BRIGHT FUTURES HANDOUT ▶ PARENT

1 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.



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HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community
 agencies and programs such as WIC and SNAP can also provide information
 and assistance.
- Ask us for help if you have been hurt by your partner or another important person in your life. Hotlines and community agencies can also provide confidential help.
- Tobacco-free spaces keep children healthy. Don't smoke or use e-cigarettes.
 Keep your home and car smoke-free.
- Don't use alcohol or drugs.
- Check your home for mold and radon. Avoid using pesticides.



FEEDING YOUR BABY

- Feed your baby only breast milk or iron-fortified formula until she is about 6 months old.
- Avoid feeding your baby solid foods, juice, and water until she is about 6 months old.
- Feed your baby when she is hungry. Look for her to
 - Put her hand to her mouth.
 - Suck or root.
 - Fuss.
- Stop feeding when you see your baby is full. You can tell when she
 - Turns away
 - Closes her mouth
 - Relaxes her arms and hands
- Know that your baby is getting enough to eat if she has more than 5 wet diapers and at least 3 soft stools each day and is gaining weight appropriately.
- Burp your baby during natural feeding breaks.
- Hold your baby so you can look at each other when you feed her.
- Always hold the bottle. Never prop it.

If Breastfeeding

- Feed your baby on demand generally every 1 to 3 hours during the day and every 3 hours at night.
- Give your baby vitamin D drops (400 IU a day).
- Continue to take your prenatal vitamin with iron.
- Eat a healthy diet.

If Formula Feeding

- Always prepare, heat, and store formula safely. If you need help, ask us.
- Feed your baby 24 to 27 oz of formula a day. If your baby is still hungry, you can feed her more.

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HOW YOU ARE FEELING

- Take care of yourself so you have the energy to care for your baby. Remember to go for your post-birth checkup.
- If you feel sad or very tired for more than a few days, let us know or call someone you trust for help.
- Find time for yourself and your partner.

CARING FOR YOUR BABY

- Hold and cuddle your baby often.
- Enjoy playtime with your baby. Put him on his tummy for a few minutes at a time when he is awake.
- Never leave him alone on his tummy or use tummy time for sleep.
- When your baby is crying, comfort him by talking to, patting, stroking, and rocking him.
 Consider offering him a pacifier.
- Never hit or shake your baby.
- Take his temperature rectally, not by ear or skin. A fever is a rectal temperature of 100.4°F/38.0°C or higher. Call our office if you have any questions or concerns.
- Wash your hands often.

Helpful Resources: National Domestic Violence Hotline: 800-799-7233 | Smoking Quit Line: 800-784-8669 Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

1 MONTH VISIT—PARENT



- Use a rear-facing—only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- Make sure your baby always stays in her car safety seat during travel. If she becomes fussy or needs to feed, stop the vehicle and take her out of her seat.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt.
 Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Always put your baby to sleep on her back in her own crib, not in your bed.
 - Your baby should sleep in your room until she is at least 6 months old.
 - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
 - Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and toys in the crib.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Keep hanging cords or strings away from your baby. Don't let your baby wear necklaces or bracelets.
- Always keep a hand on your baby when changing diapers or clothing on a changing table, couch, or bed.
- Learn infant CPR. Know emergency numbers. Prepare for disasters or other unexpected events by having an emergency plan.

WHAT TO EXPECT AT YOUR BABY'S 2 MONTH VISIT

We will talk about

- Taking care of your baby, your family, and yourself
- Getting back to work or school and finding child care
- Getting to know your baby
- Feeding your baby
- Keeping your baby safe at home and in the car

Consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition

For more information, go to https://brightfutures.aap.org.

Message from your provider: Infants can have variations in how often they have a stool. At least one stool a day is preferred, but some infants may go longer. Stools should be soft and unformed. Talk to your pediatrician if you have any concerns.



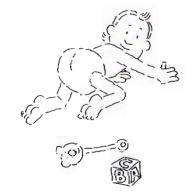
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Diaper Rash



Diaper rash affects most babies, but it is usually not serious. Below we explain the causes of diaper rash, steps you can take to help prevent it, and how to treat it if it develops.

