



## ARBOR MEDICAL PARTNERS

### CONGRATULATIONS!

We are so happy to be working with you to help keep your baby happy and healthy!

Welcome to the Arbor family of pediatric healthcare. It is a common saying that babies don't come with instructions, so we'd like to get you start with a few tidbits. Below is a link and QR code for a

**Welcome Packet** from all the Arbor Medical Partners practices. This welcome packet contains:

- Newborn information from the American Academy of Pediatrics
  - Newborn care
  - Safe sleep strategies
  - Getting started with breastfeeding
  - Car seats and safety
- Locations and contact information for each Arbor Medical Partners practices
- Instructions for how to sign up for portal access
- Arbor Medical Partner's vaccine policy statement

There are many ways to be in contact with our clinicians, including the use of a portal system. Please sign up for the portal using the instructions included in the welcome packet information. This allows you access several services, including to book appointments online, access visit summaries, educational handouts, immunization records, and send portal messages to your clinician and our triage service with questions or concerns you may have as you journey along with your new family member.

Again, congratulations on your new baby! We look forward to seeing you and your family in one of our offices in the next few days!

ALL THE BEST!

ARBOR MEDICAL PARTNERS CLINICIANS AND STAFF



# BRIGHT FUTURES HANDOUT ► PARENT

## FIRST WEEK VISIT (3 TO 5 DAYS)

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

### ✓ 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.
- Tobacco-free spaces keep children healthy. Don't smoke or use e-cigarettes. Keep your home and car smoke-free.
- Take help from family and friends.

### ✓ HOW YOU ARE FEELING

- Try to sleep or rest when your baby sleeps.
- Spend time with your other children.
- Keep up routines to help your family adjust to the new baby.

### ✓ FEEDING YOUR BABY

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

#### If Breastfeeding

- Feed your baby on demand. Expect at least 8 to 12 feedings per day.
- A lactation consultant can give you information and support on how to breastfeed your baby and make you more comfortable.
- Begin giving your baby vitamin D drops (400 IU a day).
- Continue your prenatal vitamin with iron.
- Eat a healthy diet; avoid fish high in mercury.

#### If Formula Feeding

- Offer your baby 2 oz of formula every 2 to 3 hours. If he is still hungry, offer him more.

### ✓ BABY CARE

- Sing, talk, and read to your baby; avoid TV and digital media.
- Help your baby wake for feeding by patting her, changing her diaper, and undressing her.
- Calm your baby by stroking her head or gently rocking her.
- *Never hit or shake your baby.*
- Take your baby's temperature with a rectal thermometer, not by ear or skin; a fever is a rectal temperature of 100.4°F/38.0°C or higher. Call us anytime if you have questions or concerns.
- Plan for emergencies: have a first aid kit, take first aid and infant CPR classes, and make a list of phone numbers.
- Wash your hands often.
- Avoid crowds and keep others from touching your baby without clean hands.
- Avoid sun exposure.

**Helpful Resources:** Smoking Quit Line: 800-784-8669 | Poison Help Line: 800-222-1222

Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236

# FIRST WEEK VISIT (3 TO 5 DAYS)—PARENT



## SAFETY

- Use a rear-facing—only car safety seat in the back seat of all vehicles.
- Make sure your baby always stays in his car safety seat during travel. If he becomes fussy or needs to feed, stop the vehicle and take him out of his 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.
- Never leave your baby in the car alone. Start habits that prevent you from ever forgetting your baby in the car, such as putting your cell phone in the back seat.
- Always put your baby to sleep on his back in his own crib, not your bed.
  - Your baby should sleep in your room until he is at least 6 months old.
  - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Swaddling should be used only with babies younger than 2 months.
- Prevent scalds or burns. Don't drink hot liquids while holding your baby.
- Prevent tap water burns. Set the water heater so the temperature at the faucet is at or below 120°F /49°C.

## WHAT TO EXPECT AT YOUR BABY'S 1 MONTH VISIT

### We will talk about

- Taking care of your baby, your family, and yourself
- Promoting your health and recovery
- Feeding your baby and watching her grow
- Caring for and protecting 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>.

American Academy of Pediatrics

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The information contained in this handout 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. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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## Arbor Medical Partners Vaccine Policy Statement

At Arbor Medical Partners, we affirm the following:

- Vaccines are safe.
- Vaccines are effective in preventing serious and life-threatening illnesses and certain types of cancers
- All infants, children, and young adults should receive recommended vaccines according to the schedule published by the American Academy of Pediatrics, Center for Disease Control, and Advisory Committee on Immunization Practices

We have a responsibility as healthcare professionals to protect the health of all children in our community. Vaccinating children may be one of the most important health-promoting interventions we perform as healthcare providers, and you can perform as parents and caregivers. The recommended vaccines and the vaccine schedule are result of years of scientific study and extensive medical research by experts in several fields of medicine, including immunology and public health.

Arbor Medical Partners fully supports that, based on all the available data, scientific literature, current studies, and evidence-based medicine, vaccines are safe. Not vaccinating your child or vaccinating your child according to a “alternate” vaccine schedule is putting your child and other children at risk. Children who are not vaccinated or are on delayed schedules are at a much higher risk of catching vaccine preventable diseases and may be contagious before they show symptoms. This puts everyone, but especially infants and immunocompromised patients/children, at risk.

