Essential
LIVING SKILLS

SAFE PRACTICES FOR YOUR INFANT

K-STATE
Research and Extension

KANSAS STATE UNIVERSITY AGRICULTURAL EXPERIMENT STATION AND COOPERATIVE EXTENSION SERVICE

Acknowledgments

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ESSENTIAL LIVING SKILLS – SAFE PRACTICES FOR YOUR INFANT

LEADER'S GUIDE

PROGRAM DESCRIPTION

Parents work hard to keep their children safe in a world that sometimes seems to present dangers on all sides. And one of the hardest things about being a parent is recognizing that some dangers are beyond your control.

So it's important to identify the dangers you can control and learn the steps you can take to keep your children safe. Learning about safe sleep practices, proper vaccination against common childhood diseases, and car seat safety will equip you to help your children grow up in a safe environment.

Comments/Notes

Section 1

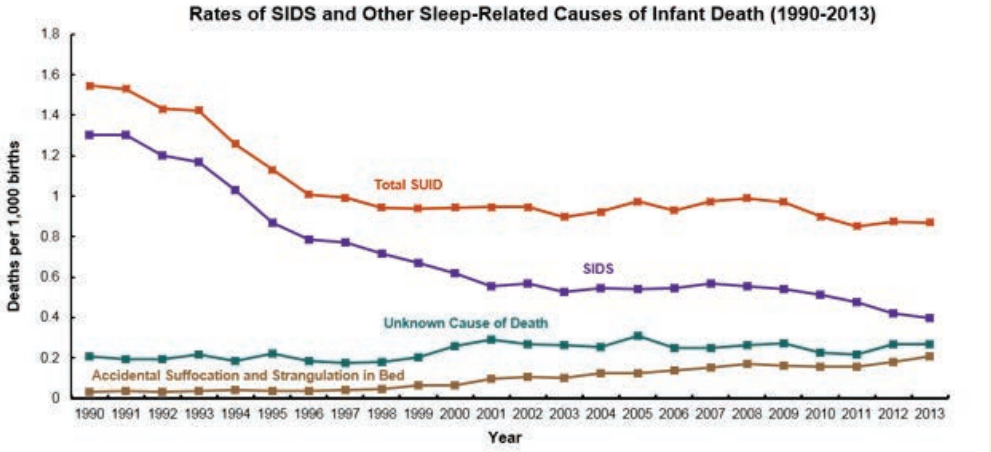
SAFE SLEEP PRACTICES

SIDS

Sudden Infant Death Syndrome (SIDS) is the sudden, unexplained death of a baby younger than 1 year of age that doesn't have a known cause even after a complete investigation. If there is still some uncertainty as to the cause after it is determined to be fully unexplained, then the medical examiner or corner might leave the cause of death as "unknown."

Fast Facts About SIDS (from the National Institute of Child Health and Development, part of the National Institutes of Health)

- SIDS is the leading cause of death among babies between 1 month and 1 year of age.
- More than 2,000 babies died of SIDS in 2010, the most recent year for this statistic.
- Most SIDS deaths occur in babies between 1 month and 4 months of age, and the majority (90 percent) of SIDS deaths occur before a baby reaches 6 months of age. However, SIDS deaths can occur anytime during a baby's first year.
- SIDS is a sudden and silent medical disorder that can happen to an infant who seems healthy.
- SIDS is sometimes called "crib death" or "cot death" because it is associated with the time when the baby is sleeping. Cribs themselves don't cause SIDS, but the baby's sleep environment can influence sleep-related causes of death.
- Slightly more boys than girls die of SIDS.
- In the past, the number of SIDS deaths seemed to increase during the colder months of the year. But today, the numbers are more evenly spread throughout the calendar year.
- SIDS rates for the United States have dropped steadily since 1994 in all racial and ethnic groups. Thousands of infant lives have been saved, but some ethnic groups are still at higher risk for SIDS.



Graph provided by: https://www.nichd.nih.gov/sts/about/SIDS/Pages/fastfacts.aspx

Comments/Notes

SAFE SLEEPING PRACTICES

Safe To Sleep (STS) is the best way to reduce the risk of Sudden Infant Death Syndrome (SIDS). Although SIDS is not preventable, there are ways for parents and caregivers to reduce the risk of SIDS and other sleep-related causes of infant death. Many of these actions aim to create the safest possible sleep environment for baby.