What is diaper rash?

Diaper rash can be any rash that develops inside the diaper area. In mild cases, the skin might be red. In more severe cases, there may be painful open sores. You will usually see a rash around the abdomen, genitalia, and inside the skin folds of the thighs and buttocks. Mild cases clear up within 3 to 4 days without any treatment. If a rash persists or develops again after treatment, consult your pediatrician.

What causes diaper rash?

Over the years diaper rash has been blamed on various causes, such as teething, diet, and ammonia in the urine. However, medical experts now believe it is caused by any of the following:

- · Too much moisture
- Chafing or rubbing
- · Prolonged contact of the skin with urine, feces, or both
- Yeast infection
- Bacterial infection
- · Allergic reaction to diaper material

When skin stays wet for too long, the layers that protect it start to break down. When wet skin is rubbed, it also damages more easily. Moisture from a soiled diaper can harm your baby's skin and make it more prone to chafing. When this happens, a diaper rash may develop.

Further rubbing between the moist folds of the skin only makes the rash worse. This is why diaper rash often forms in the skin folds of the groin and upper thighs.

More than half of babies between 4 months and 15 months of age develop diaper rash at least once in a 2-month period. Diaper rash occurs more often in the following instances:

- As infants get older-mostly between 8 to 10 months of age
- · If babies are not kept clean and dry
- In babies who have frequent stools, especially when the stools stay in their diapers overnight
- When babies begin to eat solid foods
- When babies are taking antibiotics, or in nursing babies whose mothers are taking antibiotics

Infants taking antibiotics are more likely to get diaper rashes caused by yeast infections. Yeast infects the weakened skin and causes a bright red rash with red spots at its edges. You can treat this with over-the-counter antifungal medications. If you see these symptoms, you may wish to consult with your pediatrician.

What can I do to prevent diaper rash?

To help prevent diaper rash from developing, you should:

- Change the diaper promptly after your child wets or has a bowel movement.
 This limits moisture on the skin.
- Do not put the diaper on airtight, especially overnight. Keep the diaper loose so that the wet and soiled parts do not rub against the skin as much.
- Gently clean the diaper area with water. You do not need to use soap with
 every diaper change or after every bowel movement. (Breastfed infants may
 stool as many as 8 times a day.) Use soap only when the stool does not
 come off easily.
- Do not use talcum or baby powder because they could cause breathing problems in your infant.
- Avoid over-cleansing with wipes that can dry out the skin. The alcohol or perfume in these products may irritate some babies' skin.

What can I do if my baby gets diaper rash?

If diaper rash develops despite your best efforts to prevent it, try the following:

- · Change wet or soiled diapers often.
- Use clear water to cleanse the diaper area with each diaper change.
- Using water in a squirt bottle lets you clean and rinse without rubbing.
- Pat dry; do not rub. Allow the area to air dry fully.
- Apply a thick layer of protective ointment or cream (such as one that contains zinc oxide or petrolatum) to form a protective coating on the skin.
 These ointments are usually thick and pasty and do not have to be completely removed at the next diaper change. Remember, heavy scrubbing or rubbing will only damage the skin more.
- Check with your pediatrician if the rash:
 - Has blisters or pus-filled sores
 - Does not so away within 48 to 72 hours
 - Gets worse
- Use creams with steroids only if your pediatrician recommends them. They
 are rarely needed and may be harmful.

Which type of diaper should I use?

There are many different brands () diapers. Diapers are made of cloth or disposable materials. After they get soiled, you can wash cloth diapers and use them again and you throw away disposable diapers.

Research suggests that diaper rash is less common with the use of disposable diapers. In child care settings, children who wear super-absorbent disposable diapers tend to have lower rates of diaper rash. Regardless of which type of diaper you use, diaper rash occurs less often and is less severe when you change diapers often. If you use a cloth diaper, you can use a stay-dry liner inside it to keep your baby drier.

If you choose not to wash cloth diapers yourself, you can have a diaper service clean them. If you do your own washing, you will need to presoak heavily soiled diapers. Keep and wash soiled diapers separate from other clothes. Use hot water and double-rinse each wash. Do not use fabric softeners or antistatic products on the diapers because they may cause rashes in young, sensitive skin.

