipatory Guidance for social history questions.

**Surveillance of Development**

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

Clinicians using the Bright Futures Tool and Resource Kit Previsit Prescreening Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. *(For more information, see the Promoting Healthy Development theme.)*

**Social Language and Self-help**

Does your child

- Sustain periods of wakefulness for feeding?
- Make brief eye contact with adult when held?

**Verbal Language (Expressive and Receptive)**

Does she

- Cry with discomfort?
- Calm to adult's voice?
INFANCY
FIRST WEEK VISIT (3 TO 5 DAYS)

Gross Motor

Does he
- Lift his head briefly when on his stomach and turn it to the side?
- Move his arms and legs symmetrically and reflexively when startled?

Fine Motor

Does she
- Keep her hands in a fist?

Review of Systems

The Bright Futures Infancy Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done by asking the following questions:
Do you have concerns about your baby’s
- Head
  - Shape
- Eyes
  - Discharge
- Ears, nose, and throat
- Breathing
- Stomach or abdomen
  - Vomiting or spitting
  - Bowel movements
  - Umbilical stump
- Genitals or rectum
- Skin
- Development
  - Muscle strength, movement of arms or legs, any developmental concerns

Observation of Parent-Newborn Interaction

During the visit, the health care professional acknowledges and reinforces positive parent-newborn interactions and discusses any concerns. Observation focuses on
- Do the parents and newborn respond to each other (gazing, talking, smiling, holding, cuddling, comforting, showing affection)?
- Do the parents appear content, happy, at ease, 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?
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 baby this age:

- **General observations**
  - Assess alertness.
  - Assess for congenital anomalies and note any dysmorphic features.

- **Measure and plot on appropriate WHO Growth Chart**
  - Recumbent length
  - Weight
  - Head circumference
  - Weight-for-length

- **Skin**
  - Inspect for rashes or jaundice.
  - Assess hydration.

- **Head**
  - Observe shape (sutures, molding), size, and fontanels.
  - Note evidence of birth trauma.

- **Eyes**
  - Inspect eyes and eyelids.
  - Examine pupils for opacification and red reflexes.
  - Assess visual acuity using fixate and follow response.

- **Heart**
  - Auscult for murmurs.
  - Palpate femoral pulses and compare against upper extremity pulses.

- **Abdomen**
  - Inspect umbilical cord and umbilicus.
  - Palpate for masses.

- **Genitourinary**
  - Palpate testes in male newborn.
  - Inspect external female genitalia.

- **Musculoskeletal**
  - Perform Ortolani and Barlow maneuvers.
  - Examine the spine and back for deformities, sinus tracts, dimples, hair tufts.

- **Neurologic**
  - Note posture, tone, activity level, symmetry of movement, neonatal reflexes and state regulation (alertness, orientation, and regulatory capacity).
## Screening

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<th>Universal Screening</th>
<th>Action</th>
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<tbody>
<tr>
<td>Hearing</td>
<td>If not yet done, hearing screening test should be completed.(^a)</td>
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<tr>
<td>Newborn: Blood</td>
<td>Verify screening was obtained and 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 all necessary referrals are made to subspecialists. State newborn screening programs are available for assistance with referrals to appropriate resources.</td>
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<th>Selective Screening</th>
<th>Risk Assessment(^b)</th>
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<td>Blood Pressure</td>
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<tr>
<td>Vision</td>
<td>+ on risk screening questions</td>
<td>Ophthalmology referral</td>
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\(^a\) Any newborn who does not pass the initial screen must be rescreened. Any failure at rescreening should be referred for a diagnostic audiologic assessment, and any newborn with a definitive diagnosis should be referred to the state Early Intervention Program.

\(^b\) See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

### Immunizations

Provide hepatitis B vaccine, if not administered during the newborn stay. Verify that the mother is hepatitis surface antigen negative.

Babies younger than 6 months are at risk of complications from influenza, but are too young to be vaccinated for seasonal influenza. Encourage influenza vaccine for caregivers of babies younger than 6 months and recommend pertussis immunization (Tdap) for adults who will be caring for the baby.

Review the immunization status of siblings in the home.

**Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.**

CDC National Immunization Program: [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

AAP Red Book: [http://redbook.solutions.aap.org](http://redbook.solutions.aap.org)
Anticipatory Guidance

The following sample questions, which address the Bright Futures 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 infant and family. Tools and handouts to support anticipatory guidance can be found in the Bright Futures Tool and Resource Kit.

Priority

Social Determinants of Health

Risks: Living situation and food security, environmental tobacco exposure

Strengths and protective factors: Family support

Risks: Living Situation and Food Security

Probe for stressors, such as return to work or school or the inability to return to work or school, competing family needs, or loss of social or financial support. Provide guidance, referrals, and help in connecting with community resources as needed.

Suggest community resources that help with finding quality child care, accessing transportation or getting an infant car safety seat and crib, or addressing issues such as financial concerns, inadequate means to cover health care expenses, inadequate or unsafe housing, parental inexperience, or lack of social support. If the family is having difficulty obtaining sufficient formula or nutritious food, provide information about WIC, SNAP, local food shelves, and local community food programs.

Sample Questions

Tell me about your living situation. Do you live in an apartment or a house? Is permanent housing a worry for you?

Do you have the things you need to take care of the baby, such as a crib, a car safety seat, and diapers? Does your home have enough heat, hot water, electricity, and working appliances? Do you have health insurance for yourself? How about for the baby?

Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?

Have you ever tried to get help for these issues? What happened? What barriers did you face?

How do you deal with family members who criticize you or offer suggestions that are not helpful?
Anticipatory Guidance

- Programs and resources are available to help you and your baby. You may be eligible for the WIC food and nutrition program. Several food programs, such as the Commodity Supplemental Food Program and SNAP, the program formerly known as Food Stamps, also can help you. If you are breastfeeding and eligible for WIC, you can get nutritious food for yourself and support from peer counselors. Would you like their numbers? Would you like someone from our office to help you get in touch with them?
- It’s good that these things are not a concern for you right now. If things change, please consider us a place where you can get ideas about whom to contact for help. We know how important these things are to helping you keep your baby and your family healthy and safe.
- 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.

Risks: Environmental Tobacco Exposure

Address how smoking affects a young baby’s health and increases the baby’s chance for respiratory infections, SIDS, ear infections, and asthma. Provide smoking cessation strategies and make specific referrals as needed. If either parent quit smoking during the pregnancy, congratulate the parent and encourage him or her to continue remaining abstinent from tobacco.

Sample Questions

Did you smoke or use e-cigarettes before or during this pregnancy? Does anyone else in your home smoke? Do you or anyone you live with use e-cigarettes? Have you been able to cut down the daily number of cigarettes? Do you know where to get help with stopping smoking?

Anticipatory Guidance

- It’s important to keep your car, home, and other places where your baby spends time free of tobacco smoke and vapor from e-cigarettes. Smoking affects the baby by increasing the risk of asthma, ear infections, respiratory infections, and sudden infant death.
- 800-QUIT-NOW (800-784-8669); TTY 800-332-8615 is a national telephone triage and support service that is routed to local resources. Additional resources are available at www.cdc.gov. Specific information for women is available at http://women.smokefree.gov.

Strengths and Protective Factors: Family Support

Parents look to many people and information sources for answers to their questions about their children’s health and development. They need a support network, whether with friends or family members or through community programs.

Social media can allow parents to share parenting tips and resources, and create a virtual support network. Ask the parents what sites (including blogs and birth groups) they are using for networking and finding information regarding parenting and their new baby. Explore how they sort through all the varied online
information and decide what they believe is valuable. Be ready to provide parents with trusted sources of maternal and child health information, and provide these links on your own Web site. The AAP’s HealthyChildren.org is one resource that health care professionals can provide to parents (Web site: www.HealthyChildren.org, Twitter: @healthychildren). Parents of hospitalized babies or whose babies have special health care needs may be more likely to seek out virtual networks for support and information. Trusted Web sites with accurate information can be recommended.

**Sample Questions**
Where do you go for answers about health questions? How do you decide if the information you are given is something you are going to try or believe?

**Anticipatory Guidance**
- Social media tools can be useful in building social networks, but do not rely on them for maternal and child health advice. I can answer your questions and give you useful and reliable information.
- It is important that parents have people they can turn to when they need help with the baby. Talking with family members or friends and making arrangements with them so that they can be prepared to help if needed is one way to address this issue. These people usually are willing to help, but may need specific information about ways in which they can be most helpful.
INFANCY
FIRST WEEK VISIT (3 TO 5 DAYS)

Transition Home

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.

Review expectations, perspectives, and satisfaction with parenthood, as well as how well any siblings and the extended family are functioning.

Sample Questions
How is the adjustment to the new baby going? How are your partner or other family members helping with 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 him.

Sibling Adjustment

Parent concerns about sibling reactions to meeting the baby are best guided according to the siblings’ developmental ages and responses. Behavior regression and jealousy sometimes occur with an older sibling. Inquire about other children, older family members and others living in the home, family routines, and relationships. Anticipatory guidance regarding the newborn’s health and safety will vary, based on the specific cultural traditions of the family.

Sample Questions
Are there other children in your home? How old are they? How did they respond to your pregnancy and the thought of becoming a big brother/sister? How are your other children coping with the new baby? Is that difficult for you? Do you have any children or family members living with you who have special health or developmental care needs?
**Anticipatory Guidance**

- Older children in the home, no matter what their age, may show feelings of insecurity, behavioral regression, or, in some instances, anger or embarrassment with the birth of a sibling. Older children may express anger, sadness, guilt, or a mix of these feelings about the baby or your need to devote extra time and attention to the new baby.

- Your other children need special time with you and your partner. Try to spend individual time every day with your other children doing things they like to do.

- Acknowledge your older children's possible negative feelings and regression.

- 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, 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.

- Provide each of your children with love and reassurance that they are important and loved, and that their place in the family is secure.
INFANCY
FIRST WEEK VISIT (3 TO 5 DAYS)

Early Brain Development

Singing, talking, and reading to even young babies enhance early brain development and have been shown to improve early language skills and lifelong literacy. Television (TV) and other media distract a parent’s attentiveness and reduce the language to which the baby is exposed. As more families and children have access to and exposure to digital media, it is important to assess for the use of such devices and offer guidance about consequences of media use for a child this age.

Sample Questions

Do you have books to read with your baby? Have you found good times to talk and read together? Is there a TV or other digital media device on in the background while your baby is in the room?

Anticipatory Guidance

- Whenever you can, sing and talk to your baby. Begin to communicate interactively and see how your baby responds more and more each week.
- Set a time each day to sit together and read. Your baby won't understand the story, but she will love hearing the sound of your voice, and the physical closeness of sitting together will enhance your bonding. Be sure to turn off TVs, radios, smartphones, and other digital media. Babies cannot learn language from TV.
- Having a TV on in the background can distract you from reading your baby’s cues. Reading her cues is important to learning about her patterns of behavior and developing sensitive interactions with her. These interactions between you and your baby are crucial for language, cognitive, and emotional development.

Adjustment to Home

Healthy newborns breastfeed at least 8 to 12 times in 24 hours and often much more frequently. Breastfeedings may occur in clusters and without obvious patterns. Newborns tend to waken about equally, day and night.

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? About how often does your baby feed each day? Where does she sleep? Is she able to come to an alert state for feeding? What have you found works to wake up your baby for feedings or to calm her for sleep?

Anticipatory Guidance
- At this age, newborns usually lack a day and night schedule. They may or may not sleep for a longer stretch during the day.
- The room temperature should be comfortable and the baby should be kept from getting too warm or too cold while sleeping.
- Newborn sleeping patterns may be different from one baby to another. Usually, in the first few weeks, the baby's pattern may vary from day to day, but most babies will sleep 16 to 20 hours out of 24. They need to be fed on cue about every 1 to 2 hours, and have one period where they may sleep for up to 3 hours.
- A newborn is often tired after delivery, just like her parents. Medications you received can prolong this sleepy period. For your baby to feed consistently through the day and night, she may need help waking up for feedings. Use a variety of stimulating actions, such as rocking, patting, stroking, diaper changes, and undressing, to help her 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 her.

Calming
The newborn period is a time of great adjustment and change for parents. Encourage parents to learn about their baby's temperament and how it affects the way she relates to the world. Some spirited babies will need help from their parents to learn to calm down. Acknowledge the parents’ abilities as they respond to and care for their newborn to reinforce their sense of competence. By effectively managing stress, parents feel better and can provide more nurturing attention, which provides a protective environment for their newborn. Parents can learn effective ways to calm their baby and reach out to friends and family for support, when needed. Evidence of ambivalence or stress caused by 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.

Sample Questions
How do you feel when you have the baby with you? Have you been able to rest or get sleep? What is it like for you when your baby cries? What do you do for her when she cries?

Anticipatory Guidance
- Even though taking care of a newborn can be tiring, it can also be great fun as you watch the baby adjust to her new surroundings and begin to recognize you.
- Your baby has to adjust to the world around her while learning to let you know what she needs through her cries and movements. Newborns also have to learn how to respond to all the new sights, sounds, and physical contacts, like touch, that they are exposed to after birth. Some babies will have an easy time of this; others will need your help to learn to calm down or soothe themselves.
A baby does not cry or fuss to intentionally bother us. When babies cry, it’s because they need us. She may miss the warmth and gentle swaying of your body and the sounds of your heartbeat and voice that she felt and heard while she was still inside you. She may be hungry or wet, or too cold or too warm. She is adjusting to her new environment and needs your help to become comfortable.

It is normal for parents to feel upset or frustrated sometimes when there’s a new baby at home. All parents get upset sometimes.

Never shake your baby to try to get her to calm down or stop crying. If you feel you may lose control, put the baby in a safe place, like a crib or a cradle. Your crying baby will be OK while you regain your calm.

When to Call (Temperature Taking) and Emergency Readiness (CPR)

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 knowing how to handle emergencies.

Sample Questions

What type of thermometer do you have? Do you know how to use it? Do you know what to do in an emergency or if you have concerns or questions about your baby? Do you know how to call our office so we can work with you to ensure your baby’s health and well-being? Do you know how we handle your after office–hours care?

Anticipatory Guidance

In the first year of life, taking your baby’s temperature rectally is the only accurate method. A rectal temperature of 100.4°F/38.0°C or higher is considered a fever. Home ear or skin temperatures are not accurate enough.

You can call our office any time with questions.

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 our office and after-hours number and the national Poison Help line (800-222-1222). Post these numbers at every telephone and store them in your cell phone.

Have a family emergency preparedness plan and become familiar with your community’s emergency plan.

Illness Prevention (Handwashing, Outings) and Sun Exposure

In spite of protective maternal antibodies, infants are at risk for communicable illness. Sun exposure risk in babies is best prevented by avoiding the sun.

Sample Questions

What questions do you have about going out with your baby? Going to public places, such as parks or 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.
- Make sure that you and all adults who will have contact with your baby have had pertussis and influenza immunizations.
- 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.

General Guidance on Feeding (Weight Gain, Feeding Strategies, Holding, Burping, Hunger and Satiation Cues)

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 started to gain weight after the initial weight loss and is thus getting the appropriate feedings. Close supervision and counseling are 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 satiety will help them provide an appropriate feeding amount and frequency, as well as avoid overfeeding.

Counseling may be needed to discuss the best ways of holding the baby during feedings. It also may be advisable to actually observe the newborn feeding. For example, 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 human milk, formula, or being held. This is an important cue that the family needs additional counseling and assistance. If the family is having difficulty obtaining sufficient formula or nutritious food, provide information about WIC, SNAP, local food shelves, 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 him?
How easy is it to burp your baby during or after feedings?
Are you comfortable that your baby is getting enough to eat? How many wet diapers and stools does your baby have each day?
How do you know if your baby is hungry? How do you know if he has had enough to eat?

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 or tooth decay. Holding your baby close while you feed him gives you the opportunity for warm and loving interaction with him.
- Babies usually burp at natural breaks (e.g., midway through or after a feeding). Help him burp 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.
- 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.
- Breastfed newborns usually have loose, frequent stools. After several weeks, the number of bowel movements may decrease. Breastfed babies who are 4 weeks and older may have stools as infrequently as every 3 days or more.
- Healthy babies do not require extra water, as breast milk and formula, when properly prepared, are adequate to meet the newborn's fluid needs.
- A baby's usual signs of hunger include putting his hand to his mouth, sucking, rooting, facial grimaces, and fussing. Crying is a late sign of hunger.
- You can tell he's full because he will gently release the nipple, close his mouth, or relax his arms and hands.

Breastfeeding Guidance

Mothers
Mothers who breastfeed should ingest 500 µg of folate or folic acid daily by taking a daily prenatal vitamin or a multivitamin in addition to eating a nutritious diet. The mother's diet should include an average daily intake of 200 mg to 300 mg of the omega-3 long-chain PUFA DHA to guarantee a sufficient concentration of preformed DHA in the milk. This is obtained either through supplementation or consumption of 1 to 2 portions (3 oz each) of fish (e.g., herring, canned light tuna, salmon) per week. The concern regarding the possible risk from intake of excessive mercury or other contaminants is offset by the neurobehavioral benefits of an adequate DHA intake and can be minimized by avoiding the intake of 4 types of fish that are high in mercury. These are tilefish, shark, swordfish, and king mackerel. Additionally, the mother's diet should include 550 mg/day of choline because human milk is rich in choline and depletes the mother's tissue stores. In the diets of women, eggs, milk, chicken, beef, and pork are the biggest contributors of choline.

For vegan mothers, who consume no animal products in their diet, a daily multivitamin including iron, zinc, vitamin B₁₂, omega-3 fatty acids, and 550 mg of choline is recommended.
Infants
Vitamin D supplementation (400 IU per day) is recommended for breastfed babies beginning at hospital discharge.