**As medical professionals and your trusted partner in the care of your children, we will be implementing the following policy regarding vaccinations starting January 2024:**

- **New patients transferring to our practice who are under immunized, or on an “alternative schedule” need to schedule an appointment with a provider to discuss/initiate a “catch-up” immunization plan according to the current AAP recommended immunization catch-up. A written plan for receiving vaccines is completed during this visit, which will include a minimum of at least one vaccine given at least every other month (dependent on vaccine and catch up schedule) with the goal of being fully vaccinated by age 5.**
- **If you are already an established family at one of Arbor Medical Partners practices and choose not to receive certain vaccines as recommended by the American Academy of Pediatrics and Center for Disease Control, we will require you to sign a refusal to vaccinate form at each wellness exam, acknowledging the risks and that you have been counseled about them.**
- **Families who do not wish to vaccinate may not be the best fit for any of the Arbor Medical Partner’s practices. Therefore, Arbor Medical Partner practices will no longer accept new patients from unestablished families who are choosing not to vaccinate.**

Thank you for taking the time to read through Arbor Medical Partner’s vaccine policy. The clinicians at staff all look forward to partnering with you to care for your child/children. We are grateful that you have put your trust in us in caring for your child/children.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Care Giver Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Arbor Well Check Quick Guide

<b>Newborn</b> 5-10 days needs 2 <sup>nd</sup> PKU Hep B vaccine Naked weight, height, Head Circumference, pulse	<b>1 month</b> Hep B (if no birth doses given) Naked weight, height, Head Circumference, pulse  Parent Completes EPDS (post-partum depression screen)	<b>2 months</b> Vaxelis (Dtap, IPV, Hib, Hep B), PCV 20, Rotateq Naked weight, height, Head Circumference, pulse  Parent Completes EPDS (post-partum depression screen)	<b>4 months</b> Vaxelis (Dtap, IPV, Hib, Hep B), PCV 20, Rotateq Naked weight, height, Head Circumference, pulse  Parent Completes EPDS(post-partum depression screen)
<b>6 months</b> Vaxelis (Dtap, IPV, Hib Hep B), PCV 20, Rotateq Naked weight, height, Head Circumference, pulse Parent Completes EPDS(post-partum depression screen)	<b>9 months</b> Hep B (only if started at 1 month) Naked weight, height, Head Circumference, pulse Parent Completes ASQ Screening (Developmental Screening)	<b>12 months</b> Hep A, MMR, Varicella Hemoglobin /Lead Photoscreener, fluoride (if teeth are present Naked weight, height, Head Circumference, pulse	<b>15 months</b> Pentacel, PCV 13 Naked weight, height, Head Circumference, pulse
<b>18 months</b> Hep A Fluoride if no dental home Naked weight, height, Head Circumference, pulse  Parent Completes MCHAT screening ASQ Screening (Developmental Screening)	<b>2 years</b> No vaccines if UpToDate Lead if required Photoscreener, Fluoride if not dental home Weight, height , pulse  Parent Completes MCHAT screen	<b>30 month and 3 years</b> No vaccines if UpToDate Photoscreener Fluoride if no dental home Weight, Height, BP, pulse  Parent Completes ASQ Screening (30 mo)	<b>4 years</b> Proquad (MMR, Varicella), Quadracel (Dtap,IPV) Photoscreener Weight, Height, BP, pulse
<b>5 year</b> No vaccines if UTD Hearing & Vision screen Weight, Height, BP, pulse	<b>6-10 year</b> No vaccines if UTD Vision & Colorblind(at 6yr) screen Hearing at 6, 8, 10 yrs Weight, height, BP, pulse	<b>11 years</b> Tdap, Menquadfi, Gardasil (HPV) Vision screen Lipid screening Weight, height, BP, pulse	<b>12 years</b> Gardasil (HPV) Vision and hearing screen Weight, height, BP, pulse  Patient Completes PHQ9, CRAFFT
<b>13-15 year</b> No vaccines if UTD Vision and Hearing screen at 15yrs Weight, height, BP, pulse Patient Completes Teen screen, GAD 7, PHQ 9, CRAFFT	<b>16 years</b> Menquadfi, Trumenba Vision Screen Weight, height, BP pulse Patient Completes Teen Screen, GAD7, PHQ9, CRAFFT	<b>17 years</b> Trumenba Vision Screen Weight, height, BP pulse Patient Completes Teen Screen, GAD7, PHQ9, CRAFFT	<b>18-23 year</b> Tdap (18-21 yrs) Vision and Hearing at 18yrs Lipid/HIV screening Weight, height, pulse, BP Patient Completes GAD7, PHQ9, CRAFFT

# Breastfeeding Your Baby: Getting Started

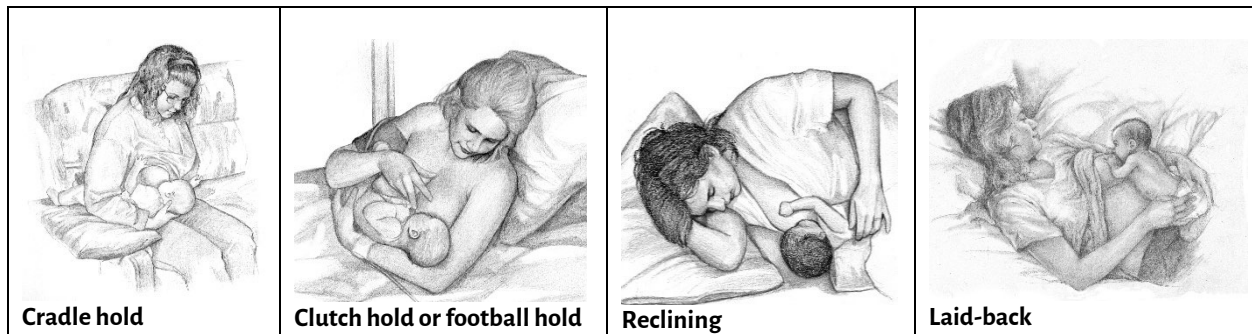
Breast milk gives your baby more than just good nutrition. It also provides important substances to fight infection. Breastfeeding has medical and psychological benefits for both of you.