Whether you use cloth diapers, disposables, or both, always change diapers as needed to keep your baby clean, dry, and healthy.

Remember—never leave your baby alone on the changing table or on any other surface above the floor. Even a newborn can make a sudden turn and fall to the floor.

Diaper rash is usually not serious, but it can cause your child discomfort. Follow the steps listed above to help prevent and treat diaper rash. Discuss any questions you have about these steps with your pediatrician.

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

From your doctor



Activities	for Ir	fants	1-4	Months	Old
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Talk softly to your baby when feeding him, changing his diapers, and holding him. He may not understand every word, but he will know your voice and be comforted by it.	When you see your baby responding to your voice, praise and cuddle her. Talk back to her and see if she responds again.	Take turns with your baby when he makes cooing and gurgling sounds. Have a "conversation" back and forth with simple sounds that he can make.	Sing to your baby (even if you don't do it well). Repetition of songs and lullabies helps your baby to learn and listen.	With your baby securely in your arms or in a front pack, gently swing and sway to music that you are singing or playing on the radio.
Place a shatterproof mirror close to your baby where she can see it. Start talking, and tap the mirror to get her to look. The mirror will provide visual stimulation. Eventually your baby will understand her reflection.	Rock your baby gently in your arms and sing "Rock-a-bye Baby" or another lullaby. Sing your lullaby and swing your baby to the gentle rhythm.	Put a puppet or small sock on your finger. Say your baby's name while moving the puppet or sock up and down. See whether he follows the movement. Now move your finger in a circle. Each time your baby is able to follow the puppet, try a new movement.	With your baby on her back, hold a brightly colored stuffed animal above her head, in her line of vision. See if she watches the stuffed animal as you move it slowly back and forth.	Make sure your baby is positioned so that you can touch his feet. Gently play with his toes and feet, tickling lightly. Add the "This Little Piggy Went to Market" rhyme, touching a different toe with each verse.
Rest your baby, tummy down, on your arm, with your hand on her chest. Use your other hand to secure your baby—support her head and neck. Gently swing her back and forth. As she gets older, walk around to give her different views.	Hold your baby in your lap and softly shake a rattle on one side of his head, then the other side. Shake slowly at first, then faster. Your baby will search for the noise with his eyes.	Place your baby on her turnmy with head to one side, on a blanket/towel on carpeted floor. Lie next to her to provide encouragement. Until she has the strength, have her spend equal time facing left and right. Make "turnmy time" a little longer each day. Closely watch your baby in case she rests her face on the floor, which could restrict breathing. As her strength grows, she will be able to lift her head and push up on her arms, leading to rolling and crawling.	Lay your baby on his back and touch his arms and legs in different places. Make a "whooping" sound with each touch. Your baby may smile and anticipate the next touch by watching your hand. When you make each sound, you can also name the part of the body you touch.	In nice weather, take your baby on a nature walk through a park or neighborhood. Talk about everything you see. Even though she might not understand everything, she will like being outside and hearing your voice.
Read simple books to your baby. Even if he does not under- stand the story, he will enjoy being close and listening to you read.	With white paper and a black marker, create several easy-to-recognize images on each piece of paper. Start with simple patterns (diagonal stripes, bull's eyes, checkerboards, triangles). Place the pictures so that your baby can see them (8"–12" inches from her face). Tape these pictures next to her car seat or crib.	Lay your baby on his back on a soft, flat surface such as a bed or a blanket. Gently tap or rub your baby's hands and fingers while singing "Pat-a-Cake" or another nursery rhyme.	Gently shake a rattle or another baby toy that makes a noise. Put it in your baby's hand. See if she takes it, even for a brief moment.	Hold your baby closely, or lay him down on a soft, flat surface. Be close enough (8"-12") so that he can see you. Face to face, start with small movements (stick out your tongue, open your mouth with a wide grin). If you are patient, your baby may try to imitate you. As he gets older, you can try larger body movements with your head, hands, and arms. You can also try to imitate your baby.