Sample Questions
How is breastfeeding going for you and your baby? How often does your baby breastfeed? How long do feedings last? Does it seem like your baby is breastfeeding more often or for longer periods of time, compared with 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 breastfeeding uncomfortable or do you have sore nipples?
Are you continuing to take prenatal vitamins? What over-the-counter or prescription medications are you taking? Are you taking any vitamin-mineral or herbal supplements? 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?
Do you eat fish at least 1 to 2 times per week? Do you have protein-containing foods every day, such as eggs, chicken, beef or pork, or dairy?

Anticipatory Guidance
- Exclusive breastfeeding continues to be the ideal source of nutrition for about the first 6 months of life.
- At about 1 week of age, your baby should feed every 1 to 3 hours in the daytime, and every 3 hours at night, with one longer 4- to 5-hour stretch between feedings. For the first few weeks, your baby should breastfeed between 8 to 12 times in 24 hours.
- You can help your baby by paying attention to his sleep cycles in the day. When he comes to a drowsy state, change his diaper and wake him for a feeding about every 2 to 3 hours.
- Breastfeeding may be challenging for mothers, whether or not they have breastfed before. Every baby is different and catches on a little differently. That is why lactation consultants and breastfeeding support groups are valuable for consultation, education, and support as you and your baby are beginning to breastfeed. I can give you contact information for community groups and a lactation consultant.
- If you are breastfeeding your baby, be sure that you are giving him vitamin D drops.
- You may continue to take your prenatal vitamin with iron every day to ensure adequate intake of vitamins and minerals. If you do not consume any animal products in your diet and follow a vegan diet, your supplement should include vitamins D and B₁₂.
- Eating a small serving of fish 2 times a week provides important nutrients to your baby. Canned light tuna, salmon, trout, and herring are the best choices to give your baby the neurobehavioral benefits of an adequate intake of an important fat called DHA.
- It is best to avoid 4 kinds of fish that are high in mercury. These fish are tilefish, shark, swordfish, and king mackerel.
- Consuming small amounts of protein-containing foods, such as lean meat, poultry, dairy products, beans and peas, eggs, processed soy products, and nuts and seeds, every day is recommended.
- Because newborns feed so frequently, you should avoid alcohol in the first several months of your baby’s life. Alcohol easily passes into breast milk and can remain in breast milk for 2 to 3 hours.
Formula-Feeding Guidance

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? Are you able to get your baby’s formula from WIC? 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 him more if he still seems hungry. As he grows and his 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, you may use it for the next feeding, but be sure to 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.
- Never heat a bottle in a microwave. If you wish to warm a bottle, a hot water bath is recommended.
- If you are thinking about switching brands of formula, talk to me first.

Car Safety Seats

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 seat belts at all times and not driving under the influence of alcohol or drugs) are important to the health of their children.

Babies with special health care needs require special consideration for safe transportation. Refer parents to a local, specially trained Child Passenger Safety Technician for assistance with special positioning and restraint devices (http://cert.safekids.org).
Sample Questions

Is your baby fastened securely in a rear-facing car safety seat in the back seat every time she rides in a vehicle? Do you have any problems using your 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.
- The back seat is the safest place for children to ride. 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. (Check the instructions to find the right angle and how to adjust it.) Babies with special needs, such as premature babies or babies in casts, need special consideration for safe transportation.
- Your baby needs to stay in her car safety seat at all times during travel. If she becomes fussy or needs to breastfeed, stop the vehicle and take her out of the car safety seat to attend to her needs. Strap her safely back into her 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.
- Your own safe driving habits are important to the health of your children. Always use a seat belt and do not drive under the influence of alcohol or drugs. Never text or use a cell phone or other handheld device while driving.

For information about car safety seats and actions to keep your baby safe in and around cars, visit www.safercar.gov/parents.


Toll-free Auto Safety Hotline: 888-327-4236

Heatstroke Prevention

Each year, an average of 37 children die of heatstroke after being left in a car that can become too hot. More than half of the deaths are infants and children younger than 2 years. In most cases, the parent or caregiver forgot the child was in the car, often because there was a change in the usual routine or schedule. Even very loving and attentive parents can forget a child in the car. Additionally, some children have died while playing in the vehicle or after getting in the vehicle without the caregiver’s knowledge.

The temperature inside a car can rise to a dangerous level quickly, even when the temperature outside is as low as 60 degrees. Leaving the windows open will not prevent heatstroke. Because children have proportionally less surface area than adults and less ability to regulate internal temperature, their bodies overheat up to 5 times more quickly than adults’ bodies.

Sample Question

Every year, children die of heatstroke after being left in a hot car. Would you like to talk about creating a plan so this doesn’t happen to you?
Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents

**Anticipatory Guidance**

- Never leave your child alone in a car for any reason, even briefly.
- Start developing habits that will help prevent you from ever forgetting your baby in the car. Consider putting an item that you need, like your purse, cell phone, or employee ID, in the back seat of the vehicle, so you will see your baby when you retrieve the item before leaving the car.
- Check the back seat before walking away, every time you park your vehicle.

**Safe Sleep**

A family’s beliefs and cultural traditions will have a significant effect on where and how the baby sleeps, and whether the family or other caregivers follow the safe to sleep message. Counsel parents about appropriate sleep positioning and sleep location for the baby. In many cultures, family sleep arrangements are viewed as a part of the parent’s commitment to their children’s well-being.

Culturally sensitive information should be provided about what is known about safe-sleep environments for babies. A supine position (“back to sleep”) is best for babies, including premature babies, because of the reduction of SIDS. However, parents should avoid using wedges or other positioning devices, as they are a suffocation hazard. Room sharing is recommended for at least the first 6 months of life, with the baby in a separate, but nearby, sleep space. Bed sharing (sleeping in the same bed as the parents, another adult, or a child), and sleeping on couches or recliners, increases the risk of SUID by entrapment or parental over-lie and suffocation. Swaddling **is not for sleep**. It is important to explore the parents’ intended infant sleep practices at home and to offer guidance to ensure the safest sleep environment for the newborn.

Common beliefs and concerns expressed by families as justification for not placing their babies to sleep in the supine position include the fear of choking or aspiration, perceived uncomfortable or less peaceful sleep, concern about a flat occiput and hair loss, and family beliefs about appropriate sleep patterns, position, and sleep location. Sleeping in a semi-reclined position, such as in a swing or car seat, increases the risk of decreasing oxygen levels when an infant assumes an improper head and neck position. A semi-reclined position may also worsen gastroesophageal reflux. Different cultures may view infant sleep differently than current safe sleep recommendations. These viewpoints should be sought and discussed with the parents.

Parents need strategies that will assist them in engaging relatives, friends, and child care providers to follow safe sleep practices for the newborn. A consistent message about back to sleep provides family members with the best information when they ask about side sleeping.

**Sample Questions**

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

**Anticipatory Guidance**

- It is best to always have your baby sleep on her back because it reduces the risk of sudden death. We recommend this sleep position for babies even if they are born premature or have problems with reflux, which is frequent vomiting after feeding. Do not use a wedge or other product to keep your baby on her back, as the baby can wiggle down and suffocate against the wedge.
Your baby should sleep in your room in her own crib, but not in your bed. Think about some strategies you might use to soothe your baby without bringing her into your bed, where the risks of suffocation, entrapment, and death are increased.

If possible, use a crib purchased after June 28, 2011, as cribs sold in the United States after that date are required to meet a new, stronger safety standard. If you use an older crib, choose one with slats that are no more than 2¾ inches (60 mm) apart and with a mattress that fits snugly, with no gaps between the mattress and the crib slats. Drop-side cribs are no longer recommended.

If you choose a mesh play yard or portable crib, consider choosing one that was manufactured after a new, stronger safety standard was implemented on February 28, 2013. If you use an older product, the weave should have openings less than ¼ inch (6 mm) and the sides should always stay fully raised. The baby’s sleep space should be kept empty, with no toys or soft bedding, such as pillows, bumpers, or blankets.

The safest cover for the baby is a sleepsack or footed pajamas that can keep the baby warm without concern about suffocating under a blanket. This also allows the baby to move her legs as opposed to swaddling, which has the potential to cause poor development of her hips and increases your baby’s risk of suffocation and death.

Some babies with very sensitive startle reflexes appear more comfortable having their arms close to their body. Swaddling can help with this sensitivity. If you swaddle your baby, be sure to keep it loose around her legs, but snug—not tight—around her chest. To make sure your baby can breathe, leave enough space so that you can fit your hand between the blanket and her chest. Also, be sure that there are no loose ends of blanket around her neck, as these can increase her risk of suffocating.

Swaddling should only be used with babies younger than 2 months and is recommended only when your baby is awake. Older babies can roll over and risk suffocation if they are swaddled.

Your baby should sleep in a crib or bassinet, not in a swing, bouncer, or car safety seat. Sleeping in a semi-reclined position can contribute to decreased oxygen levels in a newborn. If your baby falls asleep in one of these places, move him to a crib or bassinet as soon as possible.

Safe Home Environment: Burns

Sample Question
Have you made any changes in your home to keep your baby safe?

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.
Infancy
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 her 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 normal sleep patterns. For the infant born preterm 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 screening, including blood, hearing, and critical congenital heart disease, 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 parents will be returning to work or school in the near future, guidance regarding the selection of safe child care may be provided. The mother’s plans regarding infant feeding also should be explored. Discussion points may include human milk pumping and storage and the introduction of bottle-feeding (expressed human milk or infant formula) in the exclusively breastfeeding infant.

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.
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:

- Social determinants of health\(^1\) (risks [living situation and food security, environmental tobacco exposure, dampness and mold, radon, pesticides, intimate partner violence, maternal alcohol and substance use], strengths and protective factors [family support])
- Parent and family health and well-being (postpartum checkup, maternal depression, family relationships)
- Infant behavior and development (sleeping and waking, fussiness and attachment, media, playtime, medical home after-hours support)
- Nutrition and feeding (feeding plans and choices, general guidance on feeding, breastfeeding guidance, formula-feeding guidance)
- Safety (car safety seats, safe sleep, preventing falls, emergency care)

\(^1\) Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
Health Supervision

The Bright Futures Tool and Resource Kit contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

History

The interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice.

General Questions

- Do you have any concerns, questions, or problems that you would like to discuss today?
- How are things going for you and your family? If there are other children in the home, how are your children adjusting to having a new baby at home?
- What are some of the best times of day with your baby? What are some of the most difficult times of day with your baby?
- Have you been feeling tired or blue?
- How are feedings going?
- Have you and your partner had some time for yourselves?
- Who helps you with the baby? Do you have any conflicts with those who help you about what is safe and healthy for your baby?
- How often does your baby have wet diapers? Stool? Any concerns?
- Tell me some things that you are doing to keep your baby safe and healthy. Have any relatives developed medical problems since your last visit?

Family History

- Obtain a comprehensive family health history. A family history questionnaire can be found in the Bright Futures Tool and Resource Kit.

Social History

- See the Social Determinants of Health priority in Anticipatory Guidance for social history questions.
Surveillance of Development

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

Clinicians using the Bright Futures Tool and Resource Kit Previsit Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. (For more information, see the Promoting Healthy Development theme.)

Social Language and Self-help

Does your child

- Look at you?
- Follow you with her eyes?
- Have self-comforting behaviors, such as bringing hands to mouth?
- Start to become fussy when bored?
- Calm when picked up or spoken to?
- Look briefly at objects?

Verbal Language (Expressive and Receptive)

Does he

- Make brief short vowel sounds?
- Alert to unexpected sound?
- Quiet or turn to your voice?
- Show signs of sensitivity to his environment (such as excessive crying, tremors, or excessive startles) or need for extra support to handle activities of daily living?
- Have different types of cries for hunger and tiredness?

Gross Motor

Does she

- Move both arms and both legs together?
- Hold her chin up when on her stomach?

Fine Motor

Does he

- Open his fingers slightly when at rest?
Review of Systems

The Bright Futures Infancy Expert Panel recommends a complete review of systems as a part of **every health supervision visit**. This review can be done by asking the following questions:

Do you have concerns about your infant’s

- Head
  - Shape
- Eyes
  - Discharge
- Ears, nose, and throat
- Breathing
- Stomach or abdomen
  - Vomiting or spitting
  - Bowel movements
  - Umbilical stump
- Genitals or rectum
- Skin
- Development
  - Muscle strength, movement of arms or legs, any developmental concerns

Observation of Parent-Infant Interaction

During the visit, the health care professional acknowledges and reinforces **positive parent-infant interactions and discusses any concerns**. Observation focuses on

- Do the parents respond to their baby, such as by holding or comforting, and to each other?
- Does the mother engage with her infant while breastfeeding or bottle-feeding?
- Do parents attend to and support the baby during the visit, especially during the examination or immunizations?
- How do the parents respond to the infant’s hunger and satiation cues, tiredness, need for comforting?
- Do any parent behaviors or expressions indicate stress (e.g., fatigue, tears, anger, anxiety, seeming to be overwhelmed, discomfort, uncertainty, parental tension)?
**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 an infant this age:

- **Measure and plot on appropriate WHO Growth Chart**
  - Recumbent length
  - Weight
  - Head circumference
  - Weight-for-length

- **Skin**
  - Inspect for skin lesions, birthmarks, and bruising.

- **Head**
  - Note positional skull deformities.
  - Palpate fontanels.

- **Eyes**
  - Inspect eyes and eyelids.
  - Examine pupils for opacification and red reflexes.
  - Assess visual acuity using fixate and follow response.

- **Heart**
  - Auscult for murmurs.
  - Palpate femoral pulses.

- **Abdomen**
  - Search for masses.
  - Note healing of the umbilicus.

- **Musculoskeletal**
  - Perform Ortolani and Barlow maneuvers.

- **Neurologic**
  - Observe and examine for asymmetries, movement quality, tone, and posture.
  - Assess tone and neurodevelopmental status, including attentiveness to visual and auditory stimuli.

- **Genitourinary**
  **MALE**
  - Assess testicular position.
Screening

<table>
<thead>
<tr>
<th>Universal Screening</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression: Maternal</td>
<td>Maternal depression screen</td>
</tr>
<tr>
<td>Hearing</td>
<td>If not yet done, hearing screening test should be completed.⁴</td>
</tr>
<tr>
<td>Newborn: Blood</td>
<td>Verify documentation of newborn blood screening results, and that any positive results have been acted upon with appropriate rescreening, needed follow-up, and referral.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selective Screening</th>
<th>Risk Assessment⁵</th>
<th>Action if Risk Assessment Positive (+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>Children with specific risk conditions or change in risk</td>
<td>Blood pressure measurement</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>+ on risk screening questions</td>
<td>Tuberculin skin test</td>
</tr>
<tr>
<td>Vision</td>
<td>+ on risk screening questions</td>
<td>Ophthalmology referral</td>
</tr>
</tbody>
</table>

- Positive screenings should be referred for a diagnostic audiology assessment, and an infant with a definitive diagnosis should be referred to the state Early Intervention Program.
- See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

Immunizations

Newborns and infants younger than 6 months are at risk of complications from influenza, but are too young to be vaccinated for seasonal influenza. Encourage influenza vaccine for caregivers of infants younger than 6 months and recommend pertussis immunization (Tdap) for adults who will be caring for the infant.

Discuss the importance of the immunization schedule and what to expect at the 2 Month Visit.

Review the immunization status of siblings in the home.

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.

CDC National Immunization Program: www.cdc.gov/vaccines

AAP Red Book: http://redbook.solutions.aap.org

⁴ Positive screenings should be referred for a diagnostic audiology assessment, and an infant with a definitive diagnosis should be referred to the state Early Intervention Program.
⁵ See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.
The following sample questions, which address the Bright Futures 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 infant and family. Tools and handouts to support anticipatory guidance can be found in the Bright Futures Tool and Resource Kit.

**Risks: Living Situation and Food Security**

Probe for stressors, such as return to work or school or the inability to return to work or school, competing family needs, or loss of social or financial support. Suggest community resources that help with finding quality child care, accessing transportation, getting a car safety seat and crib, or addressing issues such as financial concerns, inadequate resources to cover health care expenses, inadequate or unsafe housing, parental inexperience, or lack of social support. If the family is having difficulty obtaining sufficient formula or nutritious food, provide information about WIC, SNAP, local food shelves, and local community food programs.

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.

**Sample Questions**

Tell me about your living situation. Do you have enough heat, hot water, and electricity? Do you have appliances that work? Do you have problems with bugs, rodents, or peeling paint or plaster?

How are your resources for caring for your baby? Do you have enough knowledge to feel comfortable in caring for your baby? Do you have health insurance? Do you have enough money for food, clothing, diapers, and child care?
Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?

Have you ever tried to get help for these issues? What happened? What barriers did you face?

**Anticipatory Guidance**
- If you have problems with your living situation or with getting enough food, let me know. I can tell you about community services, such as WIC and SNAP, the program formerly known as Food Stamps, that can help you.

**Risks: Environmental Tobacco Exposure**

Discuss the risks to the infant of environmental tobacco smoke exposure. 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 or use e-cigarettes?

**Anticipatory Guidance**
- It is important to keep your car, home, and other places the baby stays free of tobacco smoke and vapor from e-cigarettes. Exposure to tobacco smoke can increase your baby’s risk of sudden infant death, as well as asthma, ear infections, and respiratory infections.
- **800-QUIT-NOW (800-784-8669); TTY 800-332-8615** is a national telephone helpline that is routed to local resources. Additional resources are available at [www.cdc.gov](http://www.cdc.gov). Specific information for women is available at [http://women.smokefree.gov](http://women.smokefree.gov).

**Risks: Dampness and Mold**

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

**Sample Questions**
Are you aware of any health concerns in your family related to your home caused by dampness or mold? Do you have water leaks in your home? Have you had problems with mold or dampness?