The more relaxed and confident you feel, the faster your milk will flow to your baby. Getting comfortable will help you and your baby get started toward a better latch-on. Always take time to get comfortable. Don't be shy about asking for help, especially during the first feedings. It may take a few tries, but with a little patience, you and your baby will succeed.

Here is information from the American Academy of Pediatrics about different breastfeeding positions and how to get comfortable while breastfeeding.

## Breastfeeding Positions

Here are 4 breastfeeding positions.



**Cradle hold.** This is the traditional breastfeeding position. Firmly support your baby's back and bottom. When feeding this way, make sure your baby's entire body is facing your body, not the ceiling.

**Clutch hold or football hold.** This hold may be more comfortable if you've had a cesarean delivery because it keeps the baby's weight off of the stitches.

**Reclining.** Feeding your baby while lying down lets you relax and can be helpful if you've had a cesarean delivery or are tired.

**Laid-back.** In this position lie back slightly with your head, shoulders, and back supported by pillows. With your baby on your stomach, let baby's head rest near your breast. Be patient while your baby crawls to the breast, latches on, and breastfeeds. Help as little or as much as your baby needs.

**Important reminder:** Breastfeeding babies can be brought into the bed for feeding at night. After breastfeeding, place the baby back into a bedside bassinet or crib for sleep. For instance, babies who sleep in the same bed as their parents are at risk of SIDS, suffocation, or strangulation. Parents can roll onto babies during sleep, or babies can get tangled in the sheets or blankets. And remember to place your baby on their back for every sleep. Also, place your baby to sleep in the same room where you sleep but not the same bed. Keep the crib or bassinet within an arm's reach of your bed. You can easily watch or breastfeed your baby by having your baby nearby.

## How can I get comfortable while breastfeeding?

A few simple things can help you feel comfortable and relaxed.

- Sit on a comfortable chair with good back and arm support.
- Lie on your side in bed with your baby facing you. Place pillows to support your back and neck.
- Take deep breaths and picture yourself in a peaceful place.
- Listen to soothing music while sipping a healthy drink.
- Apply moist heat (such as warm, wet washcloths) to your breast several minutes before each feeding.
- If your home is very busy, find a quiet place where you won't be disturbed during feedings.
- If you had a cesarean delivery, use extra pillows to help position your baby.
- Try different breastfeeding positions.
- Make sure your baby is latched on correctly. (See the next question about latch-on.)

## Remember

For some mothers and babies, breastfeeding goes smoothly from the start. For others, it takes a little time and several attempts to get the process going effectively. Like anything new, breastfeeding takes some practice. You're not alone. If you need help, ask your pediatrician, a lactation specialist, or a breastfeeding support group.

Visit [HealthyChildren.org](https://HealthyChildren.org) for more information.

Adapted from the American Academy of Pediatrics patient education booklet, *Breastfeeding Your Baby: Answers to Common Questions* © 2022. Illustrations by Anthony Alex LeTourneau.

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In all aspects of its publishing program (writing, review, and production), the AAP is committed to promoting principles of equity, diversity, and inclusion.

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# Safe Sleep and Your Baby:

## How Parents Can Reduce the Risk of SIDS and Suffocation

About 3,600 babies die each year in the United States during sleep because of unsafe sleep environments. Some of these deaths are caused by entrapment, suffocation, or strangulation. Some infants die of sudden infant death syndrome (SIDS). However, there are ways for parents to keep their sleeping baby safe.

Read on for more information from the American Academy of Pediatrics (AAP) on how parents can create a safe sleep environment for their babies. This information should also be shared with anyone who cares for babies, including grandparents, family, friends, babysitters, and child care center staff.

**NOTE:** These recommendations are for healthy babies up to 1 year of age. A very small number of babies with certain medical conditions may need to be placed to sleep on their stomach. Your baby's doctor can tell you what is best for your baby.

### What You Can Do

- **Place your baby to sleep on his back for every sleep.**

- ° Babies up to 1 year of age should always be placed on their back to sleep during naps and at night. However, if your baby has rolled from his back to his side or stomach on his own, he can be left in that position if he is already able to roll from tummy to back and back to tummy.
- ° If your baby falls asleep in a car safety seat, stroller, swing, infant carrier, or infant sling, he should be moved to a firm sleep surface as soon as possible.
- ° Swaddling (wrapping a light blanket snugly around a baby) may help calm a crying baby. However, if you swaddle your baby before placing him on his back to sleep, stop swaddling him as soon as he starts trying to roll.

- **Place your baby to sleep on a firm, flat sleep surface.**

- ° The crib, bassinet, portable crib, or play yard should meet current safety standards. Check to make sure the product has not been recalled. Do not use a crib that is broken or missing parts or that has drop-side rails. For more information about crib safety standards, visit the Consumer Product Safety Commission Web site at [www.cpsc.gov](http://www.cpsc.gov).
- ° Cover the mattress with a fitted sheet.
- ° Do not put blankets or pillows between the mattress and fitted sheet.
- ° Do not place your baby to sleep on an inclined sleep surface.
- ° Never put your baby to sleep on an armchair, a sofa, a water bed, a cushion, or a sheepskin. (Parents should also make sure not to fall asleep on an armchair or a sofa while holding a baby.)

- **Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation out of the crib.**

- ° Pillows, quilts, comforters, sheepskins, bumper pads, and stuffed toys can cause your baby to suffocate.

**NOTE:** Research has not shown us when it's 100% safe to have these objects in the crib; however, most experts agree that these objects pose little risk to healthy babies after 12 months of age.