What Does a Safe Sleep Environment Look Like?

You can reduce your baby's risk of SIDS and other sleep-related causes of infant death in the following ways.

Use a firm sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Always place your baby on his or her back to sleep for naps and at night.

Dress your baby in sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Make sure nothing covers your baby's head.

Comments/Notes

Online, interactive way to create a safe sleep environment: https://www.nichd.nih.gov/sts/about/environment/room/Pages/default.aspx

There are ways parents and caregivers can reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death.

Always place your baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.

The back position is the safest: Babies who sleep on their backs are much less likely to die of SIDS than are babies who sleep on their stomachs or sides.

Put your baby on his or her back to sleep for all sleep times, including daytime naps and overnight, to reduce the risk of SIDS.

Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death.

Firm sleep surfaces can include safety-approved* cribs, bassinets, and portable play areas. Do not use a car seat, carrier, swing, or similar product as baby's everyday sleep area.

Babies who sleep on a soft surface, such as an adult mattress, or under a soft surface, such as a soft blanket or quilt, are more likely to die of SIDS and other sleep-related causes of infant death. Never place baby to sleep on soft surfaces, such as couches or sofas, pillows, quilts, sheepskins, or blankets.

** Visit the U.S. Consumer Product Safety Commission website for more information about crib safety.*

Give your baby a dry pacifier — not attached to a string — for naps and at night to reduce the risk of SIDS.

But don't force the baby to take the pacifier. If the pacifier falls out of the baby's mouth during sleep, you do not need to replace it. Wait until your baby is used to breastfeeding before trying a pacifier.

Do not let your baby get too hot during sleep.

Because blankets can make a baby too warm during sleep, use them as decoration in the room instead of in the crib with the baby. Dress your baby in no more than one layer of clothing more than an adult would wear to be comfortable, and leave the blanket out of the crib. A one-piece sleeper or sleep sack can be used for sleep clothing. If you notice baby sweating or breathing rapidly, he or she may be too warm.

Keep the room at a temperature that is comfortable for an adult.

Have the baby share your room, not your bed.

Room sharing — keeping baby's sleep area separate from your sleep area in the same room where you sleep — reduces the risk

Comments/Notes

http://www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/cribs/

of SIDS and other sleep-related causes of infant death, such as accidental suffocation. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

Keeping the baby's sleep area next to you makes it easier to feed and check on your baby. If you bring baby into your bed to feed, make sure to put him or her back in a separate sleep area, such as a safety-approved* crib, bassinet, or portable play area, in your room next to where you sleep when you are finished.

Keep soft objects, toys, crib bumpers, and loose bedding out of your baby's sleep area to reduce the risk of SIDS and other sleep-related causes of infant death.

While we all love the cute blankets for children, and the even cuter stuffed animals for our children, we need to keep them out of baby's sleep area. Stuffed animals and toys are great for when baby is awake, but keeping them and other objects out of the sleep area is best. Don't use pillows, blankets, quilts, sheepskins, or crib bumpers anywhere in your baby's sleep area. Why no crib bumpers? Evidence does not support using crib bumpers to prevent injuries. In fact, crib bumpers can cause serious injuries and even death. Keeping them out of baby's sleep area is the best way to avoid these dangers.

Every sleep time counts: Babies who are used to sleeping on their backs but who are then placed on their stomachs, such as for a nap, are at very high risk for SIDS.

Consider these other ways to reduce your baby's risk of SIDS and other sleep-related causes of infant death:

- Women should:
  - Get regular health care during pregnancy, and
  - Not drink alcohol or use illegal drugs during pregnancy or after the baby is born.
- Do not allow smoking around your baby to reduce the risk of SIDS. Don't smoke during pregnancy, and don't smoke or allow smoking around your baby.
- Breastfeed your baby to reduce the risk of SIDS. Breastfeeding also has many health benefits for mother and baby.
- Follow health-care provider guidance on your baby's vaccines and regular health checkups.
- Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of death. These wedges, positioners, and other products have not been tested for safety or effectiveness. Avoid them at all costs.