**Anticipatory Guidance**
- Some homes may have health risks that may affect your baby. Exposure to damp and moldy environments can cause a variety of health effects in people sensitive to mold. Mold exposure can cause nasal stuffiness, throat irritation, coughing or wheezing, eye irritation, or, in more severe cases, breathing difficulties.
- Mold will grow in places with a lot of moisture, such as around leaks in roofs, windows, or pipes, or where there has been flooding. Mold grows easily on paper products, cardboard, ceiling tiles, and wood products.
To control mold, prevent water leaks, ventilate well, clean gutters, and drain water away from your house’s foundation.

Mold can be removed from hard surfaces with commercial cleaners, soap and water, or a bleach solution of 1 part bleach in 4 parts of water.

**Risks: Radon**

Radon is a gas that is a product of the breakdown of uranium in soil and rock. It also may be in water, natural gas, and building materials. High levels of radon enter homes in many regions of the United States through cracks or openings in the walls, foundation, and floors, or occasionally in well water. It does not cause health problems immediately upon inhalation. Over time, however, it can increase the risk of lung cancer. In fact, next to cigarette smoking, radon is thought to be the most common cause of lung cancer in the United States.

**Sample Question**
*If your home has a basement, has it been checked for radon?*

**Anticipatory Guidance**
- Test your house for radon. If the level is unknown or high (above 4 pCi/L), avoid using your basement for sleeping and playing.
- If your radon level is high, consider taking action to reduce it to an acceptable level. Call 800-SOS-RADON.

**Risks: Pesticides**

Pesticides are often used in a variety of products for the control of pests both in the indoor and outdoor environments. They may affect children’s health in a variety of ways. Thousands of cases of pesticide poisonings are reported to poison control centers every year.

**Sample Question**
*Do you use pesticides inside or outside the home?*

**Anticipatory Guidance**
- Avoid using pesticides. Instead, choose the least toxic methods for pest control, commonly referred to as integrated pest management. These include repairing all cracks in your house to prevent pests from getting in and making sure that your food is securely sealed.
- If needed, use baits, traps, or gels instead of fogging, bombing, or spraying. Store and dispose of these items safely.
**Risks: Intimate Partner Violence**

Discuss intimate partner relationships. When inquiring, avoid asking about abuse or domestic violence. Instead, use descriptive terms, such as *hit, kicked, shoved, choked,* and *threatened.* Provide information about the effect of family violence on children and about community resources that provide assistance. Recommend resources for parent education and parent support groups.

To avoid causing upset to families by questioning about sensitive and private topics such as family violence, alcohol and drug use, and similar risks, it is recommended to begin screening about these topics with an introductory statement, such as, “I ask all patients standard health questions to understand factors that may affect health of their child as well as their own health.”

**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 all my patients about it routinely. Do you always feel safe in your home? Has your partner, or another significant person in your life, ever hit, kicked, or shoved you, or physically hurt you or the baby? Are you scared that you or other caregivers 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, or another significant person in your life, is hitting or threatening you is to support you and provide information about local resources that can help you.
- You can also call the toll-free [National Domestic Violence Hotline](tel:800-799-SAFE (7233)) at 800-799-SAFE (7233).

**Risks: Maternal Alcohol and Substance Use**

Any substance taken during pregnancy should be evaluated for its overall risk to the newborn, including prescription drugs, over-the-counter preparations, pain relievers, herbal substances, and illegal substances.

Alcohol use during pregnancy is a particular risk for an infant. If the mother acknowledges alcohol use during pregnancy and this was not previously discussed as part of the prenatal history, discuss the concerns to the developing fetus about both ND-PAE and other FASD. Both ND-PAE and FASD have lifelong effects on the infant that can include physical problems and problems with behavior and learning. Fetal alcohol exposure, including the timing during the pregnancy, quantity, and duration, is important to document for later diagnosis of FASD.

Referrals to community social service agencies and drug treatment programs can be provided if the mother is not already linked to these services. Newborns determined to be at risk can be referred to support programs, such as a local Early Intervention Program agency, often referred to as IDEA Part C.
Sample Questions

How often do you drink beer, wine, or liquor in your household? For any response other than “Never,” continue by asking the following questions: In the 3 months before you knew you were pregnant, how many times did you have 4 or more drinks in a day? After you knew you were pregnant, how many times did you have 4 or more drinks in a day?

Depending on the responses to any of the above questions, the health care professional can, if desired, follow up to determine frequency and extent of consumption by asking the following questions:

During the pregnancy, on average, how many days per week did you have a drink? During the pregnancy on a typical day when you had an alcoholic beverage, how many drinks did you have?

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?

If any maternal at-risk drinking is identified, a brief intervention and referral is recommended.

Are you using marijuana, cocaine, pain pills, narcotics, or other controlled substances? What have you heard about the drug’s effects on the baby during pregnancy or after the baby is born? Are you getting any help to cut down or stop your drug use?

Are you taking any medicines or vitamins at the present time? Are you using any prescription or over-the-counter 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

- 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 2–3 hours), you most likely will have to avoid alcohol during the first several months of your baby’s life.

- Most medications are compatible with breastfeeding, but should be checked on an individual basis. To understand how they may affect your baby, it is important to know what over-the-counter medications or herbal products you are taking.

- The reason we are concerned about a parent’s use of alcohol or drugs is because of the effects on the baby’s mental, physical, and social development. Alcohol misuse can harm a parent’s interaction with the baby and lead to poor decisions about the baby’s care.

- Drug and alcohol cessation programs are available in our community and we would like to help you connect to these services so that you can safely care for your baby and yourself.
**Strengths and Protective Factors: Family Support**

By the time an infant is 1 month of age, parents are beginning to think about options for caring for their child if they are considering returning to work or school. Parents need strategies to help juggle multiple responsibilities and garner support from each other and other family members. Help parents understand the importance of asking for help when they need it. Recognize that fathers also will need support, as they may feel conflicted about their desire to be with and support the mother and baby, while needing to return to work. In many cultures, the grandmother or other female relative provides for, or supervises the care of, the young infant. However, many of today’s families, including immigrant families, may not have this resource available to them. Parents need to be aware of the many different kinds of child care arrangements that are available in the community.

Parents who are planning on returning to work have many feelings about leaving their baby and need assistance in finding high-quality child care and, for the mother, in determining how to continue breastfeeding. It is important at this time to assess for connections to community and parents’ ability to get information about child care options that match their needs.

**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? For mothers: How it may affect breastfeeding? Have you spoken with your employer about continuing to breastfeed when you return to work?*

*Who will take care of the baby while you are at work/school? Have you made arrangements for child care? What factors did you or are you taking into account when deciding on a child care provider for your baby—factors such as affordability, quality, comfort, and access? Would you like any information about things to consider when selecting an affordable, safe child care provider?*

**Anticipatory Guidance**

- Returning to work is often a hard thing to do, but many people are willing to help new parents find a situation they feel comfortable with. 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 information about resources that can help you identify child care and help you continue breastfeeding after you go back to work/school.
Postpartum Checkup

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. Ask the mother what other medical visits that she has had in the interim for herself or the infant and whether she has health insurance.

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? How is breastfeeding going?

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 or busy they forget or just don’t make their postpartum appointment.
- If you are still feeling discomfort from the delivery, you should talk with your obstetrician or health care professional.

Maternal Depression

An estimated 10% to 20% of women struggle with major depression before, during, and after delivery of a baby. Perinatal depression has substantial personal consequences and interferes with quality of child-rearing, adversely affecting parent and infant interactions, maternal responsiveness to infant vocalizations and gestures, and other stimulation essential for optimal child development.

Because pregnancy and childbirth are supposed to be a joyous occasion, women may feel that they are going to be bad mothers if they are depressed. It is important for apprehensive patients to understand what postpartum depression is, to know that many women experience similar feelings, and to realize that untreated postpartum depression may have adverse effects on women’s health and their children’s health and development.
**Sample Questions**

*What are some of your best, and most difficult, times of day with the baby? How are you feeling emotionally? 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 less depressed, less anxious, less frustrated, and calmer? Who has been available to assist you at home? Who has been the most help to you?*

*Over the past 2 weeks, have you ever felt down, depressed, or hopeless? Over the past 2 weeks, have you felt little interest or pleasure in doing things? Do you have any physical symptoms, like headache, chest pain, or palpitations?*

**Anticipatory Guidance**

- Many mothers feel tired or overwhelmed in the first weeks at home. These feelings should not continue, however. If you find that you are still feeling very tired or overwhelmed, or you are using over-the-counter or prescription medication, drugs, or alcohol to feel better, let your partner, your own health care professional, or me know so that you can get the help you need.
- It is common for women during and after pregnancy to feel down or depressed. It is very important to address these feelings to ensure your health and your baby’s health.
- Emphasizing healthy life behaviors, like getting enough sleep, eating healthy foods, and finding time for walking or other light physical activity, can help you feel better.
- If you are sad or down for more than 2 days, please speak with me about options for treatment. Talk therapy or counseling is generally rapidly helpful.

**Family Relationships**

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.

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

**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? Are your partner or other family members 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 you are feeling isolated or alone so that we can provide you with community contacts that can help you.
INFANCY
FIRST WEEK VISIT (3 TO 5 DAYS)
INFANCY
1 MONTH VISIT

Sleeping and Waking

Discuss the infant’s sleep patterns and the ways in which the parents respond. Parents may need reassurance that infants’ sleep patterns are highly variable, and that their need for frequent night feedings is normal. An infant’s inability to sleep may result from illness or allergy, but not from a failure to learn how to sleep.

Sample Questions
How is your baby sleeping? Does he use a pacifier? When do you use the pacifier?

Anticipatory Guidance

- Putting the baby in his crib either awake or drowsy, not in a deep sleep, will help him make the transition from being awake to asleep in the crib. This will avoid problems with night waking later on because, when he wakes up, he will be in a familiar place.
- The room temperature should be comfortable and the baby should be kept from getting too warm or too cold while sleeping.
- Using a pacifier during sleep is strongly associated with a reduced risk of sudden infant death. After your baby is about 1 month old, consider offering a pacifier when he lies down for sleep. If your baby drops the pacifier, rinse it with water before reinserting it. It is important not to lick the pacifier to clean it, as you can transfer bacteria from your mouth to the baby’s. Do not coat the pacifier with formula or a sweet solution.

Fussiness and Attachment

Offer strategies to support the infant’s state regulation (alertness, orientation, and regulatory capacity) and behavioral maturation, including ways to engage the infant and console and calm him. This is particularly important if the infant was preterm or exhibits signs of easily being overstimulated 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 he relates to the world.

If the intensity, frequency, duration, and constancy of the infant’s crying are worrisome or stressful for parents, it should be evaluated. Discuss with parents strategies to support their infant and her responses. The safest cover for the baby is a sleepsack or footed sleeper that can keep the baby warm without concern about suffocating under a blanket. This also allows the baby to move his legs, as opposed to swaddling, which has the potential to cause hip dysplasia.
If swaddling is used, it should not be used for sleep. The swaddle wrap should be snug, but not too tight, around the chest and loose around the baby’s legs. When done correctly, swaddling can be an effective tool in helping to calm the infant.

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 Part C.

Counsel parents about how fragile an infant's brain is and how it is important to protect an infant from shaking and other forms of abuse. Parents can help their baby's other caregivers appreciate the infant's vulnerabilities and understand how to handle their frustrations with the infant's behavior. For babies who cannot be easily consoled, parents may need guidance on how to first check for the baby's safety, and then put the baby down in order to take a break. Parents can learn effective ways to calm their baby and reach out to friends and family for support, when needed.

Parents 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 his 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? Do you swaddle your baby?

What do you do when you are feeling overwhelmed as a parent or frustrated with your baby? What are some of the ways you have found to calm your baby when he is crying? What do you do if they don’t work? Who is helping you at home? What helps you keep calm and centered when you are stressed?

**Anticipatory Guidance**

- A young infant cannot be “spoiled” by holding, cuddling, and rocking him, or by talking and singing to him. Responding quickly to your baby’s cry will not spoil him, but it will teach him that he will be cared for.
- Many babies have fussy periods in the late afternoon or evening. Babies can’t always calm themselves. Strategies to calm a fussy infant include feeding him again; being there with him; talking to, patting, or stroking him; bundling or containing him; holding and rocking him; and letting him suck. Sometimes it is hard to console a fussy or crying baby, no matter what you do.
- It will be a while before your baby is developmentally ready for self-consoling and will need your attention in the meantime. If you feel you’re at the end of your rope and in danger of physically harming your crying baby, call for help right away.
- An infant’s developmental progress toward self-consoling includes putting his hands to his mouth or sucking on his fingers, thumb, and pacifier.
- Holding a baby in a front carrier or sling may decrease crying, but these may not be safe for infants who are premature or who have neuromuscular, respiratory, or neurologic problems.
If you swaddle your baby, be sure to keep the blanket loose around his legs, but snug—not tight—around his chest. To make sure your baby can breathe, leave enough space so that you can fit your hand between the blanket and his chest. Also, be sure that there are no loose ends of blanket around his neck, as these can increase his risk of suffocating.

Swaddling should only be used with babies younger than 2 months and is recommended only when your baby is awake. Older babies can roll over and risk suffocation if they are swaddled.

All new parents feel overwhelmed, frustrated, exhausted, or angry occasionally. Remember that your baby is not trying to make you angry. He is just having a rough time and still needs someone to be there. You could ask a family member, neighbor, or trusted friend to stay with your crying baby for a few minutes to allow you to take a break. If you are alone, you can try putting the baby in his crib, closing the door, and checking on him every few minutes.

Never, ever, shake your baby or otherwise harm your baby, because it could cause permanent injury, including brain damage. If you ever feel that you need help because your baby is crying so much, contact me or other community resources that can help you.

Media

As more families and children have access to and exposure to digital media, it is important to assess for the use of such devices and offer guidance regarding media in the home.

Sample Question

Is there a TV or other digital media device on in the background while your baby is in the room?

Anticipatory Guidance

- Babies this young should not watch TV or videos. Some parents try to calm their fussy babies by sitting them in front of a TV show or video, but this may make them fussier in the long run, and doesn't help them learn ways to soothe themselves. Try other ways to soothe your baby when he is fussy, such as taking a walk, holding him in a carrier, decreasing the amount of stimulation and noise in the home, or using infant massage. You can also ask someone else to hold the baby so you can take a break.

- Having a TV on in the background can distract you from reading your baby's cues. Reading infant cues is important to learning about your baby's patterns of behavior and developing sensitive interactions with the baby. These interactions between you and your baby are crucial for language, cognitive, and emotional development.
**Playtime**

Spending time playing and talking during quiet, alert states helps strengthen the parent-infant bond by building a trusting relationship.

**Sample Question**
*Tell me what happens with you and the baby when he is alert and awake.*

**Anticipatory Guidance**
- Playing is fun for you, but essential for your baby’s brain development.
- 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 he can see around the room and you can talk and interact with him even if you are doing other chores.

**Medical Home After-hours Support**

The health care professional should clearly explain the office practice plan for telephone triage, secure e-mail communication, after-hours calls, and same-day illness appointments. Parents are welcome to call about any change in the infant’s activity, appearance, or behavior that makes them uncomfortable.

**Sample Questions**
*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 fever?*

**Anticipatory Guidance**
- Wash your hands with soap and water often, or use a non-water antiseptic, and always after diaper changes and before feeding your baby.
- You can call our office anytime with questions.
- 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.
Feeding Plans and Choices

Helping parents develop a confident and pleasurable feeding relationship during the first 6 months not only establishes adequate nutrition and growth for their baby but also supports a positive parent-infant relationship. Encouraging parents to hold their baby and meet her needs will help the baby trust that she will be cared for.

An infant who cries inconsolably for several hours a day and passes a lot of gas may have colic or reflux. Exploring the consistency and predictability of the baby’s day, especially for feeding and sleeping, will help to identify strategies that parents can implement that can significantly resolve infant fussiness. This information also can shed light on other issues that may need medical intervention.

Feeding strategies and information depends on whether the mother is breastfeeding or formula feeding her baby, or both. Solid foods, including cereals, are not indicated until about 6 months of age.

If a parent gives the infant over-the-counter medications (e.g., teas, digestive aids, or sleep or discomfort remedies), discuss the possible adverse effects. 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.

Sample Questions

How is feeding going? What are you feeding her 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 her cereal or other food?

As you are beginning to look for a child care provider, have you thought about talking with the child care provider about your baby’s daily routines for feeding and sleep or how he or she might support you in continuing to breastfeed?

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

Are you giving your baby any supplements, herbs, special tea, 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, such as prescription, over-the-counter, homeopathic, or street drugs?
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 she shows signs of hunger, usually every 1 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 times in 24 hours. Babies should not be overfed.
- Do not offer your baby food other than breast milk or formula until she is developmentally ready, which is at about 6 months old.
- 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.
- Infants often go through growth spurts between 6 and 8 weeks of age and significantly increase their milk intake during that time.
- Your baby is getting enough milk if she has 6 to 8 wet cloth diapers (5 or 6 disposable diapers) and a variable number of stools per day and is gaining weight appropriately.
- Most medications are compatible with breastfeeding, but check them out individually with me or your other health care professionals.
- If your baby is a full-term, formula-fed infant, you do not need to give her vitamin supplements if the formula is iron fortified and your baby is consuming an adequate volume of formula for appropriate growth.

General Guidance on Feeding

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

For formula feeding: How do you hold your baby when you feed her? Do you ever prop the bottle to feed or put your baby to bed with the bottle?
How easily does your baby burp during or after a feeding?