- **Place your baby to sleep in the same room where you sleep but not the same bed.**

- ° Keep the crib or bassinet within an arm's reach of your bed. You can easily watch or breastfeed your baby by having your baby nearby.
- ° The AAP cannot make a recommendation for or against the use of bedside sleepers or in-bed sleepers until more studies are done.
- ° Babies who sleep in the same bed as their parents are at risk of SIDS, suffocation, or strangulation. Parents can roll onto babies during sleep, or babies can get tangled in the sheets or blankets.

- **Breastfeed as much and for as long as you can.** This helps reduce the risk of SIDS.

- ° The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months. You can continue to breastfeed after 12 months if you and your baby desire.

- **Schedule and go to all well-child visits.** Your baby will receive important immunizations.

- ° Recent evidence suggests that immunizations may have a protective effect against SIDS.

- **Keep your baby away from smokers and places where people smoke.** This helps reduce the risk of SIDS.

- ° If you smoke, try to quit. However, until you can quit, keep your car and home smoke-free. Don't smoke inside your home or car, and don't smoke anywhere near your baby, even if you are outside.

- **Do not let your baby get too hot.** This helps reduce the risk of SIDS.

- ° Keep the room where your baby sleeps at a comfortable temperature.
- ° In general, dress your baby in no more than one extra layer than you would wear. Your baby may be too hot if she is sweating or if her chest feels hot.
- ° If you are worried that your baby is cold, use a wearable blanket, such as a sleeping sack, or warm sleeper that is the right size for your baby. These are made to cover the body and not the head. You can use layers of clothing if necessary when it is very cold.

- **Offer a pacifier at nap time and bedtime.** This helps reduce the risk of SIDS.

- ° If you are breastfeeding, wait until breastfeeding is going well before offering a pacifier. This usually takes 3 to 4 weeks. If you are not breastfeeding, you can start a pacifier as soon as you like.
- ° It's OK if your baby doesn't want to use a pacifier. You can try offering a pacifier again, but some babies don't like to use pacifiers.
- ° If the pacifier falls out after your baby falls asleep, you don't have to put it back in.



- ° Do not use pacifiers that attach to infant clothing.
- ° Do not use pacifiers that are attached to objects, such as stuffed toys and other items that may be a suffocation or choking risk.
- **Do not use home cardiorespiratory monitors to help reduce the risk of SIDS.**
  - ° Home cardiorespiratory monitors can be helpful for babies with breathing or heart problems, but they have not been found to reduce the risk of SIDS.
- **Use caution when using products that claim to reduce the risk of SIDS.**
  - ° Products such as wedges, positioners, special mattresses, and specialized sleep surfaces have not been shown to reduce the risk of SIDS.

## What Expectant Moms Can Do

- ° Schedule and go to all prenatal doctor visits.
- ° Do not smoke, drink alcohol, or use drugs while pregnant or after the birth of your newborn. Stay away from smokers and places where people smoke.
- ° Remember to hold your newborn skin to skin while breastfeeding. If you can, do this as soon as you can after birth. Skin-to-skin contact is also beneficial for bottle-fed newborns.

## Remember Tummy Time

Give your baby plenty of “tummy time” when she is awake. This will help strengthen neck muscles and help prevent flat spots on the head. Always stay with your baby during tummy time, and make sure she is awake.

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# Car Safety Seats Guide

One of the most important jobs you have as a parent is keeping your child safe when your child is riding in a vehicle.

Each year, thousands of young children are killed or injured in car crashes. Proper use of car safety seats helps keep children safe. But, because so many different seats are on the market, many parents find this overwhelming. If you are expectant parents, consider working with a certified passenger safety technician (CPST or CPS technician), before your baby is born, to ensure a safe ride home from the hospital. (See *If You Need Installation Help*.)

The type of seat your child needs depends on several things, including your child's age, size, and developmental needs. Here is more information from the American Academy of Pediatrics (AAP) about choosing the most appropriate car safety seat for your child. (See *Car Safety Seats Product Information* for a list of seats and manufacturer websites.)

**NOTE:** The "Types of Car Safety Seats at a Glance" chart is a quick guide on where to start your search. It's important to continue your research to learn about each seat you use.

## Installation Information—Seat Belts and LATCH

Car safety seats may be installed with either the vehicle's seat belt or its LATCH (lower anchors and tethers for children) system. LATCH is an attachment system for car safety seats. Lower anchors can be used instead of the seat belt to install the seat, and many parents find them easier to use in some cars. The top tether should always be used with a forward-facing seat, whether you use the seat belt or lower anchors to secure it. The seat belt and LATCH systems are equally safe, so caregivers should use one or the other, whichever works best for them, their car safety seat, and their vehicle. In general, caregivers should use only 1 of the 2 options, unless the car safety seat and vehicle manufacturers say it is OK to use both systems at the same time.

Vehicles with the LATCH system have lower anchors located in the back seat, where the seat cushions meet. Tether anchors are located behind the seat, either on the panel behind the seat (in sedans) or on the back of the seat, ceiling, or floor (in most minivans, SUVs, hatchbacks, and pickup trucks). All forward-facing car safety seats have tethers or tether connectors that fasten to these anchors. Nearly all passenger vehicles and all car safety seats made on or after September 1, 2002, are equipped to use LATCH. See vehicle owner's manual for highest weight of child allowed to use top tether.

All lower anchors are rated for a maximum weight of 65 pounds (total weight includes car safety seat and child). Parents should check the car safety seat manufacturer's recommendations for maximum weight a child can be to use lower anchors. New car safety seats have the maximum weight printed on their label.

**NOTE: Seat belts**—If you install a car safety seat by using your vehicle's seat belt, you must make sure the seat belt locks to hold the seat tightly. In most newer cars, you can lock the seat belt by pulling it all the way out and then allowing it to retract to keep the seat belt tight around the car safety seat. In addition, many car safety seats have built-in lock-offs so you can lock the belt without having to lock the seat belt separately as well.