Comments/Notes

- Do not use home heart or breathing monitors to reduce the risk of SIDS. If you have questions about using these types of monitors for other health conditions, talk with your baby's health care provider.
- Give your baby plenty of tummy time when he or she is awake and when someone is watching. Supervised tummy time helps baby's neck, shoulder, and arm muscles get stronger. It also helps prevent flat spots on the back of your baby's head. Holding baby upright and limiting time in carriers and bouncers can also help prevent flat spots on the back of baby's head.

(Adapted from NICHD Safe to Sleep campaign https://www.nichd.nih.gov/sts/about/Pages/default.aspx)

Comments/Notes

Section 2

VACCINES, VACCINATION, IMMUNIZATION

WHAT'S THE DIFFERENCE?

Understanding the difference between vaccines, vaccinations, and immunizations can be confusing.

- **Vaccine:** A vaccine is a product that produces immunity from a disease and can be administered through needle injections, by mouth, or by aerosol.
- **Vaccination:** A vaccination is the injection of a killed or weakened organism that produces immunity in the body against that organism.
- **Immunization:** An immunization is the process by which a person or animal becomes protected from a disease. Vaccines cause immunization, and there are also some diseases that cause immunization after an individual recovers from the disease.

First, let us get to the most pressing issue with vaccines today. Do vaccines cause autism?

Vaccines do not cause autism!

Despite much controversy on the topic, researchers haven't found a connection between autism and childhood vaccines. In fact, the original study that ignited the debate years ago has been retracted, and the scientist has had his license to practice medicine revoked.

Why and when did people begin thinking that childhood vaccines such as the measles, mumps, and rubella (MMR) shots, caused autism? Dr. Andrew Wakefield, a British surgeon and medical researcher, published a now completely discredited study in *The Lancet* (a United Kingdom medical journal) in 1998 claiming to have found a connection between vaccines and the onset of autism. Autism is a brain development disorder that causes social, cognitive, and communication impairments.

Initially, the results of this paper caused fear in parents and pediatricians across the globe. But after a decade-long investigation of both Wakefield's research, and studies of more than 25 million children, researchers concluded that vaccines do not cause autism.

Wakefield's paper was retracted in 2010 because of the paper's scientific limitations, which were not based on sound research techniques, and used such a small group of 12 children as test subjects. Since the original, and now discredited, study in 1998, no link to autism has been found in any of the 58 studies researchers have analyzed. However, the leftover of Wakefield's small but dramatized findings have left millions of children unvaccinated. In fact, one out of four parents believe vaccines cause autism in otherwise healthy children, and there has consequently been a steady decline in vaccinations. In the past 20

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years, vaccines given to infants and young children will prevent 322 million illnesses, 21 million hospitalizations, and 732,000 deaths throughout their lifetime, according to the Centers for Disease Control and Prevention (CDC).

Are vaccine side effects dangerous?

All vaccines can cause side effects. However, in most cases these side effects are relatively minor, and include low-grade fever, fussiness, and soreness at the injection site. Some vaccines might cause a temporary headache, tiredness, or loss of appetite. On very rare occasions, a child might experience a severe allergic reaction or a neurological side effect, such as a seizure.

Although these rare side effects are a concern, the risk of a vaccine causing serious harm or death is extremely small. The benefits of getting a vaccine are much greater than the possible side effects for almost all children.

Why are vaccines given so early?

The diseases that childhood vaccines are meant to prevent are most likely to occur when a child is very young and the risk of complications is greatest. Children under 5 are especially susceptible to disease because their immune systems have not built up the necessary defenses to fight infection. By immunizing on time (by age 2), you can protect your child from disease and also protect others at school or daycare.

Is it OK to pick and choose vaccines?

In general, skipping vaccines isn't a good idea. This can leave your child vulnerable to potentially serious diseases that could otherwise be avoided. And consider this: For some children, especially those who can't receive certain vaccines for medical reasons, the only protection from vaccine-preventable diseases is the immunity of the people around them.