Anticipatory Guidance

- Signs of fullness are turning the head away from the nipple, closing the mouth, and showing interest in things other than eating.
- Exclusive breastfeeding or formula meets all the nutritional needs of your baby for about 6 months. At that time, breastfed infants will need zinc- and iron-rich supplementary foods to meet their zinc and iron needs.
- Wait to introduce solid foods or liquids until about 6 months. Introducing solid foods earlier will not help your baby sleep through the night.
- If you are bottle-feeding your baby, always hold her in your arms in a partly upright position. This will allow you to look into her eyes during feedings and watch her cues for when she has had enough or needs to take break from feeding. Feeding is a wonderful opportunity for warm and loving interaction with your baby.
It is very important to not prop a bottle in your baby’s mouth or put her to bed with a bottle containing juice, milk, or other sugary liquids. Propping and putting her to bed with a bottle increases the risk of choking and developing early tooth decay.

Burp your baby at natural breaks, such as midway through or after a feeding. Gently rub or pat her back while holding her against your shoulder and chest or supporting her in a sitting position on your lap.

Breastfeeding Guidance

Mothers
Mothers who breastfeed should ingest 500 µg of folate or folic acid daily by taking a daily prenatal vitamin or a multivitamin in addition to eating a nutritious diet. The mother’s diet should include an average daily intake of 200 to 300 mg of the omega-3 long-chain PUFA DHA to guarantee a sufficient concentration of preformed DHA in the milk. This is obtained either through supplementation or consumption of 1 to 2 portions (3 oz each) of fish (eg, herring, canned light tuna, salmon) per week. The concern regarding the possible risk from intake of excessive mercury or other contaminants is offset by the neurobehavioral benefits of an adequate DHA intake and can be minimized by avoiding the intake of 4 types of fish that are high in mercury. These are tilefish, shark, swordfish, and king mackerel. Additionally, the mother’s diet should include 550 mg/day of choline because human milk is rich in choline and depletes the mother’s tissue stores. In the diets of women, eggs, milk, chicken, beef, and pork are the biggest contributors of choline.

For vegan mothers, who consume no animal products in their diet, a daily multivitamin including iron, zinc, vitamin B12, omega-3 fatty acids, and 550 mg of choline is recommended.

Infants
Breastfed preterm or low birth weight infants will need multivitamin drops and iron supplementation by 2 to 6 weeks of age (2 weeks in very low birth weight infants) before solid foods are introduced.

Vitamin D supplementation (400 IU per day) is recommended for breastfed infants beginning at hospital discharge.

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? 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?

What vitamin or mineral supplements are you giving your infant? What vitamin or mineral supplements do you take or plan to take?

Has your baby received breast milk or other fluids from a bottle?
Anticipatory Guidance
- Exclusive breastfeeding continues to be the baby's best source of nutrition for about the first 6 months of life.
- You can be reassured about your baby’s weight gain by reviewing the growth chart.
- If you are breastfeeding your baby, be sure that you are giving her vitamin D drops.
- Continue to take a daily prenatal vitamin or a multivitamin, in addition to eating a nutritious diet. If you do not consume any animal products in your diet and follow a vegan diet, your supplement should include vitamins D and B12 as well as iron and zinc.
- Avoid using any bottles and supplements, unless medically indicated, until breastfeeding is well established. For most infants, this occurs around 4 to 6 weeks of age.
- If you wish to introduce a bottle to your breastfeeding baby, pick a time when she 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 her 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 she can get used to a consistent flow of milk. Over time, as her suck becomes stronger, she may need a nipples with a slower flow rate.

Formula-Feeding Guidance
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.

Infants will take an average of 24 to 27 oz of formula daily, with a range from 20 to 31 oz per day.

Sample Questions
*How is formula feeding going for you and your baby? What formula do you use and how do you prepare it? Do you have enough formula for your baby? 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, such as cost, preparation, and nutrient content?*

Anticipatory Guidance
- You will need to prepare and offer more infant formula as your baby’s appetite increases and she goes through growth spurts.
- Never heat a bottle in a microwave. If you wish to warm a bottle, a hot water bath is recommended.
**Car Safety Seats**

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 seat 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 require 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).

**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.
- The back seat is the safest place for children to ride. 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.
- 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. When it hits the car safety seat, it causes serious injury or death.
- Your baby needs to remain in the car safety seat at all times during travel. If he becomes fussy or needs to breastfeed, stop the car and remove him from the car safety seat to attend to his needs. Strap him safely back into his seat before traveling again.
- Your own safe driving behaviors are important to the health of your children. Use a seat belt at all times, do not drive after using alcohol or drugs, and do not text or use mobile devices while you are driving.

For information about car safety seats and actions to keep your baby safe in and around cars, visit www.safercar.gov/parents.


Toll-free Auto Safety Hotline: 888-327-4236
Safe Sleep

Counsel parents about the very real risks of bed sharing with a caregiver or with other children, and appropriate cautions regarding bed and bedding type, avoiding infant overheating, and the effects of parental exhaustion, obesity, tobacco, alcohol, medication, or substance use by the caregiver. Health care professionals should be sensitive to parents’ cultural traditions and beliefs about infant sleep and sleep location.

The health care professional can provide suggestions about how to keep the infant from getting too warm or too cold while sleeping.

Discuss with parents who are anticipating using child care whether it will be a family member or a child care center, and whether they have discussed safety issues, especially safe sleep and using a similar sleep/wake routine for their baby.

Sample Questions
Where does your baby sleep now? What have you heard about “back to sleep” and tummy to play? Have you talked with your child care provider about safe sleep practices for your baby?

Anticipatory Guidance
- Always put your baby down to sleep on his back, not his 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 his own crib and 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, such as blankets, comforters, sheepskins, quilts, pillows, pillow-like bumper pads, or soft toys, in the baby’s crib because they can suffocate the baby.
- If possible, use a crib purchased after June 28, 2011, as cribs sold in the United States after that date are required to meet a new, stronger safety standard. If you use an older crib, choose one with slats that are no more than 2½ inches, or 60 mm, apart and with a mattress that fits snugly, with no gaps between the mattress and the crib slats. Drop-side cribs are no longer recommended.
- If you choose a mesh play yard or portable crib, consider choosing one that was manufactured after a new, stronger safety standard was implemented on February 28, 2013. If you use an older product, the weave should have openings less than ¼ inch (6 mm) and the sides should always stay fully raised.
- If you use a mesh play yard or portable crib, the weave should have small openings less than ¼ inch (6 mm).
Preventing Falls

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

Sample Question
What actions are you taking to keep your baby safe from falls?

Anticipatory Guidance
- Always keep one hand on your baby when changing diapers or clothing on a changing table, couch, or bed, especially as he begins to roll over. Falls are the most frequent reason for emergency department 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 his neck. Dangling electrical, telephone, window blind, or drapery cords should be far from his reach.

Emergency Care

Parents will appreciate discussion of what sort of problems can be handled at the medical home and what will require emergency care. CPR and emergency and disaster preparedness may be discussed.

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? 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 are aware of concerns that might require a 911 call. Post emergency phone numbers next to every phone and store them in your cell phone.
- Think about the steps you can take to prepare for disasters or other unexpected events. Making a plan for how to deal with a storm or power outage is a great start.
Infancy
2 Month Visit

Context

By 2 months after birth, parents and their baby are communicating with each other. The parent 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 subtler cues help teach him cause and effect and, most important, 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.

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, night feedings may occur less frequently. However, many babies have not yet begun to consolidate sleep, and many of those who have begun are likely to regress at times. Parents need to be counseled on delaying the introduction of solid 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 human milk or formula consumed, 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, 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 because of 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 about their caregiving practices or preferences to determine whether they differ from recommended practices. In addition, consideration should 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 should be sensitive to cultural practices, gender roles, parental age, functional abilities, and financial independence of the parents.

Priorities for the 2 Month 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:

- Social determinants of health\(^a\) (risks [living situation and food security], strengths and protective factors [family support, child care])
- Parent and family health and well-being (postpartum checkup, depression, sibling relationships)
- Infant behavior and development (parent-infant relationship, parent-infant communication, sleeping, media, playtime, fussiness)
- Nutrition and feeding (general guidance on feeding and delaying solid foods, hunger and satiety cues, breastfeeding guidance, formula-feeding guidance)
- Safety (car safety seats, safe sleep, safe home environment: burns, drowning, and falls)

\(^a\) Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
Health Supervision

The *Bright Futures Tool and Resource Kit* contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

**History**

The interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice.

**General Questions**

- How are you feeling?
- How are things going for your family?
- How are things going for your baby? Tell me about your baby’s day. What are some of the best times of day with your baby? Some of the most difficult?
- What are some of the things you are doing to keep your baby healthy and safe? Does your child live with or spend time with anyone who smokes or uses e-cigarettes? Other than your baby’s birth, have there been any major changes in your family?

**Past Medical History**

- Has your baby received any specialty or emergency care since the last visit?

**Family History**

- Has your child or anyone in the family, such as parents, brothers, sisters, grandparents, aunts, uncles, or cousins, developed a new health condition or died? *If the answer is Yes*: Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If the person is no longer living, ask about the age at the time of death.

**Social History**

- See the Social Determinants of Health priority in Anticipatory Guidance for social history questions.
**Surveillance of Development**

Do you or any of your baby’s caregivers have any specific concerns about your infant’s learning, development, or behavior?

Clinicians using the Bright Futures Tool and Resource Kit Previsit Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. *(For more information, see the Promoting Healthy Development theme.)*

**Social Language and Self-help**

*Does your child*

- Smile responsively?
- Make sounds that let you know he is happy or upset?

**Verbal Language (Expressive and Receptive)**

*Does she*

- Make short cooing sounds?

**Gross Motor**

*Does he*

- Lift head and chest when on stomach?
- Keep head steady when held in a sitting position?

**Fine Motor**

*Does she*

- Open and shut hands?
- Briefly bring hands together?
Review of Systems

The Bright Futures Infancy Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done by asking the following questions:

Do you have concerns about your infant’s

- Head
  - Shape
- Eyes
  - Discharge
- Ears, nose, and throat
- Breathing
- Stomach or abdomen
  - Vomiting or spitting
  - Bowel movements
  - Belly button
- Genitals or rectum
- Skin
- Development
  - Muscle strength, movement of arms or legs, any developmental concerns

Observation of Parent-Infant Interaction

During the visit, the health care professional acknowledges and reinforces positive parent-infant interactions and discusses any concerns. Observation focuses on

- Are the parents responsive to the baby, to hunger or satiation cues, distress, or need for attention?
- How do the parents interact with their baby, such as through gazing, talking, smiling, holding, cuddling, comforting, and showing affection?
- What are the parents’ appearance and emotional state? Do they support each other, and demonstrate confidence with the baby’s care and contentment? Are they depressed, tearful, angry, anxious, fatigued, overwhelmed, or uncomfortable?
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 an infant this age:

- **Measure and plot on appropriate WHO Growth Chart**
  - Recumbent length
  - Weight
  - Head circumference
  - Weight-for-length

- **Skin**
  - Inspect for skin lesions, birthmarks, and bruising.

- **Head**
  - Palpate fontanelles occipital shape (flatness).

- **Eyes**
  - Examine pupils for opacification and red reflexes.
  - Assess visual acuity using fixate and follow response.

- **Heart**
  - Auscult for murmurs.
  - Palpate femoral pulses.

- **Musculoskeletal**
  - Perform Ortolani and Barlow maneuvers.
  - Inspect for torticollis.

- **Neurologic**
  - Evaluate tone, strength, and symmetry of movements.
Screening

<table>
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<tr>
<th>Universal Screening</th>
<th>Action</th>
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<tbody>
<tr>
<td>Depression: Maternal</td>
<td>Maternal depression screen</td>
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| Hearing                     | If not done previously, verify documentation of newborn hearing screening results and appropriate rescreening.  

| Newborn: Blood Screening    | Verify documentation of newborn blood screening results, and that any positive results have been acted upon with appropriate rescreening, needed follow-up, and referral. |

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<thead>
<tr>
<th>Selective Screening</th>
<th>Risk Assessment</th>
<th>Action if Risk Assessment Positive (+)</th>
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<tbody>
<tr>
<td>Blood Pressure</td>
<td>Children with specific risk conditions or change in risk</td>
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<tr>
<td>Vision</td>
<td>+ on risk screening questions</td>
<td>Ophthalmology referral</td>
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* Positive screenings should be referred for a diagnostic audiologic assessment, and an infant with a definitive diagnosis should be referred to the state Early Intervention Program.

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

Immunizations

Newborns and infants younger than 6 months are at risk of complications from influenza, but are too young to be vaccinated for seasonal influenza. Encourage influenza vaccine for caregivers of infants younger than 6 months and recommend pertussis immunization (Tdap) for adults who will be caring for the infant.

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.

CDC National Immunization Program: www.cdc.gov/vaccines

AAP Red Book: http://redbook.solutions.aap.org
The following sample questions, which address the Bright Futures 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 infant and family. Tools and handouts to support anticipatory guidance can be found in the *Bright Futures Tool and Resource Kit*.

### Social Determinants of Health

**Risks:** Living situation and food security

**Strengths and protective factors:** Family support, child care

### Risks: Living Situation and Food Security

Probe for stressors, such as return to work or school or the inability to return to work or school, competing family needs, or loss of social or financial support. Provide guidance, referrals, and help in connecting with community resources as needed.

Suggest community resources that help with finding quality child care, accessing transportation or getting an infant car safety seat and crib, or addressing issues such as financial concerns, inadequate means 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 live in an apartment or a house? Is permanent housing a worry for you?*

*Do you have the things you need to take care of the baby, such as a crib, a car safety seat, and diapers? Does your home have enough heat, hot water, electricity, and working appliances? Do you have health insurance for yourself? How about for the baby?*

*Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?*

*Have you ever tried to get help for these issues? What happened? What barriers did you face?*

*How do you deal with family members who criticize you or offer suggestions that are not helpful?*
**Anticipatory Guidance**

- Programs and resources are available to help you and your baby. You may be eligible for the WIC food and nutrition program. Several food programs, such as the Commodity Supplemental Food Program and SNAP, the program formerly known as Food Stamps, also can help you. Would you like their numbers? Would you like someone from our office to help you get in touch with them?
- It’s good that these things are not a concern for you right now. If things change, please consider us a place where you can get ideas about whom to contact for help. We know how important these things are to helping you keep your baby and your family healthy and safe.
- 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.

**Strengths and Protective Factors: Family Support**

Parents reach out to families and friends for support and information for strategies in caring for their child. Making friends with adults who have a child the same age can help parents establish a support network that is useful in planning same-age playgroups and visiting neighborhood playgrounds. 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 can develop strategies with parents and the family about how to support the mother’s needs.

**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 know parents of babies your baby’s age? Do you feel you can reach out to them for help and advice? What are your plans for returning to school or work? Would you like any help in locating affordable, safe, quality child care?*

**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 she 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.
Strengths and Protective Factors: 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. Reassure parents about how their baby can thrive in child care. It is important for them to find a person or place they can trust, that will keep their baby safe and consider her developmental needs, while engaging the parents in their infant’s progress through sharing of daily activities.

Parents may need reassurance during this time of transition to someone else sharing the care of their baby. 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 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?

How do you feel now about leaving your baby with someone else? Have you talked with your child care provider about your baby’s routines and how to let you know how your baby did during the day?

Anticipatory Guidance

- We can give you suggestions about how to find 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.
- 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.
- Regular and predictable routines build your child’s social and emotional competence.
Postpartum Checkup

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? What do you do to take care of yourself?

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.

Depression

An estimated 10% to 20% of women struggle with major depression before, during, and after delivery of a baby. Perinatal depression has substantial personal consequences and interferes with quality of child-rearing, adversely affecting parent-infant interactions, maternal responsiveness to infant vocalizations and gestures, and other stimulation essential for optimal child development.

Because pregnancy and childbirth are supposed to be a joyous occasion, women may feel that they are going to be bad mothers if they are depressed. It is important for apprehensive patients to understand what postpartum depression is, know that many women experience similar feelings, and realize that untreated postpartum depression may have adverse effects on women’s health and their baby’s health and development.
Sample Questions

What are some of your best, and most difficult, times of day with your baby? How are you feeling emotionally? 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 less depressed, less anxious, less frustrated, and calmer? Who has been available to assist you at home? Who has been the most help to you?

Anticipatory Guidance

- Many mothers feel tired or overwhelmed in the first weeks at home. These feelings should not continue, however. If you find that you are still feeling very tired or overwhelmed, or you are using over-the-counter or prescription medication, drugs, or alcohol to feel better, let your partner, your own health care professional, or me know so that you can get the help you need.

Sibling Relationships

Sibling adjustment is a process over time and not yet complete at only 2 months of age. Behavior regression and jealousy sometimes occur and are normal.

Parents can help older siblings by including them in the care of the new baby in developmentally appropriate ways. Reading, talking, and singing together assures older siblings of their importance to parents and their value in the family.

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.
Parent-Infant Relationship

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. Additionally, a lack of parental involvement, as shown by a lack of questions about the baby and her development, or a demeanor of sadness, withdrawal, or anger, should trigger further exploration and counseling.

Sample Questions

What do you and your partner enjoy most about your baby? What are some of your best times of day with her? What are you enjoying about caring for your baby? What is challenging about caring for your baby? Has your child care provider expressed any concerns about your baby's development?

Anticipatory Guidance

- At 2 months of age, your baby is beginning to be alert and awake for longer stretches of time. She 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 her, or by talking and singing to her. Spending time playing and talking during quiet, alert states helps strengthen your relationship with your baby by building trust between both of you.
Parent-Infant Communication

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 she 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 her cries?

How would you describe your baby’s personality? How does she respond to you? Is it easy or hard to know what she wants? What does your baby do with her hands?

Anticipatory Guidance

- Responding to your baby’s sounds by making sounds, too, and by showing your face as you talk, encourages her 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 she makes as well as how she responds to sounds, especially her 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 her needs. As you learn about her temperament and the way she processes sensory stimulation, such as whether she 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 her, 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.
**Sleeping**

Parents with atypical and inconsistent sleeping patterns of their own, and parents of infants with difficulty developing consistent sleep patterns, irritability, difficulty consoling, or difficulty with feeding, may also need additional counseling because all these problems may be related to poor sleep patterns.