Refer to the vehicle owner's manual for details about how your seat belt locks.

**Middle of the back seat**—The safest place to ride for all children younger than 13 years is the back seat. If possible, it may be best for the child to ride in the middle of the back seat. However, it is sometimes difficult to install a car safety seat tightly in the middle if the vehicle seat is narrow or uneven. Also, many vehicles do not have lower anchors for the middle seating position. It is safest to put the car safety seat in a position where you can install it tightly with either the lower anchor system or the seat belt; in some cases, this position may be on either side of the back seat rather than in the middle. A child passenger safety technician (CPST or CPS technician) can help you decide which place is best to install your child's car safety seat in your vehicle.

## Infants and Toddlers—Rear-Facing Seats

The AAP recommends that all infants ride rear facing starting with their first ride home from the hospital. All infants and toddlers should ride in a rear-facing seat as long as possible until they reach the highest weight or height allowed by their car safety seat manufacturer. Most convertible seats have limits that will allow children to ride rear facing for 2 years or more. When infants outgrow their rear-facing-only seat, a convertible seat installed rear facing is needed. All parents can benefit from getting installation help from a CPST to ensure that their child's seat is properly installed. (See *If You Need Installation Help*.)

### Types of Rear-Facing Seats

Three types of rear-facing seats are available: rear-facing-only, convertible, and all-in-one. When children reach the highest weight or length allowed by the manufacturer of their rear-facing-only seat, they should continue to ride rear facing in a convertible or all-in-one seat.

#### 1. Rear-facing-only seats

- Are used for infants up to 22 to 35 pounds, depending on the model.
- Are small and have carrying handles.
- Usually come with a base that can be left in the car. The seat clicks into and out of the base so you don't have to install the seat each time you use it. Parents can buy more than one base for additional vehicles.
- Should be used only for a child's travel (not sleeping, feeding, or any other use outside the vehicle).



Figure 2. Rear-facing-only car safety seat.

#### 2. Convertible seats (used rear facing)

- Can be used rear facing and, later, "converted" to forward facing for older children when they outgrow either the weight limit or the length limit for rear facing. This means the seat can be used longer by your child. Convertible seats are bulkier than infant seats, however, and they do not come with carrying handles or separate bases and are designed to stay in the car.



Figure 3. Convertible car safety seat used rear facing.

## Types of Car Safety Seats at a Glance

Age-group	Type of Seat	General Guidelines
Infants and toddlers	Rear-facing-only Rear-facing convertible	All infants and toddlers should ride in a rear-facing seat until they reach the highest weight or height allowed by their car safety seat manufacturer. Most convertible seats have limits that will allow children to ride rear-facing for 2 years or more.
Toddlers and preschoolers	Forward-facing convertible Forward-facing with harness	Children who have outgrown the rear-facing weight or height limit for their convertible seat should use a forward-facing seat with a harness for as long as possible, up to the highest weight or height allowed by their car safety seat manufacturer. Many seats can accommodate children up to 65 pounds or more.
School-aged children	Booster	All children whose weight or height exceeds the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are 8 to 12 years of age. All children younger than 13 years should ride in the back seat.
Older children	Seat belts	When children are old enough and large enough for the vehicle seat belt to fit them correctly, they should always use lap and shoulder seat belts for the best protection. All children younger than 13 years should ride in the back seat.

- Many have higher limits in rear-facing weight (up to 40–50 pounds) and height than those of rear-facing-only seats, a feature that makes convertible seats ideal for bigger babies and toddlers.

- Have a 5-point harness that attaches at the shoulders, at the hips, and between the legs.

- Should be used only for a child's travel (not sleeping, feeding, or any other use outside the vehicle).

### 3. All-in-one seats (used rear facing)

- Can be used rear facing, forward facing, or as a belt-positioning booster. This means the seat may be used longer by your child as your child grows.

- Are often bigger in size, so it is important to check that they fit in the vehicle while they are rear facing.

- Do not have the convenience of a carrying handle or separate base; however, they may have higher limits in rear-facing weight (up to 40–50 pounds) and height than those of rear-facing-only seats, a feature that makes all-in-one seats ideal for bigger babies and toddlers.

### Installation Tips for Rear-Facing Seats

Always read the vehicle owner's manual and the car safety seat manual before installing the seat.

When using a rear-facing seat, keep the following tips in mind:

- Place the harnesses in your rear-facing seat in slots that are at or below your child's shoulders.
- Ensure that the harness is snug (you cannot pinch any slack between your fingers when testing the harness straps over the child's shoulders) and that the chest clip is placed at the center of the chest, even with your child's armpits.
- Make sure the car safety seat is installed tightly in the vehicle with either lower anchors or a locked seat belt. Many car safety seats have an integrated lock-off to keep the seat belt locked. If your seat has one, follow the manufacturer's recommendations on how to use it. If you can move the seat at the belt path more than an inch side to side or front to back, it's not tight enough.
- Never place a rear-facing seat in the front seat of a vehicle that has an active front passenger airbag. If the airbag inflates, it will hit the back of the car safety seat, right against your child's head, and could cause serious injury or death.
- If you are using a convertible or all-in-one seat in the rear-facing position, make sure the seat belt or lower anchor webbing is routed

through the correct belt path. Check the instructions that came with the car safety seat to be sure.

- Make sure the seat is at the correct angle so your child's head does not flop forward. Check the instructions to find out the correct angle for your seat and how to adjust the angle if needed. All rear-facing seats have built-in recline indicators.

- Check the car safety seat instructions and vehicle owner's manual about whether the car safety seat may contact the back of the vehicle seat in front of it.