**Sample Questions**

*How is your baby sleeping? What are some of your favorite routines with your baby?*

**Anticipatory Guidance**

- Your baby is still developing regular sleep patterns. Help her by paying attention to her cues for sleep and by sticking to a regular schedule for naps and nighttime sleep. Infant irritability usually is caused by lack of sleep.
- By this point, you may be waiting for your baby to sleep through the night. It’s normal for babies this age to continue to wake frequently at night. Placing your baby in her crib in a drowsy state encourages her to learn to sleep on her own.

**Media**

As more families and children have access to and exposure to digital media, it is important to assess for the use of such devices and offer guidance regarding media in the home.

**Sample Question**

*Is there a TV or other digital media device on in the background while your baby is in the room?*

**Anticipatory Guidance**

- Babies this young should not watch TV or other digital media. Some parents try to calm their fussy babies by sitting them in front of a TV show or video, but this may make them fussier in the long run, and doesn’t help them learn ways to soothe themselves. Try other ways to soothe your baby when she is fussy, such as taking a walk, holding her in a carrier, decreasing the amount of stimulation and noise in the home, or using infant massage; or, ask someone else to hold the baby and take a break.
- Having a TV on in the background can distract you from reading your baby’s cues. Reading infant cues is important to learning about your baby’s patterns of behavior and developing sensitive interactions with the baby. These interactions between you and your baby are crucial for language, cognitive, and emotional development.
Playtime

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 her hand and learn to put her hands in her 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. Tummy time also can help prevent the development of a flat area on the back of the head.

Fussiness

Counsel parents that the infant’s crying may increase at this age, but the crying spells will decrease over time. Parents may need strategies that will help them find ways to console their baby, and they need to be counseled about the fragility of an infant’s head. Help parents understand that they are teaching the infant to trust that she will be cared for when they quickly respond to their infant’s crying. This responsiveness will not spoil the infant, as many parents believe.

The safest cover for the infant is a sleepsack or footed sleeper, which can keep the baby warm without the concern of suffocation from a blanket. Swaddling is discouraged after 2 months of age.

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 infant is very irritable, parents need to find a way to avoid frustration. They need to be cautioned to never shake their infant or leave her with someone who may harm her, 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 she is crying? What do you do if that does not work? Do you still swaddle your baby?*

*Do you ever feel that you or other caregivers 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 her 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 her, talking, patting or stroking, bundling or containing, holding, wearing in a sling or carrier, and rocking. Other calming strategies include caressing or dancing with your infant, walking with her in a carriage or stroller, and going on car rides. Remember that your baby is not trying to make you angry—she is just having a rough time and still needs someone to be there. Ask a family member, neighbor, or trusted friend to stay with your crying baby for a few minutes to allow you to take a break. If you are alone, you can try putting the baby in her crib, closing the door, and checking on her every few minutes.

- It is no longer safe to swaddle your baby unless you are holding her in your arms. If your baby rolls to her tummy while swaddled tightly, she may not be able to move her head and keep her airway open. This can increase her risk of suffocation.

- At this age, your baby is developing the ability to put her hands to her mouth, suck on her fingers or her thumb, or use a pacifier. This is one of the ways your baby will learn to calm herself, and it is normal, age-appropriate behavior. She will use these methods until she is able to use other self-calming strategies.

- Never, ever, shake your baby or otherwise harm your baby, because it could cause permanent injury, including brain damage. If you ever feel that you need help because your baby is crying so much, contact me or other community resources that can help you.
**INFANCY 2 MONTH VISIT**

**Priority**

**Nutrition and Feeding**

General guidance on feeding and delaying solid foods, hunger and satiety cues, breastfeeding guidance, formula-feeding guidance

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**General Guidance on Feeding and Delaying Solid Foods**

By the second month of life, infant growth and the parent's comfort in feeding their infant should be well established. Infants who are struggling with maintaining a good growth pattern or parents who are struggling with feeding routines, extremely long feedings, or infrequent feedings should have additional support, guidance, and counseling to determine potential underlying infant developmental concerns or parenting knowledge issues.

**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 about the first 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, which is at about 6 months of age.
- Usually, healthy babies do not require extra water. On very hot days with no air conditioning, 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.
**Hunger and Satiety Cues**

Parents begin to learn their infant’s cues for hunger and satiety.

**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 breast milk and formula 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, such as 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.

**Breastfeeding Guidance**

Explain that as infants grow, they are more easily distracted during feeding and may need gentle repetitive stimulation, such as 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 human milk.

Vitamin D supplementation (400 IU per day) is recommended for all full-term breastfed infants beginning at hospital discharge. Breastfed preterm or low birth weight infants will need multivitamin drops and iron supplementation at 2 mg/kg/day by 2 to 6 weeks of age until solid food introduction.

**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? Is your child care provider supporting your breastfeeding efforts?*

*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?*

*Do you eat fish at least 1 to 2 times per week? Do you have protein-containing foods every day, such as eggs, chicken, beef or pork, or dairy? Are you able to be physically active most days?*
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 8 and 12 feedings in 24 hours, he may have one longer stretch of 4 to 5 hours at night between feedings.
- Consider how to plan your activities and schedules to make things easier when you are home or out 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.
- If you are breastfeeding your baby, be sure that you are giving him vitamin D drops.
- You may continue to take your prenatal vitamin with iron every day to ensure adequate intake of vitamins or minerals. Discuss with your obstetric team how long you should continue to take it. If you do not consume any animal products in your diet and follow a vegan diet, your supplement should include vitamins D and B12 as well as iron and zinc.
- Eating a small serving of fish 2 times a week provides important nutrients for your baby. Canned light tuna, salmon, trout, and herring are the best choices to give your baby the neurobehavioral benefits of an adequate intake of an important fat called DHA.
- It is best to avoid 4 kinds of fish that are high in mercury. These fish are tilefish, shark, swordfish, and king mackerel.
- Consuming small amounts of protein-containing foods, like lean meat, poultry, dairy products, beans and peas, eggs, processed soy products, and nuts and seeds, every day is recommended.
Formula-Feeding Guidance

If parents feel that 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 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 he drink at a feeding? Have you offered your baby anything other than formula? What questions or concerns do you have about the formula, such as cost, preparation, and nutrient content?

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

- 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 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.
- 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 of developing early tooth decay.
- Never heat a bottle in a microwave. If you wish to warm a bottle, a hot water bath is recommended.
Car Safety Seats

Review car safety seat guidelines with the parents.

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

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. When it hits a car safety seat, it causes serious injury or death.
- 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.
- Your own safe driving behaviors are important to the health of your children. Use a seat belt at all times, do not drive after using alcohol or drugs, and do not text or use mobile devices while driving.

For information about car safety seats and actions to keep your baby safe in and around cars, visit www.safercar.gov/parents.


Toll-free Auto Safety Hotline: 888-327-4236
Safe Sleep

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. A pacifier should be offered when the baby is falling asleep. At the same time, health care professionals should be aware of parents’ cultural traditions and beliefs about infant sleep and sleep location.

Sample Questions

Where does your baby sleep? What position does your baby sleep in? Is your baby having any difficulty sleeping on her back? Do you provide your child with a pacifier when she falls asleep? Where does your baby sleep when in child care?

Anticipatory Guidance

- Don’t forget to reduce the risk of sudden infant death, by following “back to sleep” and “tummy to play.” Make sure that any others who put your baby down to sleep also follow back to sleep.
- Your baby should sleep in your room in her own crib, but not in your bed.
- Offer your baby a pacifier when she is falling asleep.
- The room temperature should be kept comfortable. Make sure your baby doesn’t get too warm or cold while sleeping.
- If possible, use a crib purchased after June 28, 2011, as cribs sold in the United States after that date are required to meet a new, stronger safety standard. If you use an older crib, choose one with slats that are no more than 2 3/8 inches (60 mm) apart and with a mattress that fits snugly, with no gaps between the mattress and the crib slats. Drop-side cribs should never be used.
- If you choose a mesh play yard or portable crib, consider choosing one that was manufactured after a new, stronger safety standard was implemented on February 28, 2013. If you use an older product, the weave should have openings less than ¼ inch (6 mm) and the sides should always stay fully raised.
- If your baby is cared for by others, such as in a child care setting or with a relative, be sure to emphasize the importance of safe sleep practices with that caregiver.
Safe Home Environment: Burns, Drowning, and Falls

As the baby develops more fine and gross motor skills, it is important to review with the parents how to keep the home environment safe. Discuss the importance of not leaving the baby alone in a tub of water—even for a second—even when using a bath seat. Also, the baby should never be left unattended in high places, such as changing tables, beds, sofas, or chairs.

Safety issues apply to all homes where the baby spends time, including child care and at grandparents’ and friends’ homes.

Sample Question
Have you made any changes in your home to keep your baby safe?

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, even for a moment. A bath seat or bath ring is not a safety device and is not a substitute for adult supervision. Your baby 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 babies are in or around water.
- Leaving the baby on a changing table, couch, infant seat, or bed is never safe because of your baby’s ability to roll or push off. At this age, your baby’s legs are getting stronger now and her newborn reflexes that prevent rolling over are gradually fading away. Because your baby is now bigger and stronger, it is important to always keep one hand on the baby when changing diapers or clothing on a changing table, couch, or bed, especially as she begins to roll over.
- Do not put your baby in a bouncy seat, recliner, or positioning seat on an elevated surface like a counter top or coffee table. Keep these devices on the floor when they are in use.
The relationship between parents and their 4-month-old is pleasurable and rewarding. The baby’s ability to smile, coo, and laugh encourages her parents to talk and play with her. Clear and predictable cues from the infant are met with appropriate and predictable responses from her parents, promoting mutual trust. During this period, the infant masters early motor, language, and social skills by interacting with those who care for her.

The infant’s fussiness should begin to decrease as she develops self-consoling skills and improved self-regulation. If crying is still a concern, parents need additional specific strategies for calming their baby. An irritable child who cries frequently or does not sleep through the night may clash temperamentally with a family that values regularity and tranquility. 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 her, the 4-month-old raises her body from a prone position with her arms and holds her head steady. She may be so interested in her world that she sometimes refuses to settle down to eat. She may stop feeding from the breast or bottle after just a minute or so to check out what else is happening in the room. Parents may need to feed her in a quiet, darkened room for the next few weeks.

Milk is still sufficient nutrition, but parents may begin to ask about introducing solid foods. Infants become developmentally ready to start eating solid foods by about 6 months of age. Keep in mind that every baby is different and if a baby was born premature, her adjusted age should be used for any recommendations. Parents may have been told to start giving their babies cereal and other solid foods much earlier in life, often in an attempt to help their babies sleep longer at night, despite evidence to the contrary. Some families may wish to begin introducing solid foods before 6 months of age because the baby’s ability to become an active participant in eating solid foods is growing, as is her physiological ability to handle these foods.

As key social and motor abilities become apparent at 4 months of age, 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 the child care arrangements be of high quality and work well for both the infant and the family. 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.
Priorities for the 4 Month 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:

- Social determinants of health* (risks [environmental risk: lead] strengths and protective factors [family relationships and support, child care])
- Infant behavior and development (infant self-calming, parent-infant communication, consistent daily routines, media, playtime)
- Oral health (maternal oral health, teething and drooling, good oral hygiene [no bottle in bed])
- Nutrition and feeding (general guidance on feeding, feeding choices [avoid grazing], delaying solid foods, breastfeeding guidance, supplements and over-the-counter medications, formula-feeding guidance)
- Safety (car safety seats, safe sleep, safe home environment)

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*Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.*
Health Supervision

The *Bright Futures Tool and Resource Kit* contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

**History**

*The interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice.*

**General Questions**
- Do you have any concerns, questions, or problems you would like to discuss today?
- How are you feeling today?
- How is your family doing? Siblings?
- What changes have you noticed in your baby?
- How are feeding and sleep going?
- What are you doing to keep your baby safe and healthy?
- What are some of the most enjoyable times of day now with your baby? What are some of the most challenging times of day?

**Past Medical History**
- Has your infant received any specialty or emergency care since the last visit?

**Family History**
- Has your child or anyone in the family, such as parents, brothers, sisters, grandparents, aunts, uncles, or cousins, developed a new health condition or died? *If the answer is Yes:* Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If the person is no longer living, ask about the age at the time of death.

**Social History**
- See the Social Determinants of Health priority in Anticipatory Guidance for social history questions.
Surveillance of Development

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

Clinicians using the Bright Futures Tool and Resource Kit Previsit Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. (For more information, see the Promoting Healthy Development theme.)

Social Language and Self-help

Does your child

- Laugh aloud?
- Look for you or another caregiver when upset?

Verbal Language (Expressive and Receptive)

Does he

- Turn to voices?
- Make extended cooing sounds?

Gross Motor

Does she

- Support herself on elbows and wrists when on stomach?
- Roll over from stomach to back?

Fine Motor

Does he

- Keep his hands unfisted?
- Play with fingers in midline?
- Grasp objects?
Review of Systems

The Bright Futures Infancy Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done by asking the following questions:

Do you have concerns about your infant’s

- Head
  - Shape
- Eyes
  - Discharge
- Ears, nose, and throat
- Breathing
- Stomach or abdomen
  - Vomiting or spitting
  - Bowel movements
  - Belly button
- Genitals or rectum
- Skin
- Development
  - Muscle strength, movement of arms or legs, any developmental concerns

Observation of Parent-Infant Interaction

During the visit, the health care professional acknowledges and reinforces positive parent-infant interactions and discusses any concerns. Observation focuses on

- Do the parents respond to their baby through mutual gaze, talking, smiling, holding, cuddling?
- How do the parents respond to their infant’s cues and what is the infant’s response to the parents?
- How do the parents attempt to comfort their baby when crying? Are they successful?
- Do the parents attend to and support their infant during the examination?
- How do the parents interact with each other?
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 an infant this age:

- **Measure and plot on appropriate WHO Growth Chart**
  - Recumbent length
  - Weight
  - Head circumference
  - Weight-for-length

- **Skin**
  - Inspect for skin lesions, birthmarks, and bruising.

- **Head**
  - Palpate for positional skull deformities.

- **Eyes**
  - Examine pupils for opacification and red reflexes.
  - Assess visual acuity using fixate and follow response.

- **Heart**
  - Auscult for heart murmurs.
  - Palpate femoral pulses.

- **Musculoskeletal**
  - Assess for developmental hip dysplasia by examining for leg length discrepancy, thigh-fold asymmetry, and appropriate abduction.

- **Neurologic**
  - Evaluate tone, strength, and symmetry of movements.
  - Diminishing primitive reflexes.


### Screening

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⁹ See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.

### Immunizations

Infants younger than 6 months are at risk of complications from influenza, but are too young to be vaccinated for seasonal influenza. Encourage influenza vaccine for caregivers of infants younger than 6 months and recommend pertussis immunization (Tdap) for adults who will be caring for the infant.

**Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.**

CDC National Immunization Program: [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

AAP Red Book: [http://redbook.solutions.aap.org](http://redbook.solutions.aap.org)
The following sample questions, which address the Bright Futures 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 infant and family. Tools and handouts to support anticipatory guidance can be found in the *Bright Futures Tool and Resource Kit*.

**Risks: Environmental Risk (Lead)**

Explain the risks of lead and discuss strategies for minimizing this risk. It is important to plan for creating a safe environment for the infant as mobility increases and he spends more time on the floor.

Work-related exposures, such as working in a battery plant, or home-related exposures, such as renovating an old home that has lead-based paint, can bring lead into the home through the clothing or body of the person doing the work.

**Sample Questions**

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

*Do you or anyone else in your household work outside the home in an environment where there might be concerns about exposure to harmful substances, such as lead?*

**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.

- Lead dust can come into your home on your clothes or body of people who work with lead. After someone finishes a task that involves working with lead-based products, such as renovating older housing, stained glass work, bullet making, or using a firing range, they should change their clothes before they enter the home and shower as soon as they return home. Women who are breastfeeding should avoid activities that involve working with lead.
Strengths and Protective Factors: Family Relationships and Support

Usually by the time their infant is 4 months old, parents are truly enjoying their role as parents and beginning to gain confidence in their ability to care for their infant. Parents who are juggling work or school and child care and parenting may be less likely to find this time as enjoyable and may begin to feel the stress of their many responsibilities. Staying in touch with family and friends helps to avoid social isolation. Inquire about who helps them with their child. If fewer than 3 sources of help are offered, ask parents what family lives nearby, and about neighbors with children and friends from work, faith-based groups, or child care.

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 able to find time alone? Who helps you care for your infant? How are your other children doing? Do you spend time with each of them individually? Who helps you take care of your baby?

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.
- If you have few people in your family or at home who can help you care for your child, consider asking neighbors with children, friends from work, faith-based groups, or child care providers.
Strengths and Protective Factors: Child Care

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 Part C. 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?

How are your child care arrangements working out for you? Do you feel they are supporting your efforts to breastfeed your baby? Do they give you a daily report on your baby’s activities, including feeding, elimination, sleep, and playtime?

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.
- Getting a report from your child care provider helps you to stay connected to your child during his day. This also helps you to continue with the same routine and schedule. When it works for you, observe your baby and spend time at the child care setting. This may reassure you about the care he is getting.
Infant Self-calming

Four-month-olds 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. Swaddling is no longer recommended at this age, with evidence that it increases the risk of suffocating, leading to SUID.

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 or other caregivers 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 she is fed, clean, and safe and you are beginning to get upset and frustrated, put the baby in her 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.