- Still having trouble? Check with a certified CPST in your area who can help. See *If You Need Installation Help* for information on how to locate a CPST.

### Common Questions

#### Q: What if my child's feet touch the back of the vehicle seat?

A: This is a very common concern of parents, but it should cause them no worry. Children are very flexible and can always easily find a comfortable position in a rear-facing seat. Injuries to the legs are very rare for children facing the rear.

#### Q: What do I do if my child slouches down or to the side in the car safety seat?

A: You can try placing a tightly rolled receiving blanket on both sides of your child. Many manufacturers allow the use of a tightly rolled small diaper or cloth between therotch strap and your child, if necessary, to prevent slouching. Do not place padding under or behind your child or use any sort of car safety seat insert unless it came with the seat or was made by the manufacturer for use with that specific seat.

#### Q: Why should I dress my child in thinner layers of clothing before strapping him into a car safety seat?

A: Bulky clothing, including winter coats and snowsuits, can compress in a crash and leave the straps too loose to restrain your child, leading to increased risk of injury. Ideally, dress your baby in thinner layers and wrap a coat or blanket around your baby over the buckled harness straps if needed.



**Figure 4.** Car safety seat with a small cloth between the crotch strap and infant; chest clip positioned at the center of the chest, even with the infant's armpits; and tightly rolled receiving blankets on both sides of the infant.



### Q: Do preemies need a special car safety seat?

A: A car safety seat should be approved for a baby's weight. Very small babies who can sit safely in a semi-reclined position usually fit better in rear-facing-only seats. Babies born preterm should be screened while still in the hospital to make sure they can sit safely in a semi-reclined position. Babies who need to lie flat during travel may be able to ride in a car bed that meets Federal Motor Vehicle Safety Standard 213. They should be screened again while in the hospital to make sure they can lie safely in the car bed.

## Toddlers and Preschoolers—Forward-Facing Seats

Always read the vehicle owner's manual and the car safety seat manual before installing the seat.

Any child who has outgrown the rear-facing weight or height limit for her convertible seat should use a forward-facing seat with a harness for as long as possible, up to the highest weight or height allowed by her car safety seat manufacturer. It is best for children to ride in a seat with a harness as long as possible, at least to 4 years of age. If your child outgrows a seat before reaching 4 years of age, consider using a seat with a harness approved for higher weights and heights.

### Types of Forward-Facing Car Safety Seat Restraints

Four types of car safety seat restraints can be used forward facing.

**1. Convertible seats**—Seats can "convert" from rear facing to forward facing. These include all-in-one seats.

**2. Combination seats with harness**—Seats can be used forward facing with a harness for children who weigh up to 40 to 65 pounds (depending on the model) or without the harness as a booster (up to 100–120 pounds, depending on the model).

**3. Integrated seats**—Some vehicles come with built-in forward-facing seats. Weight and height limits vary. Do not use a built-in seat until your child has reached the highest weight or height allowed for your rear-facing convertible car safety seat. Read your vehicle owner's manual for details about how to use these seats.

**4. Travel vests**—Vests can be worn by children 22 to 168 pounds and can be an option to traditional forward-facing seats. They are useful for when a vehicle has lap-only seat belts in the rear, for children with certain special needs, or for children whose weight has exceeded that allowed by car safety seats. These vests usually require use of a top tether.



Figure 5. Forward-facing car safety seat with a harness.

### Installation Tips for Forward-Facing Seats

Always read the vehicle owner's manual and the car safety seat manual before installing the seat.

It is important that the car safety seat is installed tightly in the vehicle and that the harness fits your child snugly. To switch a convertible or all-in-one seat from rear facing to forward facing,

- Move the harness shoulder straps to the slots or position that is at or just above your child's shoulders. Check the instructions that came with the seat to be sure you are positioning the shoulder straps correctly.

- You may have to adjust the recline angle of the seat so that it sits more upright in your vehicle. Check the instructions to be sure.
- If using a seat belt, make sure it runs through the forward-facing belt path (be sure to follow car safety seat instructions) and that the seat belt is locked and tightened. Many car safety seats have an integrated lock-off to keep the seat belt locked. If your seat has one, follow the manufacturer's recommendations on how to use it.
- If using the lower anchors, make sure that the weight of your child plus the weight of the seat does not exceed 65 pounds. Most seats now state in the manual and on the stickers on the side the maximum child weight to use the anchors. If the child weighs too much, caregivers must use the seat belt to install.
- Always use the tether when you can. A tether is a strap that is attached to the top part of a car safety seat and holds the seat tightly by connecting to an anchor point in your vehicle (often on the seat back or rear shelf; see your vehicle owner's manual to find where tether anchors are in your vehicle). Tethers give important extra protection by keeping the car safety seat and your child's head from moving too far forward in a crash or sudden stop. All new cars, minivans, and light trucks are required to have tether anchors as of September 2000. Forward-facing seats come with tether straps. A tether should always be used as long as your child has not reached the top weight limit for the tether anchor. Check the car safety seat instructions and vehicle owner's manual for information about the top weight limit and locations of tether anchors.

### Common Question

#### Q: What if I drive more children than those who can be buckled safely in the back seat?

A: It's best to avoid this, especially if your vehicle has airbags in the front seat. All children younger than 13 years should ride in the back seat. If absolutely necessary, a child in a forward-facing seat with a harness may be the best choice to ride in front. Just be sure the vehicle seat is moved as far back away from the dashboard (and airbag) as possible.

## School-aged Children—Booster Seats

Booster seats are for older children who have outgrown their forward-facing seats. All children whose weight or height exceeds the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are 8 to 12 years of age. Most children will not fit in most vehicle seat belts without a booster until 10 to 12 years of age. All children younger than 13 years should ride in the back seat. Instructions that come with your car safety seat will tell you the height and weight limits for the seat. As a general guideline, a child has outgrown a forward-facing seat when any of the following situations is true:

- He reaches the top weight or height allowed for his seat with a harness. (These limits are listed on the seat and in the instruction manual.)
- His shoulders are above the top harness slots.
- The tops of his ears have reached the top of the seat.



Figure 6. Belt-positioning booster seat.

## Types of Booster Seats

High-back and backless are 2 standard types of booster seats. They do not come with a harness but are used with lap and shoulder seat belts in your vehicle, the same way an adult rides. They are designed to raise a child up so that lap and shoulder seat belts fit properly over the strongest parts of the child's body.

Most booster seats are not secured to the vehicle seat with the seat belt or lower anchors and tether but simply rest on the vehicle seat and are held in place once the seat belt is fastened over a child. However, some models of booster seats can be secured to the vehicle seat and kept in place by using the lower anchors and tether along with lap and shoulder belts. (Currently, only a few vehicle manufacturers offer integrated booster seats.)

## Installation Tips for Booster Seats

When using a booster seat, always read the vehicle owner's manual and the car safety seat manual before installing the seat. Booster seats often have a plastic clip or guide to correctly position vehicle lap and shoulder belts. See the booster seat instruction manual for directions on how to use the clip or guide.

Booster seats must be used with lap and shoulder belts. When using a booster seat, make sure

- The lap belt lies low and snug across your child's upper thighs.
- The shoulder belt crosses the middle of your child's chest and shoulder and is off the neck.

If your booster seat has lower anchors or tether attachments, check its manual for installation instructions.

## Common Questions

### Q: What if my car has only lap belts in the back seat?

A: Lap belts work fine with rear-facing-only, convertible, and forward-facing seats that have a harness but can never be used with a booster seat. If your car has only lap belts, use a forward-facing seat that has a harness and higher weight limits. You could also

- Check to see if shoulder belts can be installed in your vehicle.
- Use a travel vest (check the manufacturer's instructions about the use of lap belts only and about the use of lap and shoulder belts).
- Consider buying another car with lap and shoulder belts in the back seat.

### Q: What is the difference between high-back boosters and backless boosters?

A: Both types of boosters are designed to raise your child so seat belts fit properly, and both will reduce your child's risk of injury in a crash. High-back boosters should be used in vehicles without headrests or with low seat backs. Many seats that look like high-back boosters are actually combination seats. They come with harnesses that can be used for smaller children and, later, removed for older children. Backless boosters are usually less expensive and are easier to move from one vehicle to another. Backless boosters can be used safely in vehicles with headrests and high seat backs.

## Older Children—Seat Belts

Seat belts are made for adults. Children should stay in a booster seat until adult seat belts fit correctly, typically when children reach about 4 feet 9 inches in height and are 8 to 12 years of age. Most children will not fit in a seat belt alone until 10 to 12 years of age. When children are old enough and large enough to use the vehicle seat belt alone, they should always use lap and shoulder seat belts for the best protection. All children younger than 13 years should ride in the back seat.

## Using a Seat Belt

### 1. An adult seat belt fits correctly when

- The shoulder belt lies across the middle of the chest and shoulder, not the neck or throat.
- The lap belt is low and snug across the upper thighs, not the belly.
- Your child is tall enough to sit against the vehicle seat back with her knees bent over the edge of the seat without slouching and can comfortably stay in this position throughout the trip.

### 2. Other points to keep in mind when using seat belts include

- Make sure your child does not tuck the shoulder belt under her arm or behind her back. This leaves the upper body unprotected and adds extra slack to the seat belt system, putting your child at risk of severe injury in a crash or with sudden braking.
- Never allow anyone to "share" seat belts. All passengers must have their own car safety seats or seat belts.

## Common Question

### Q: I've seen products that say they can help make the seat belt fit better. Should we get one of these?

A: No, these products are unapproved and should not be used. They may actually interfere with proper seat belt fit by causing the lap belt to ride too high on the stomach or making the shoulder belt too loose. They can even damage the seat belt. This rule applies to car safety seats too; do not use extra products unless they came with the seat or are specifically approved by the seat manufacturer. These products are not covered by any federal safety standards, and the AAP does not recommend they be used. As long as children are riding in the correct restraint for their size, they should not need to use additional devices.

## Shopping for Car Safety Seats

When shopping for a car safety seat, keep the following tips in mind:

- No one seat is the "best" or "safest." The best seat is the one that fits your child's size, is correctly installed, fits well in your vehicle, and is used properly every time you drive.
- Don't decide by price alone. A higher price does not mean the seat is safer or easier to use.
- Avoid used seats if you don't know the seat's history. Never use a car safety seat that
  - Is too old. Look on the label for the date the seat was made. Check with the manufacturer to find out how long it recommends using the seat.
  - Has any visible cracks on it.
  - Does not have a label with the date of manufacture and model number. Without these, you cannot check to see if the seat has been recalled.



Figure 7. Lap and shoulder seat belts.



- Does not come with instructions. You need them to know how to use the seat. Instructions can be found on manufacturer websites or by contacting the manufacturer.
- Is missing parts. Used car safety seats often come without important parts. Check with the manufacturer to make sure you can get the right parts.
- Was recalled. You can find out by calling the manufacturer or contacting the National Highway Traffic Safety Administration (NHTSA) Vehicle Safety Hotline at 888/327-4236. You can also visit the NHTSA website at [www.safercar.gov](http://www.safercar.gov).
- Do not use seats that have been in a moderate or severe crash. Seats that were in a minor crash may still be safe to use, but some car safety seat manufacturers recommend replacing the seat after any crash, even a minor one. The NHTSA considers a crash minor if all the following situations are true:
  - The vehicle could be driven away from the crash.
  - The vehicle door closest to the car safety seat was not damaged.
  - No one in the vehicle was injured.
  - The airbags did not go off.
  - You can't see any damage to the car safety seat.