Parent-Infant Communication

As parents learn about their infant through observing her behaviors, they are able to respond appropriately to her 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 she relates to the world. To demonstrate this watchful wonder, 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 her? What does your partner enjoy most about her? What do you think your baby is trying to tell you when she cries, looks at you, turns away, or smiles?
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 she responds to you and the world around her, you become the expert on your baby and the best way to meet her needs.
- As you begin to understand and recognize your infant's 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.
- It is important to know that an infant cannot be "spoiled" by holding, cuddling, and rocking her, or 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.

Consistent Daily Routines

To receive adequate calories, most 4-month-olds 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 effect on sleep, typical sleep patterns, ways to establish a good sleep routine, and the overall relationship among 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, although actually having a longer stretch of sleep for 5 to 6 hours is more typical.

Parents who describe infants with inconsistent and unpredictable behaviors, or parents who are unable to describe 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.

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

- Creating a 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 herself to sleep by placing her in her crib when she is drowsy, talking gently to her, and even patting her to sleep.
- Continuing to provide regular structure and routines for the baby will increase her sense of security.
Media

As more families and children have access to, and exposure to, digital media, it is important to assess for the use of such devices and offer guidance regarding media in the home. Discuss alternatives to infants watching TV. Discourage any TV, computer, tablet, smartphone, or viewing or play for children at this age.

Sample Question

Is there a TV or other digital media device on in the background while your baby is in the room?

Anticipatory Guidance

- Babies this young should not watch TV or videos. Some parents try to calm their fussy babies by sitting them in front of a TV show or video, but this may make them fussier in the long run, and doesn’t help them learn ways to soothe themselves. Try other ways to soothe your baby when she is fussy, such as taking a walk, holding her in a carrier, decreasing the amount of stimulation and noise in the home, or using infant massage; or, ask someone else to hold the baby and take a break.

- Having a TV on in the background can distract you from reading your baby’s cues. Reading infant cues is important to learning about your baby’s patterns of behavior and developing sensitive interactions with the baby. These interactions between you and your baby are crucial for language, cognitive, and emotional development.

Playtime

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.

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.

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 her ability to move on her own, parents must begin to use extra caution about protecting her 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 she 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? How would you describe your baby’s personality? How does she act around other people? Is she responsive or withdrawn with family members?
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 she is placed on her back, she can reach for the toys or kick them with her feet. Another choice is a colorful blanket, a mirror, or toys for her to look at when she is on her tummy. Make sure your baby has safe opportunities to explore her environment.

- Babies at 4 months of age 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, even for a short time, will help provide some time to accomplish your other responsibilities.
Maternal Oral Health

Most parents are not aware that their own oral health has an effect 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 tooth decay, also called dental caries, 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 careful care of your teeth through brushing and flossing, and use a fluoridated toothpaste or rinse.

Teething and Drooling

Teething typically begins between 4 and 7 months of age. This is an appropriate time to address the family’s concerns. Describe the teething syndrome and its management.

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, not frozen, teething ring may help ease his discomfort. Talk with me if his symptoms persist.
Good Oral Hygiene (No Bottle in Bed)

Discuss with parents the care of the infant’s mouth and gums to prevent dental caries in their baby’s primary teeth.

Sample Questions
Your baby will be getting his first tooth soon, if he has not already. Do you know how to keep his teeth clean? What are you doing now to care for your baby’s mouth and gums?

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 to graze, meaning drinking from a bottle at will during the day. When you begin feeding your baby, at around 6 months of age, avoid baby foods or juices that are sucked out of a bag or pouch. A baby’s teeth and gums will be in contact with the pureed food longer than necessary, which can lead to tooth decay. It’s always best to use a spoon.
- Use a soft cloth or soft toothbrush with tap water and a small smear of fluoridated toothpaste, no more than a grain of rice, to gently clean your baby’s gums and any teeth that develop. This should be done twice a day—after the baby’s last feeding before nighttime sleep, and then again in the morning.
General Guidance on Feeding

At age 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 she 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 for about the first 6 months of life. For those infants who are not breastfed, iron-fortified formula is the recommended substitute.
- Formula-fed infants do not need vitamin supplements if the formula is fortified with iron and the baby is consuming an adequate volume of formula for appropriate growth.

Feeding Choices (Avoid Grazing)

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 caused by 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 suckling, 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 solid foods. Solid foods are not recommended until about 6 months of age.

Vitamin D (400 IU) supplements are recommended for all breastfed infants, but are not needed for formula-fed infants because vitamin D is present in the formula. Some preterm infants will require supplementation of additional vitamins.

Oral iron supplementation (1 mg/kg/day) should be provided to exclusively breastfed infants beginning at 4 months of age and should continue until iron- and zinc-rich complementary foods (baby meats and...
iron-fortified cereals) are introduced. It may take 1 to 2 months following introduction of these foods for infants to consume sufficient iron from complementary foods alone. Red meat is a better source of iron than iron-fortified cereals for older infants because a higher percentage of the iron in red meat is absorbed.

At 4 months, babies become very interested in their environment and it is not uncommon for them to vigorously begin a feeding and then become distracted by siblings or other activities in the environment and not complete a feeding. However, in an hour or so they begin to fuss because they are hungry again.

**Sample Questions**

*How long does a typical feeding last now? How long between feedings? Do you feel that your baby finishes a feeding in one sitting or eats small amounts and then is hungry again in about an hour? Are you continuing to provide vitamin D?*

**Anticipatory Guidance**

- It is important for you to help your baby avoid getting into the habit of grazing or snacking and then crying to be fed again soon. For breastfed babies, this may not be uncommon, however, when they are going through a growth spurt. The difference is that a growth spurt does not usually last more than a week.
- Be sure to continue your baby’s vitamin D supplement. An iron supplement is now also necessary and we will begin it today.
- To help your baby finish a feeding, it may help to find a quiet and less distractible environment.
- In addition, because your baby loves to see your face, watch your expressions, and hear your voice, you can be the most interesting thing to watch while feeding. Position your baby so that she can see your face, and talk with her about her feeding, what is going on around her, and what will happen during the day. You can use touch, changes in your voice, and even slight changes in her position to help her refocus on feeding.

**Delaying Solid Foods**

At 4 months of age, human milk or formula remains the best food for babies. Solid feeding is discouraged until about 6 months of age.

**Sample Question**

*Have you thought about when you will know that your baby is ready to begin solid foods?*

**Anticipatory Guidance**

- Exclusive breastfeeding for about the first 6 months of life provides ideal nutrition and supports the best possible growth and development.
- 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 she is developmentally ready, which is at about 6 months of age.
- Usually, healthy babies do not require extra water. On very hot days with no air conditioning, she will benefit from some extra water. Breast milk and formula, when properly prepared, are adequate to meet your baby’s fluid needs. Juice is not recommended.
Breastfeeding Guidance

Commend mothers who are still breastfeeding. Reinforce that exclusive breastfeeding is the ideal source of nutrition for about the first 6 months of age, followed, as solid foods are introduced, by continued breastfeeding for 1 year or longer as mutually desired by the mother and child.

Discuss how demand for more frequent breastfeeding is usually related to an infant’s growth spurt and is nature’s way of increasing human 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 solid foods.

Counsel mothers on safe storage of human 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 she is breastfeeding more often or for longer periods of time? How can you tell whether your baby is satisfied at the breast? Has she 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.

As your baby gets closer to 6 months of age, you may begin to see signs that she is ready for solid foods.

Supplements and Over-the-counter Medications

Medications and supplements often pass through the human milk to the baby. It is important to know what supplements and over-the-counter medications mothers are taking. Assess their safety for the infant.

Sample Question

Do you take any supplements, herbs, vitamins, or medications?

Anticipatory Guidance

It is important to tell me about any medications, supplements, herbs, or vitamins you may be taking. This information will help me give you the best care and advice since you are breastfeeding. However, some medications may decrease your milk supply. Knowing what you are taking helps me determine whether they are safe with medications or treatments your baby might receive.

Most medications are compatible with breastfeeding, but should be checked on an individual basis.
**Formula-Feeding Guidance**

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 8–12 times in 24 hours).

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

The usual amount of formula for a 4-month-old 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, such as cost, preparation, and 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 underfeeding or overfeeding. Overfeeding can lead to spitting up. Holding your baby during feeding also helps you understand the meaning of her 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 your baby developing tooth decay, do not prop the bottle.
- If you have concerns about the cost of formula now that your baby is drinking larger amounts, you may want to contact community resources, like WIC, that can provide formula for your baby.
- Never heat a bottle in a microwave. If you wish to warm a bottle, a hot water bath is recommended.
Car Safety Seats

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 seat belts at all times and not driving under the influence of alcohol or drugs) are important to the health of their children.

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 car safety seat to a convertible car safety seat?

Anticipatory Guidance

- The back seat is the safest place for babies and children to ride. 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.
- 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. When it hits a car safety seat, it causes serious injury or death. Keep your baby’s car safety seat rear facing in the back seat of the vehicle until your baby is 2 years of age or until he reaches the highest weight or height allowed by his car safety seat’s manufacturer.
- When your baby outgrows the weight or height limit of a rear-facing-only seat, switch to a convertible seat used rear facing. Convertible seats can be used rear facing to higher weights and heights.
- 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 seat belt at all times, do not drive after using alcohol or drugs, and do not text or use mobile devices while driving.

For information about car safety seats and actions to keep your baby safe in and around cars, visit www.safercar.gov/parents.


Toll-free Auto Safety Hotline: 888-327-4236
**Safe Sleep**

Remind parents of the continuing importance of “back to sleep, tummy 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 safe sleep and back to sleep and tummy time to play?*

**Anticipatory Guidance**

- Continue to put your baby to sleep on his back to reduce the risk of sudden infant death, but, if he rolls in his sleep, it is not necessary to return him to his back. Relatives and child care providers should be reminded to follow the same practice.
- To reduce the risk of suffocation, do not put loose, soft bedding, such as blankets, quilts, sheepskins, comforters, pillows, and bumpers or soft toys, in the crib.
- Be sure your baby’s crib is safe both at home and at the babysitter’s home. It is best to use a crib made after June 28, 2011, that meets the newest safety standard. If you must use an older crib, the slats should be no more than 2 3/8 inches (60 mm) apart. The mattress should be firm and fit snugly into the crib. Drop-side cribs should not be used.
- Lower the crib mattress before the baby can sit up by himself.
- If you choose a mesh play yard or portable crib, consider choosing one that was manufactured after a new, stronger safety standard was implemented on February 28, 2013. If you use an older product, the weave should have openings less than ¼ inch (6 mm) and the sides should always stay fully raised.

**Safe Home Environment**

As the baby develops more fine and gross motor skills and becomes more active, it is important to review with parents how to keep the home environment safe. 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? Have you made any changes in your home to help keep your baby safe?*

**Anticipatory Guidance**

- **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.
- Drinking hot liquids, cooking, ironing, smoking cigarettes, or using e-cigarettes while holding your baby puts him 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 he develops skills with reaching.
- Always keep one hand on your baby when changing diapers or clothing on a changing table, couch, or bed, especially as he begins to roll over. Falls are the most common reason for emergency department visits for injury.
- A baby should not be left alone for even a second in a tub of water, even if using a bath 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.
- 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 play yard, crib, or stationary activity center, or buckled into a high chair.
Parents cherish their interactions with their social 6-month-old, 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 are social and emotional. A 6-month-old likes and needs 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 6 to 8 months, he may appear to be afraid of new people.

The 6-month-old can sit with support, and he smiles or babbles with a loving adult. He may have a block, toy, or book 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 may attempt to 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 also can stand with help and enjoys bouncing up and down in the standing position. He may rock 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 needs formal developmental assessment and referral to early intervention, as well as increased health supervision, and he may need more nurturance.

Over the next few months, as the infant develops an increasing repertoire of motor skills for mobility, such as crawling and pulling to a stand, 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 6 Month 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:

- Social determinants of health* (risks [living situation and food security; tobacco, alcohol, and drugs; parental depression], strengths and protective factors [family relationships and support, child care])
- Infant behavior and development (parents as teachers, communication and early literacy, media, emerging infant independence, putting self to sleep, self-calming)
- Oral health (fluoride, oral hygiene/soft toothbrush, avoidance of bottle in bed)
- Nutrition and feeding (general guidance on feeding, solid foods, pesticides in vegetables and fruits, fluids and juice, breastfeeding guidance, formula-feeding guidance)
- Safety (car safety seats, safe sleep, safe home environment: burns, sun exposure, choking, poisoning, drowning, falls)

*Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
Health Supervision

The Bright Futures Tool and Resource Kit contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

History

The interval history may be obtained according to the concerns of the family and the health care professional's preference or style of practice.

General Questions

- How are things going for you and your family?
- What questions or concerns do you have about your baby?
- What is working best for you in caring for your baby?
- What is most challenging?
- Are there differences in your views about the baby and those of your partner?

Past Medical History

- Has your infant received any specialty or emergency care since the last visit?

Family History

- Has your child or anyone in the family, such as parents, brothers, sisters, grandparents, aunts, uncles, or cousins, developed a new health condition or died? If the answer is Yes: Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If the person is no longer living, ask about the age at the time of death.

Social History

- See the Social Determinants of Health priority in Anticipatory Guidance for social history questions.
Surveillance of Development

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

Clinicians using the Bright Futures Tool and Resource Kit Previsit Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. (For more information, see the Promoting Healthy Development theme.)

Social Language and Self-help

Does your child

- Pat or smile at his reflection?
- Look when you call his name?

Verbal Language (Expressive and Receptive)

Does she

- Babble?
- Make sounds like “ga,” “ma,” or “ba”?

Gross Motor

Does he

- Roll over from back to stomach?
- Sit briefly without support?

Fine Motor

Does she

- Pass a toy from one hand to another?
- Rake small objects with 4 fingers?
- Bang small objects on surface?
**Review of Systems**

The Bright Futures Infancy Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done by asking the following questions:

Do you have concerns about your infant’s

- Head
  - Shape
- Eyes
  - Discharge
  - Cross-eyed
- Ears, nose, and throat
- Breathing
- Stomach or abdomen
  - Vomiting or spitting
  - Bowel movements
  - Belly button
- Genitals or rectum
- Skin
- Development
  - Muscle strength, movement of arms or legs, any developmental concerns

**Observation of Parent-Infant Interaction**

During the visit, the health care professional acknowledges and reinforces positive parent-infant interactions and discusses any concerns. Observation focuses on

- Are the parents and infant responsive to one another (e.g., 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?
- If the infant is given a book, what is the parents’ response (e.g., react with pleasure, show puzzlement, put book away)?
- Do parents appear to be happy, content, at ease, depressed, tearful, angry, anxious, fatigued, overwhelmed, or uncomfortable?
- Do the parents/partners support each other or show signs of disagreement?
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 an infant this age:

- **Measure and plot on appropriate WHO Growth Chart**
  - Recumbent length
  - Weight
  - Head circumference
  - Weight-for-length

- **Skin**
  - Inspect for skin lesions, birthmarks, and bruising.

- **Eyes**
  - Assess ocular mobility.
  - Examine pupils for opacification and red reflexes.
  - Assess visual acuity using fixate and follow response.

- **Heart**
  - Auscult for murmurs.
  - Palpate for femoral pulses.

- **Musculoskeletal**
  - Assess for developmental hip dysplasia by examining for leg length discrepancy, thigh-fold asymmetry, and appropriate abduction.

- **Neurologic**
  - Evaluate tone, strength, and symmetry of movements.
Screening

**Universal Screening** | **Action**
--- | ---
Depression: Maternal | Maternal depression screen
Oral Health | Administer the oral health risk assessment. Apply fluoride varnish after first tooth eruption.

**Selective Screening**

<table>
<thead>
<tr>
<th>Risk Assessment</th>
<th>Action if Risk Assessment Positive (+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>Children with specific risk conditions or change in risk</td>
</tr>
<tr>
<td>Hearing</td>
<td>+ on risk screening questions</td>
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<tr>
<td>Lead</td>
<td>+ on risk screening questions</td>
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<tr>
<td>Oral Health</td>
<td>Primary water source is deficient in fluoride.</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>+ on risk screening questions</td>
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<tr>
<td>Vision</td>
<td>+ on risk screening questions</td>
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* See the Evidence and Rationale 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: [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

AAP Red Book: [http://redbook.solutions.aap.org](http://redbook.solutions.aap.org)
Anticipatory Guidance

The following sample questions, which address the Bright Futures 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 infant and family. Tools and handouts to support anticipatory guidance can be found in the Bright Futures Tool and Resource Kit.

Priority

Social Determinants of Health

Risks: Living situation and food security; tobacco, alcohol, and drugs; parental depression

Strengths and protective factors: Family relationships and support, child care

Risks: Living Situation and Food Security

Parents in difficult living situations or with limited means may have concerns about their ability to obtain affordable housing, food, or other resources. Provide information and referrals, as needed, for community resources that help with finding quality child care, accessing transportation, getting a car safety seat or an infant crib so that the baby can sleep safely, or addressing issues such as financial concerns, inadequate or unsafe housing, or limited food resources. Public health agencies can be excellent sources of help because they work with all types of community agencies and family needs.

Sample Questions

Tell me about your living situation. Do you live in an apartment or a house? Is permanent housing a worry for you?

Do you have the things you need to take care of the baby, such as a crib, a car safety seat, and diapers? Does your home have enough heat, hot water, electricity, and working appliances? Do you have health insurance for yourself? How about for the baby?

Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last and you did not have money to get more?

Have you ever tried to get help for these issues? What happened? What barriers did you face?
Anticipatory Guidance
- Community agencies are available to help you with concerns about your living situation.
- Programs and resources are available to help you and your baby. You may be eligible for the WIC food and nutrition program, or housing or transportation assistance programs. Several food programs, such as the Commodity Supplemental Food Program and SNAP, the program formerly known as Food Stamps, can help you. If you are breastfeeding and eligible for WIC, you can get nutritious food for yourself and support from peer counselors.

Risks: Tobacco, Alcohol, and Drugs
The use of tobacco, alcohol, and other drugs has adverse health effects on the entire family. Focusing on the effect on health is often the most helpful approach and may help some family members with quitting or cutting back on substance use.

Sample Questions
Does anyone in your home smoke or use e-cigarettes? Are you worried about any family members and how much they smoke, drink, or use drugs?
How often do you drink beer, wine, or liquor in your household? 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?
Are you using marijuana, cocaine, pain pills, narcotics, or other controlled substances? Are you getting any help to cut down or stop your drug use?

Anticipatory Guidance
- It's important to keep your car, home, and other places where your child spends time free of tobacco smoke and vapor from e-cigarettes. Smoking affects your child by increasing the risk of asthma, ear infections, and respiratory infections.
- 800-QUIT-NOW (800-784-8669); TTY 800-332-8615 is a national telephone helpline that is routed to local resources. Additional resources are available at www.cdc.gov.
- Drug and alcohol cessation programs are available in our community and we would like to help you connect to these services.
**Risks: Parental Depression**

An estimated 10% to 20% of women struggle with major depression before, during, and after delivery of a baby. Fathers also may experience major depression in this period. A prior history of depression increases risk for both mothers and fathers. Parental depression has substantial personal consequences and interferes with quality of child-rearing, adversely affecting parent-infant interactions, maternal responsiveness to infant vocalizations and gestures, and other stimulation essential for optimal child development.

**Sample Questions**

What are some of your best, and most difficult, times of day with the baby? How are you feeling emotionally? 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 alcohol, using herbs, or taking drugs to help make you feel less depressed, less anxious, less frustrated, and calmer? Who has been available to assist you at home? Who has been the most help to you?

**Anticipatory Guidance**

- Many mothers feel tired or overwhelmed with a new baby. These feelings should not continue, however. If you find that you are still feeling very tired or overwhelmed, or you are using over-the-counter or prescription medication, drugs, or alcohol to feel better, let your partner, your own health care professional, or me know so that you can get the help you need.

**Strengths and Protective Factors: Family Relationships and Support**

As the infant becomes increasingly awake and alert and demands attention, parents may find new challenges in balancing responsibilities with wanting to interact with a responsive and engaging infant. Mothers may find that family support systems that were available earlier are less available now. It is important to periodically review the family’s living circumstances and familial relationships, and who is currently responsible for decision-making and caregiving to the child and family. Remind parents it is OK to ask for help and to be specific in expressing their needs to family and close friends.

**Sample Questions**

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

- When you are feeling stressed or overwhelmed, you need to be able to use the 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.
- If your family is living with others, such as elders or those who are helping you from being homeless, or if you are a teen parent living with your parents, you may have little control over your environment and caregiver roles and responsibilities. If you are in this situation, you can talk to me about things you can do to reduce the stress and make the most of your circumstances.
Strengths and Protective Factors: Child Care

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.
Parent as Teachers

Parents' expectations about their infant's development should evolve as the parent-infant attachment evolves, particularly 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 their role as teachers and the importance of using appropriate behavioral management strategies appropriate 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 board books that cannot be damaged by the infant's ripping or chewing.

Sample Questions

How do you think your baby is learning? Does he 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 of age, 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.

Communication and Early Literacy

As the baby matures, parents will need to expand their strategies to support their child's neurobehavioral maturation, self-regulation, and ability to tolerate specific sensory stimuli. 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

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 particular stimulation? Does he seem to get anxious or easily upset? If yes: What things seem to trigger these reactions?

How does your baby communicate or tell you what he wants and needs? With gestures? Does he point? What sounds is your baby making, such as “ga,” “ma,” “ba”?

How does your baby respond when you look at books together?
**Anticipatory Guidance**

- Your baby’s temperament and sensory processing and how they affect the way he relates to the world will become more evident at 6 months of age. Understanding your baby’s temperament will help you respond to his needs and fussy behaviors appropriately.
- 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.
  - Talk with your baby during routine activities.
  - Play music and sing.
  - Imitate vocalizations.
  - Play games such as pat-a-cake, peekaboo, and “so big.”
- Place your baby in your lap and look at picture books together. Point to and name things in the book. Respond if he pats a picture or turns a page.
- Anticipate short attention spans.

**Media**

As more families and children have access to and exposure to digital media, it is important to assess for the use of such devices and offer guidance regarding media in the home.

**Sample Questions**

*How much time each day does your baby spend watching TV or playing on a tablet, smartphone, or other digital device? Is there a TV or other digital media device on in the background while your baby is in the room?*

**Anticipatory Guidance**

- Babies may start to seem interested in mobile devices and TV at this age, but it is mostly because they are attracted to the lights and sounds, and because they are naturally interested in whatever their caregivers are paying attention to.
- Research shows that babies this age cannot learn information from screens, even though many toys and videos claim to teach babies skills. Babies learn by interacting with caregivers; being read, talked, and sung to; and exploring their environment by grabbing, mouthing, crawling, and cruising. Make special time for this tech-free type of play every day.
- Most babies are starting to eat sitting in high chairs now. Make this an opportunity for face-to-face learning interactions. Don’t have the TV or other digital media on during meals, which distracts babies from learning.
- Starting healthy media habits now is important, because they are much harder to change when children are older.
Emerging Infant Independence

Consistent and predictable daily routines help infants develop their own self-regulation in the first year of life, which leads to better self-regulation later. Parents who cannot 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 care 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.

Putting Self to Sleep

By 6 months of age, some, but not all, babies are sleeping for longer stretches at night (6–8 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.

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 to console himself. 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 families.

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.
**Self-calming**

At 6 months of age, infants may still have periods of fussiness and irritability. Remind parents that the baby is not trying to make them angry—he is just having a rough time and still needs someone to be there. Parents can ask a family member, neighbor, or trusted friend to stay with the crying baby for a few minutes to allow the parent to take a break.

Review the importance of protecting an infant’s head even though the baby has head control. 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 or other caregivers 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 of age, 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.
- You can ask a family member, neighbor, or trusted friend to stay with your crying baby for a few minutes to allow you to take a break. If you are alone, you can try putting the baby in his crib, closing the door, and checking on him every few minutes.
- By 6 months of age, 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.
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 to begin at 6 months of age.

Sample Questions
What have you thought about doing to protect your infant’s teeth during this first year? What are your plans for protecting your baby’s teeth? Where does your baby take her bottle? Do you continue to hold it for her?

Anticipatory Guidance
- All infants need a source of fluoride at 6 months. If your water does not contain fluoride, it is time to begin fluoride supplementation. Our local health department may be a resource for information about local community fluoride levels.
- Early dental care, with the eruption of the first tooth, means using a soft toothbrush or cloth to clean your baby’s teeth with a small smear of fluoridated toothpaste, no more than a grain of rice, twice a day—after the baby’s first feeding in the morning and then after the last feeding before nighttime sleep.
- Continue to hold your baby for bottle-feeding. Do not prop the bottle or let your baby graze, which means drinking from a bottle at will during the day.
- Putting your baby to bed with a bottle or grazing with a bottle containing juice, milk, or other sugary liquid will lead to tooth decay.
- Avoid baby foods or juices that babies suck out of a bag or pouch. A baby’s teeth or gums will be in contact with pureed food longer than necessary, leading to tooth decay. It’s always best to use a spoon.
- Avoid sharing a spoon or putting the pacifier in your mouth because this introduces your own bacteria into your baby’s mouth, which can contribute to tooth decay.
General Guidance 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 cultural or extended family beliefs about introduction of solid foods 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 he eat or drink? When you begin feeding him solid foods, where will he sit when you feed him? 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 about 6 months of life and then combining breast milk with solid foods from about 6 to 12 months of age provides the best nutrition and supports the best possible growth and development. You can continue breastfeeding for as long as you and your baby want.
- For infants who are not breastfed, iron-fortified infant formula, with the addition of solid foods after 6 months of age, is the recommended alternative through the first year of life.
- As you begin solid foods, it is important to feed your baby in a bouncy seat or high chair that is adjusted to support your baby's head, trunk, and feet, so you can look at each other. Your baby's arms also should be free, as this is his 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 he is still hungry and when he is full.
Responding appropriately to your baby’s behaviors during feedings lets him know that you understand his 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 he is responsible for deciding how much to eat.

**Solid Foods**

Parents need specific verbal or written guidance on the introduction of solid 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 and an oral vitamin D supplement (400 IU/day). Some breastfed infants may need an iron supplement.

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.

After the introduction of solid foods, the next few months are 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.

The WIC can provide information and guidance on introducing solid foods.

**Sample Questions**

- How are you planning to introduce solid foods, such as cereal, meats, fruits, vegetables, 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 solid foods to your baby’s diet is very individualized. Transitioning from breast milk or formula at about 6 months of age to table foods at 12 months of age involves a number of steps.
- A key step is to determine when your baby is ready for solid foods.
  - One of the signs that a baby is ready to eat solid foods is the fading of the baby’s tongue-thrust reflex. This is when the baby pushes food out of his mouth.
  - Another sign is that the baby can elevate his tongue to move pureed food to the back of his mouth and, as he sees a spoon approach, he opens his mouth in anticipation of the next bite. At this stage, your baby sits with arm support and has good head and neck control, so he can indicate a desire for food by opening his mouth and leaning forward.
  - He can tell you he’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.
- Good sources of zinc- and iron-rich foods include zinc- and iron-fortified infant cereal and pureed meats, especially red meats. One ounce (30 g) of infant cereal provides the daily iron requirement, particularly if you give it to him along with vitamin C–rich foods, such as fruit, which enhance iron absorption from the cereal. Some breastfed infants may need to continue oral iron drops.
Gradually introduce other pureed or soft fruits and vegetables after your baby has accepted zinc- and iron-fortified, single-grain infant cereal and/or pureed or soft meats. Offer solid food 2 to 3 times per day and let him 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 him to eat or finish foods.

Give your baby an initial taste of one of these foods at home rather than at day care or a restaurant. Most reactions occur in response to what is believed to be the initial try.

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.

The only foods to be avoided are raw honey or large chunks of food that could cause choking. Newer data suggest that the early introduction of all foods may actually prevent individual food allergies.

If your baby has no apparent reaction, introduce the food in gradually increasing amounts. Continue introducing other new foods in the same manner if no adverse reactions occur.

Giving your baby foods of varying textures, such as pureed, blended, mashed, finely chopped, and soft lumps, will help him 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 to eat.

### Pesticides in Vegetables and Fruits

Many families wonder whether they should choose organic fruits and vegetables over conventional to reduce pesticides exposure in their child's diet. The key message is to encourage vegetable and fruit consumption—eating a diet rich in a variety of fruits and vegetables, either conventional or organic, has well-established health benefits. Choosing organic fruits and vegetables can reduce exposures to pesticides in the diet.

**Sample Question**

What fruits and vegetables does your child eat?

**Anticipatory Guidance**

- The most important thing is to encourage your baby to eat a variety of vegetables and fruits.
- Wash vegetables and fruits before serving.
- Consider buying organic, if possible.
**Fluids and Juice**

Parents can begin offering sips of human 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 to limit juice to 2 to 4 oz of 100% juice in any one day and to avoid the use of sweetened drinks, such as sodas and artificially flavored “fruit” drinks that provide calories without other nutrients.

**Sample Question**

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

**Anticipatory Guidance**

- Give your baby only 2 to 4 oz of 100% juice in any one day, as it is not considered a snack or food. Avoid the use of sweetened drinks, such as sodas and artificially flavored fruit drinks that provide calories without other nutrients.

**Breastfeeding Guidance**

Congratulate the mother for continuing to breastfeed.

Weaning ages vary considerably from child to child. Although breastfeeding is recommended for at least 12 months, or longer as mutually desired by the mother and infant, some infants are ready to wean earlier. Refer mothers to breastfeeding support groups or a lactation consultant as needed for questions or concerns.

Vitamin D supplementation (400 IU per day) is recommended for all breastfed infants, but is not needed for formula-fed infants, as vitamin D is present in the formula. Some preterm infants will require supplementation of additional vitamins.

Oral iron supplementation (1 mg/kg/day) for exclusively breastfed infants should continue until iron- and zinc-rich complementary foods (baby meats and iron-fortified cereals) are introduced. It may take a month or two following the introduction of these foods for infants to consume sufficient iron from complementary foods alone. Red meat is a better source of iron than iron-fortified cereals for older infants because a higher percentage of the iron in red meat is absorbed.

**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? Are you continuing to provide vitamin D drops and iron drops? Does it seem like your baby is breastfeeding more often or for longer periods of time? How can you tell if he is satisfied at the breast? What are your plans for continuing to breastfeed?*
**Anticipatory Guidance**

- At 6 months of age, breast milk with solid foods 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.
- Be sure to continue your baby's vitamin D until your baby is taking at least 16 oz of vitamin D–fortified milk each day.
- Continue your baby's iron supplement until he is eating red meat or iron-fortified cereal every day.

**Formula-Feeding Guidance**

Older infants generally consume 24 to 32 oz of formula per day with solid food, but larger infants (6 months old, 90th percentile for weight) may take as much as 42 oz of formula per day without solid 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 he take at a feeding? Day feeding versus night feedings? Do you have any concerns about the formula, such as cost, preparation, or nutrient content?*

**Anticipatory Guidance**

- Continue to feed your baby when he 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 the cost of the formula is a concern, programs such as WIC or other community services may be able to help you.
- Never heat a bottle in a microwave. If you wish to warm a bottle, a hot water bath is recommended.
Car Safety Seats

If parents are concerned that their baby has outgrown her infant car safety seat or the infant has reached the maximum weight or height allowed for use of her rear-facing-only car safety seat, counsel them to switch to a rear-facing convertible or 3-in-1 car safety seat. These seats typically allow more room for the infant's legs and are designed to be used rear facing to higher weights and heights. Advise parents that their child should ride rear facing as long as possible, or at least to age 2 years. The rear-facing position offers the best possible protection to the infant's head, neck, and spine. Convertible and 3-in-1 car safety seats have weight and height limits that will accommodate even large toddlers up to 24 months rear facing.

Remind parents that their own safe driving behaviors (including using seat belts at all times, not driving under the influence of alcohol or drugs, and avoiding use of electronic devices while driving) are important to the health of their children.

Sample Question

How well does your baby fit in her rear-facing car safety seat?

Anticipatory Guidance

- The back seat is the safest place for all babies and children to ride.
- Keep your baby's car safety seat rear facing in the back seat of your vehicle until your baby is at least 2 years old.
- 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. When it hits a car safety seat, it causes 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. They should be in a 5-point harness at all times.
- Infants who reach the maximum height or weight allowed by their rear-facing-only car safety seat should use a convertible or 3-in-1 seat that is approved for use rear facing to higher weights and heights (up to 50 pounds and 49 inches, depending on the seat). Your baby will be safest if she rides rear facing to the highest weight or height allowed by the manufacturer.
- 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 seat belt at all times, do not drive after using alcohol or drugs, and do not text or use mobile devices while driving.
For information about car safety seats and actions to keep your baby safe in and around cars, visit www.safercar.gov/parents.


Toll-free Auto Safety Hotline: 888-327-4236

Safe Sleep

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

Sample Questions
Do you continue to place your baby on her back for sleep? Where does she sleep?

Anticipatory Guidance

- Continue to put your baby to sleep on her back to reduce the risk of sudden infant death, but, if she rolls in her sleep, it is no longer necessary to return her to her back. Relatives and child care providers should be reminded to follow the same practice. Bed sharing increases the risk of sudden infant death. Your baby should continue to sleep 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 before you go back to sleep.

- Be sure your baby’s crib is safe. It is best to use a crib made after June 28, 2011, that meets the newest safety standard. If you must use an older crib, the slats should be no more than 2 3/8 inches (60 mm) apart. The mattress should be firm and fit snugly into the crib, and drop sides should not be used.

- The crib mattress should be at its lowest point before the baby begins to stand. Keep bumpers, pillows, and other items out of the crib to prevent suffocation and so they cannot be used as steps over the crib railing to a fall.

- If you choose a mesh play yard or portable crib, consider choosing one that was manufactured after a new, stronger safety standard was implemented on February 28, 2013. If you use an older product, the weave should have openings less than ¼ inch (6 mm) and the sides should always stay fully raised.
Safe Home Environment: Burns, Sun Exposure, Choking, Poisoning, Drowning, Falls

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. No home is ever childproof, but parents can initiate changes to make the environment safer. This applies to all homes where the baby spends time, including child care and grandparents’ and friends’ homes.

Sample Questions
What other things are you doing to keep your baby safe and healthy? Do you spend time outside with your baby? Do you use a front or back carrier to carry her?

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. Never set a cup of coffee or any hot liquid on a table that is within your child’s reach.
- Don’t leave your baby alone, even for a second, in a tub of water, even if you use a bath seat. Never leave your baby alone on high places such as changing tables, beds, sofas, or chairs.
- Use appropriate barriers around space heaters, wood stoves, and kerosene heaters.
- Babies this age explore their environment by putting anything and everything into their mouths. **NEVER** leave small objects, electrical cords, or latex balloons within your baby’s reach.
- To prevent choking, limit finger foods to soft bits not much larger than a Cheerio. Infants and children younger than 4 years should not eat hard food like nuts or popcorn, compressible foods like hot dogs or marshmallows, or sticky foods like spoonfuls of peanut butter.
- 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 Help line at **800-222-1222** immediately. Post the number next to every phone and store it in your cell phone. Do not make your child vomit.
- 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 play yard, crib, or stationary activity center, or buckled into a high chair.
- Your baby may be able to crawl as early as 6 months of age. 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.
- Babies this age are not ready for formal swimming lessons. Although some programs claim to teach infants how to save themselves from drowning, there is no evidence that lessons for babies younger than 1 year reduce the risk of drowning. Such lessons may influence parents to be less vigilant around water, thinking that their baby can save herself from drowning, and are not recommended.
- The best sun protection is to avoid the sun. Your baby’s head and face are exposed in a front or back carrier. Always have her wear a hat. Apply sunscreen with an SPF greater than 15 to any exposed skin.
The 9-month-old has made some striking developmental gains and displays growing independence. She is increasingly mobile and will express explicit opinions about everything, from the foods she eats to her bedtime. These opinions often will take the form of protests. She will say, “No,” in her own way, from closing her mouth and shaking her head when a parent wants to feed her, to screaming when she finds herself alone. The baby also has gained a sense of object permanence (ie, she 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 her uncertainties about how the world works. Though certain that an unseen object exists, she is not yet fully confident that the out-of-sight object or the absent person will reappear. Her protests when a parent leaves show her attachment and her ability to fear loss. Her insecurity about the whereabouts of her parents may lead to night waking. Until this age, she was waking during her normal sleep cycle, but usually fell back to sleep. Many babies who were sleeping through the night revert to night waking. Knowing that this is a normal developmental stage may help parents accept the temporary return to earlier patterns.