If you have specific questions about the car safety seat, contact the manufacturer. See *Manufacturer Websites*.

## About Airbags

- **Front airbags are installed in all new cars.** When used with seat belts, airbags work well to protect teenagers and adults; however, airbags can be very dangerous to children, particularly to those riding in rear-facing seats and to preschoolers and young school-aged children who are not properly restrained. If your vehicle has a front passenger airbag, infants in rear-facing seats must ride in the back seat. Even in a relatively low-speed crash, the airbag can inflate, strike the car safety seat, and cause serious brain injury and death.

Vehicles with no back seat or a back seat that is not made for passengers are not the best choice for traveling with small children; however, the airbag can be turned off in some of these vehicles if the front seat is needed for a child passenger. See your vehicle owner's manual for more information.

- **Side airbags are available in most new cars.** Side airbags improve safety for adults in side-impact crashes. Read your vehicle owner's manual for more information about the airbags in your vehicle. Read your car safety seat instructions and the vehicle owner's manual for guidance on placing the seat next to a side airbag.

## About Carpooling

If your child is being driven by someone else, make sure

- The car safety seat your child will be using fits properly in the vehicle used for transport.
- The car safety seat being used is appropriate for the age and size of your child.
- The person in charge of transporting your child knows how to install and use the car safety seat correctly.

Child care programs and schools should have written guidelines for transporting children, including

- All drivers must have a valid driver's license. In some states, school bus drivers need to have a special type of license.

- Staff to child ratios for transport should meet or exceed those required for the classroom.
- Every child should be supervised during transport, either by school staff or a parent volunteer, so the driver can focus on driving.
- School staff, teachers, and drivers should know what to do in an emergency, know how to properly use car safety seats and seat belts, and be aware of other safety requirements.

## About Car Safety Seats on Airplanes

The Federal Aviation Administration (FAA) and the AAP recommend that children less than 40 pounds be securely fastened in certified child restraints when flying. This will help keep them safe during takeoff and landing or in case of turbulence. Most rear-facing, convertible, and forward-facing seats can be used on airplanes, but booster seats and travel vests cannot.

Read your seat's instruction manual and look for a label on the car safety seat that says, "This restraint is certified for use in motor vehicles and aircraft." You can also consider using a restraint made only for use on airplanes and approved by the FAA. Larger children may use the airplane seat belt or continue to use their car safety seat on the airplane as long as it is labeled for use on aircraft and the child has not exceeded the seat's weight or height limit. Remember that your child will need an appropriate car safety seat to use at your destination. For more information, visit the FAA website at [www.faa.gov/travelers/fly\\_children](http://www.faa.gov/travelers/fly_children) or the CARES (Airplane Safety Harness for Children) website at [www.kidsflysafe.com](http://www.kidsflysafe.com).

## If You Need Installation Help

If you have questions or need help with installing your car safety seat, find a certified child passenger safety technician (CPST or CPS technician). Lists of certified CPSTs and child seat-fitting stations are available on the following websites:

### National Child Passenger Safety Certification

<https://cert.safekids.org> (Click on "Find a Tech" or call 877/366-8154.)

Includes list of CPSTs fluent in Spanish and other languages or with extra training in transportation of children with special needs.

### NHTSA Parents and Caregivers

[www.safercar.gov/parents/index.htm](http://www.safercar.gov/parents/index.htm)

## Important Reminders

- 1. Be a good role model.** Make sure you always wear your seat belt. This will help your child form a lifelong habit of buckling up.
- 2. Make sure that everyone who transports your child uses the correct car safety seat or seat belt on every trip, every time.** Being consistent with car safety seat use is good parenting, reduces fussing and complaints, and is safest for your child.
- 3. Never leave your child alone in or around cars, and lock your vehicle when it is not in use.** Any of the following situations can happen when a child is left alone in or around a vehicle. A child can
  - Die of heatstroke because temperatures can reach deadly levels in minutes.
  - Be strangled by power windows, retracting seat belts, sunroofs, or accessories.
  - Knock the vehicle into gear, setting it into motion.
  - Be backed over when the vehicle backs up.
  - Become trapped in the trunk of the vehicle.

- 4. Always read and follow the manufacturer's instructions for your car safety seat.** If you do not have those, write or call the company's customer service department. Staff will ask you for the model number, name of seat, and date of manufacture. The manufacturer's address and phone number are on a label on the seat. Also, be sure to follow the instructions in your vehicle owner's manual about using car safety seats. Some manufacturers' instructions may be available on their websites.
- 5. Remember to fill out and mail in the registration card that comes with the car safety seat.** You can also register your seat on the manufacturer's website. It will be important in case the seat is recalled.
- 6. Follow manufacturer directions for cleaning car seats.** Cleaning but not disinfecting is usually permitted because disinfectant products may decrease the protection provided by the seat and harnesses.

Figure 1 adapted from US Department of Transportation, National Highway Traffic Safety Administration (NHTSA). *LATCH Makes Child Safety Seat Installation as Easy as 1-2-3*. Washington, DC: NHTSA; 2011. DOT HS publication 809 489.

Figures 2, 3, 5, 6, and 7 by Anthony Alex LeTourneau.

Figure 4 from Bull MJ, Engle WK; American Academy of Pediatrics Committee on Injury, Violence, and Poison Prevention and Committee on Fetus and Newborn. Safe transportation of preterm and low birth weight infants at hospital discharge. *Pediatrics*. 2009;123(5):1424-1429.