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 infant’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 infant’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 9 Month 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:

- Social determinants of health (risks [intimate partner violence], strengths and protective factors [family relationships and support])
- Infant behavior and development (changing sleep pattern [sleep schedule], developmental mobility and cognitive development, interactive learning and communication, media)
- Discipline (parent expectations of child’s behavior)
- Nutrition and feeding (self-feeding, mealtime routines, transition to solid foods [table food introduction], cup drinking, plans for weaning)
- Safety (car safety seats, heatstroke prevention, firearm safety, safe home environment: burns, poisoning, drowning, falls)

* Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
Health Supervision

The Bright Futures Tool and Resource Kit contains Previsit Questionnaires to assist the health care professional in taking a history, conducting developmental surveillance, and performing medical screening.

History

The interval history may be obtained according to the concerns of the family and the health care professional’s preference or style of practice.

General Questions

- 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?
  - What works best for you to deal with these challenges?

Past Medical History

- Has your child received any specialty or emergency care since the last visit?

Family History

- Has your child or anyone in the family, such as parents, brothers, sisters, grandparents, aunts, uncles, or cousins, developed a new health condition or died? If the answer is Yes: Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If the person is no longer living, ask about the age at the time of death.

Social History

- See the Social Determinants of Health priority in Anticipatory Guidance for social history questions.
**Surveillance of Development**

**Do you or any of your baby’s caregivers have any specific concerns about your baby’s learning, development, or behavior?**

Clinicians using the *Bright Futures Tool and Resource Kit* Previsit Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. (*For more information, see the Promoting Healthy Development theme.*)

**Social Language and Self-help**

*Does your child*

- Use basic gestures, such as holding arms out to be picked up or waving bye-bye?
- Look for dropped objects?
- Play games like peekaboo and pat-a-cake?
- Turn consistently when name is called?

**Verbal Language (Expressive and Receptive)**

*Does he*

- Say *Dada* or *Mama* nonspecifically?
- Look around when you say things like “Where’s your bottle?” or “Where’s your blanket?”
- Copy sounds that you make?

**Gross Motor**

*Does she*

- Sit well without support?
- Pull to stand?
- Transition well between sitting and lying?
- Crawl on hands and knees?

**Fine Motor**

*Does he*

- Pick up food and eat it?
- Pick up small objects with 3 fingers and thumb?
- Let go of objects intentionally?
- Bang objects together?
Review of Systems

The Bright Futures Infancy Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done by asking the following questions:

Do you have concerns about your infant’s

- Head
  - Shape
- Eyes
  - Discharge
  - Cross-eyed
- Ears, nose, and throat
- Breathing
- Stomach or abdomen
  - Vomiting or spitting
  - Bowel movements
  - Belly button
- Genitals or rectum
- Skin
- Development
  - Muscle strength, movement of arms or legs, any developmental concerns

Observation of Parent-Infant Interaction

During the visit, the health care professional acknowledges and reinforces positive parent-infant interactions and discusses any concerns. Observation focuses on

- Do the parents respond to the infant’s cues?
- Do the parents stimulate the infant with language and play?
- Do the parents and infant demonstrate a reciprocal engagement while playing and around feeding and 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?
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 an infant this age:

- **Measure and plot on appropriate WHO Growth Chart**
  - Recumbent length
  - Weight
  - Head circumference
  - Weight-for-length

- **Head**
  - Palpate for positional skull deformities.

- **Eyes**
  - Assess ocular motility.
  - Examine pupils for opacification and red reflexes.
  - Assess visual acuity using fixate and follow responses.

- **Heart**
  - Auscult 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

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* See the Evidence and Rationale 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: [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

AAP Red Book: [http://redbook.solutions.aap.org](http://redbook.solutions.aap.org)
The following sample questions, which address the Bright Futures 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 infant and family. Tools and handouts to support anticipatory guidance can be found in the Bright Futures Tool and Resource Kit.

**Risks: Intimate Partner Violence**

Children who are exposed to intimate partner violence are at increased risk of adverse mental and physical health outcomes. Intimate partner 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 effect of violence on children and about community resources that provide assistance. Recommend resources for parent education and/or parent support groups.

To avoid causing upset to families by questioning about sensitive and private topics, such as family violence, alcohol and drug use, and similar risks, it is recommended to begin screening about these topics with an introductory statement, such as, “I ask all patients standard health questions to understand factors that may affect health of their child as well as their own health.”

**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 all my patients about it routinely. Do you always feel safe in your home? Has your partner, or another significant person in your life, ever hit, kicked, or shoved you, or physically hurt you or the baby? Are you scared that you or other caregivers may hurt the baby?*

*How do you stay calm and centered when things are getting overwhelming? 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, or another significant person in your life, is hitting or threatening you is to support you and provide information about local resources that can help you.
- You can also call the toll-free National Domestic Violence Hotline at 800-799-SAFE (7233).

Strengths and Protective Factors: Family Relationships and Support

The increasingly mobile infant brings joy to his parents with his new abilities to move around the home. Keeping him safe and entertained often leaves parents very little time for themselves. 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

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

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.
INFANCY
9 MONTH VISIT

Changing Sleep Pattern (Sleep Schedule)

At around 9 months of age, it is not unusual for infants who have been sleeping through the night to begin to awaken.

Sample Questions
What changes have you noticed in your baby's sleeping habits? Does she 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 her and settle her back to sleep. This routine can help your baby put herself back to sleep.
- As your baby begins to stand, it is important to lower the mattress in her crib to the lowest level before she learns to stand up in it. Make sure you don’t have bumper pads in the crib because she could use them as steps.

Developmental Mobility and Cognitive Development

The infant’s increasing mobility and independence, but also her referencing and looking over to see that the parent is still there for protection, are important developmental steps. Parents need to understand their baby’s temperament and how the family can adapt to it. If developmental or behavioral concerns exist, a referral to a local Early Intervention Program, often referred to as IDEA Part C, is appropriate to provide parents with education and counseling on strategies they may be able to implement during everyday routines that will support their infant’s continuing development.

Sample Questions
How is your baby getting around now? Do you have any concerns about her development or behavior? What have you noticed about changes in your baby’s behaviors around you and other people? How does she adapt to new situations, people, and places?
Anticipatory Guidance

- Your baby's gross motor skills, meaning her ability to control her 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 her so that she can always check to see that you are nearby.
- Sometimes, it's easy to think that your baby can do more than she's really able to do. Be realistic about her abilities at this age and set realistic, nonthreatening, enforceable limits.
- Your baby is eager to interact and play with other people as a way to develop interpersonal relationships. At the same time, at this age, she will show separation anxiety from you and other important caregivers. This anxiety is a sign of her strong attachment to you.
- Pay attention to the way your baby reacts and adapts to new situations and people. These reactions reflect her personality and temperament. To the extent possible, make these situations easy on your baby. For example, if she is a quiet baby who does not like a lot of noise and bustle, explain that to a person meeting her for the first time and ask the person to greet her in a calm and soothing way.

Interactive Learning and Communication

At this age, gestural communication, joint attention, and social referencing are being established. An infant who is 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. Parents are interested in learning about alternatives to screen time and media entertainment. Interactive entertainment, such as talking, reading, or playing games together or walking in the park, can be reinforced.

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 her eyes and putting things in her mouth to noticing cause and effect, imitating others, and understanding that objects she 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 she 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 her learn imitation. Peekaboo and hide-and-seek are great ways to help her understand object permanence, that things and people exist even if she can't see them. It is important to stimulate your child to develop these capacities by interacting with her.
- Your baby will now begin to use gestures, such as pointing, and vocalizations to let you know what she wants. She also will begin to show her preferences more clearly, such as refusing to eat certain foods by clearly turning away. It is important to respond to your baby’s efforts to communicate with you by acknowledging her 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.
Media

As more families and children have access to, and exposure to, electronic media, it is important to assess for the use of such devices and offer guidance regarding media in the home. Discuss alternatives to infants watching TV. Discourage any TV, computer, tablet, smartphone, or viewing or play for infants and children younger than 18 months. Media use can interfere with the parental interaction with young children that is essential for vocabulary and language development.9,10

Sample Questions

How much time each day does your baby spend watching TV or playing on a tablet, smartphone, or other digital device? Is there a TV or other digital media device on in the background while your baby is in the room?

Anticipatory Guidance

- Research shows that babies this age cannot learn information from screens, even though many toys and videos claim to teach babies skills. Babies learn by interacting with caregivers; being read, talked, and sung to; and exploring their environment by grabbing, mouthing, crawling, and cruising. Make special time for this tech-free type of play every day.
- Most babies are starting to eat sitting in high chairs now. Make this an opportunity for face-to-face learning interactions. Don’t have the TV on during meals, which distracts babies from learning.
- Starting healthy media habits now is important, because they are much harder to change when children are older.
- Consider making a family media use plan. A family media use plan is a set of rules about media use and screen time that are written down and agreed on by parents. Take into account not only the quantity but the quality and location of media use. Consider TVs, phones, tablets, and computers. Rules should be followed by parents as well as children. The AAP has information on how to make a plan at www.HealthyChildren.org/MediaUsePlan.
Parent Expectations of Child’s Behavior

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.

Sample Questions

What are your thoughts about discipline? How do you and your partner manage your child’s behavior? What are your strategies? 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 he 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 to balance stimulating an infant’s natural curiosity with protecting him from harm. 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.

- Use positive language to describe the behavior that is desired, as often as possible. For example, say, “Time to sit,” rather than, “Don’t stand.” This will give him 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 him.

- 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 among 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 important members of the family.
**Nutrition and Feeding**

**Self-feeding, Mealtime Routines, Transition to Solid Foods (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 solid foods and age 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 TV, 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-olds can be on the same eating schedule as the family.** This usually means breakfast, lunch, and dinner. The baby also should have 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, including 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 to eat.
Encourage your baby to drink from a cup with help. One hundred percent 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.

No foods need to be withheld except raw honey and chunks that could cause choking.

**Plans for Weaning**

The transition from a complete milk diet to a diet of solids and milk continues. Discuss plans for weaning or transitioning from formula to whole milk and from breast or bottle to cup. For babies receiving formula or human milk from a bottle, weaning can be done gradually, substituting 1 bottle with a cup of the liquid. As the infant approaches 12 months of age, most, if not all, bottles can be eliminated.

Because breastfeeding is recommended for the entire first year, weaning is usually delayed to after 12 months. However, some mothers report that their babies appear to be less interested in breastfeeding at around age 9 months. This is often remedied by breastfeeding in a quiet environment free of distraction. Alternatively, pumped human milk or infant formula (NOT cow’s milk) may be served from a cup, not a bottle.

**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.
- Your baby’s best source of nutrition at 9 months of age continues to be breast milk with solid food. Try to continue breastfeeding through the first year of the baby’s life, or for as long as both you and your baby want.
- If your baby is taking formula, it is recommended that it be your baby’s major milk source until her first birthday. Whole milk can be introduced after age 1 year.
- As you begin to wean your baby, consider starting with the least interesting bottle time (perhaps the naptime bottle). Gradually substitute the cup for other bottles.
- If your baby is used to being held during feeding, hold her while feeding with a cup.
Car Safety Seats

Parents may be tempted to prematurely change their 9-month-old's rear-facing car safety seat to a forward-facing seat as he outgrows the rear-facing-only car safety seat. Remind parents that the rear-facing position offers the best protection for the baby’s head, neck, and spine. Death and serious injury are significantly less likely for infants and young children who are rear facing compared with forward facing. Children should ride rear facing to the highest weight or height allowed for rear facing by the manufacturer of their convertible or 3-in-1 seat, until at least age 2 years. These seats have height and weight limits that can accommodate even large toddlers rear facing through the second year of life. Advise parents that it is not dangerous for their baby’s feet to touch the vehicle seat back. Lower extremity injuries are extremely rare among rear-facing children in crashes, but are common in forward-facing children, and toddlers are typically quite comfortable with their legs folded or propped up on the seat back.

Remind parents that their own safe driving behaviors (including using seat belts at all times, not driving under the influence of alcohol or drugs, and avoiding use of electronic devices while driving) are important to the health of their children.

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 all members in the family use a seat belt every time they ride in a vehicle?

Anticipatory Guidance

- 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. When it hits a car safety seat, it causes 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. They should be in a 5-point harness at all times.
- Keep your baby's car safety seat rear facing in the back seat of the vehicle until your baby is at least 2 years old. It is preferable to wait even longer, until the baby reaches the highest weight or height allowed by the manufacturer of the rear-facing seat.
- Children who reach the maximum height or weight allowed by their rear-facing-only car safety seat should use a convertible or 3-in-1 seat that is approved for use rear facing to higher weights and heights (up to 50 pounds and 49 inches, depending on the seat). Your baby will be safest if he rides rear facing to the highest weight or height allowed by the manufacturer.
Your baby should ride in the back seat. The back seat is the safest place to ride until your child is age 13 years.

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 seat belt at all times, do not drive after using alcohol or drugs, and do not text or use cell phones or other electronic devices while driving.

For information about car safety seats and actions to keep your baby safe in and around cars, visit www.safercar.gov/parents.


Toll-free Auto Safety Hotline: 888-327-4236

Heatstroke Prevention

Each year, an average of 37 children die of heatstroke after being left in cars that become too hot. More than half of the deaths are infants and children younger than 2 years. In most cases, the parent or caregiver forgot the child was in the car, often because there was a change in the usual routine or schedule. Additionally, some children have died while playing in the vehicle or after getting in the vehicle without the caregiver’s knowledge. Even very loving and attentive parents can forget a child in the car.

The temperature inside a car can rise to a dangerous level quickly, even when the temperature outside is as low as 60 degrees. Leaving the windows open will not prevent heatstroke. Because children have proportionally less surface area than adults and less ability to regulate internal temperature, their bodies overheat up to 5 times more quickly than adults’ bodies.

Sample Question

Every year, children die of heatstroke after being left in a hot car. Would you like to talk about creating a plan so this doesn’t happen to you?

Anticipatory Guidance

Never leave your baby alone in a car for any reason, even briefly.

Start developing habits that will help prevent you from ever forgetting your baby in the car. Consider putting an item that you need, like your purse, cell phone, or employee ID, in the back seat of the vehicle, so you will see your baby when you retrieve the item before leaving the car.

Check the back seat before walking away, every time you park your vehicle.
Firearm Safety

Review firearm safety with parents. The AAP recommends that firearms be removed from the places where children live and play. Parents who own firearms may be more receptive to this discussion when firearms are considered along with the other household hazards than when they are the sole focus of a discussion. Children cannot reliably be taught not to handle a firearm. Therefore, if the household where the child resides has a firearm, it is essential that firearms are kept out of the sight and reach of the child.

Sample Questions

Does anyone in your home have a firearm? If so, is the firearm unloaded and locked up? Is the ammunition stored and locked separately from the firearm? Have you considered not owning a firearm because of the danger to your child and other family members?

Anticipatory Guidance

- Homicide and suicide are more common in homes that have firearms. As your baby becomes more active, the potential dangers of a firearm become even greater. The best way to keep your baby safe from injury or death from firearms is to never have a firearm in the home.
- If it is necessary to keep a firearm in your home or if the homes of people you visit have firearms, they should be stored unloaded and locked, with the ammunition locked separately from the firearm.
- A young child’s curiosity will always outweigh any lessons about not touching a firearm, so it is essential that you keep firearms far out of the sight and reach of your baby.

Safe Home Environment: Burns, Poisoning, Drowning, Falls

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. No home is ever childproof, but parents can initiate changes to make the environment safer. This applies to all homes where the baby spends time, including child care and grandparents’ and friends’ homes.

Sample Question

Now that your baby 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 the edge of a stove or table.
- Use appropriate barriers around space heaters, wood stoves, and kerosene heaters.
- Keep electrical cords out of your baby’s reach. Mouth burns can result from chewing on the end of a live extension cord or on a poorly insulated wire.
- To prevent poisoning, keep household products, such as cleaners, chemicals, and medicines, locked up and out of your baby’s sight and reach. Make sure your baby does not have access to paint chips or chewable surfaces in a home built before 1978 because they may contain lead-based paint. Keep the number of the Poison Help line (800-222-1222) posted next to every telephone and saved in your cell phone.
The kitchen is the most dangerous room for children. A safer place for your baby while you are cooking, eating, or unable to provide your full attention is the play yard, crib, or stationary activity center, or buckled into a high chair.

Watch your baby constantly whenever he is near water. He 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 babies are in or around water.

Do not let young brothers or sisters watch over your infant in the bathtub, house, yard, or playground.

Empty buckets, tubs, or small pools immediately after you use them.

To prevent your baby from falling out of a window, 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.

Use safety straps to secure bookshelves, dressers, floor lamps, and other tall furniture as well as TVs to the wall. As your baby learns to stand and climb, he could pull the furniture down on himself and be crushed. Even heavy furniture can tip over if not secured to the wall.

References