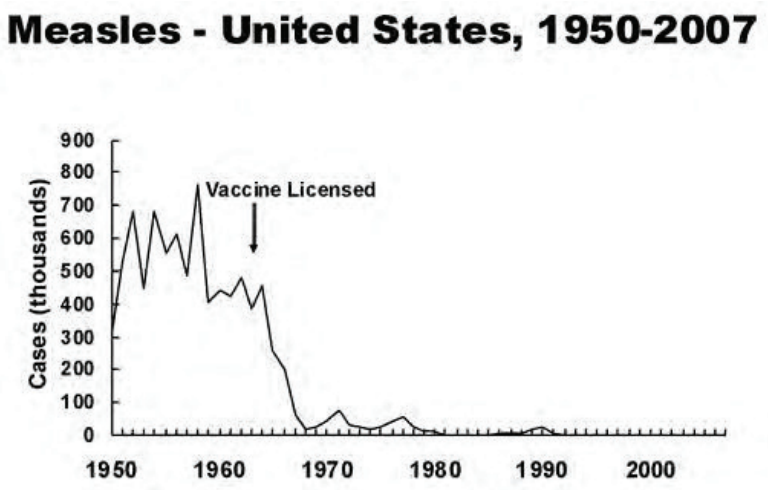
If you have reservations about particular vaccines, discuss your concerns with your child's doctor. If your child falls behind the standard vaccines schedule, ask the doctor about catch-up immunizations.

Comments/Notes

VACCINE EFFECTIVENESS

Vaccines are highly effective. While no medicine is perfect, most childhood vaccines are effective between 90 and 100 percent of the time.

It is readily apparent to even the naked eye that when a vaccine is made available, the cases of the targeted disease drop dramatically. Here is a graph from the U.S. Department of Health and Human Services showing the reduction in measles:



Adapted from: http://www.vaccines.gov

Measles vaccine was licensed in 1962, and as you can see, that's when the number of cases started to decline. (Measles didn't completely disappear after 1993; there have just been too few cases to show up on this graph.)

Vaccines are the most effective tools we have to prevent infectious diseases.

However, some people have been led to believe that naturally acquired immunity, that is, immunity from having the disease itself, is better than the immunity provided by vaccines. However, natural infections can cause severe complications and be deadly. This is true even for diseases that most people consider mild, such as chickenpox. It is impossible to predict who will get serious infections that may lead to hospitalization or the devastation of death from a preventable disease. We highly recommend that no parent or primary caregiver subject a child to a potentially fatal illness out of a belief that natural immunity is "better."

For an exhaustive list of recommendations, analysis of vaccine effectiveness, vaccine scheduling, and vaccine safety, please visit http://www.vaccines.gov.

Should you have any concerns about vaccinating your child, please contact your health department, your pediatrician, or your local extension agent for more information about vaccinations.

Comments/Notes

Section 3

CAR SEAT SAFETY

SAFETY

Car seat safety is of the utmost importance for protecting your child during even the shortest of travels. However, knowing how to safely secure your growing child can be difficult. Below are 10 common mistakes adults make with car seats, and how to prevent them from harming your family.

1. Buying a used car seat without knowing about it.

If you can afford it, avoid used car seats. However, considering the reality of the expense of having a child, some people may choose a used car seat. If you do, make sure the car seat comes with instructions and a label showing the manufacture date and model number. Make sure it has not been recalled by checking the model and date here: http://www-odi.nhtsa.dot.gov/recalls/childseat.cfm

Also, make sure it is not expired or more than six years old, has no visible damage, has all of its parts, and has never been in a crash. If you don't know the car seat's history, don't use it! You would never want to have to live with knowing that your child was hurt or worse because you got a bargain on a used, but faulty, car seat.

2. Placing the car seat in the wrong spot.

The safest place for your child's car seat is the back seat, away from active air bags. Please note that this is a different place to put a child than many of us grew up with. Always put your child in the back seat, away from the airbags in the front.

If it becomes necessary for a child to travel in a vehicle with only one row of seats, deactivate the front air bags or have a professional install a power switch to prevent air bag deployment during a crash.

Check your car manufacturer's recommendations for placing your child in the back seat. Some recommend placing her in the middle, and some recommend placing her behind either the driver's or passenger's seat.

3. Using the car seat as a replacement crib.

A car seat is designed to protect your child during travel. It's not for use as a replacement crib in your home. Some research has indicated that sitting upright in a car seat might compress a newborn's chest and lead to lower levels of oxygen. Even mild airway obstruction can impair a child's development.

Sitting in a car seat for lengthy periods can also contribute to the development of a flat spot on the back of your baby's head (plagiocephaly) and worsen gastroesophageal reflux disease (GERD) — a chronic digestive disease. Although it's essential to buckle your child into a car seat during travel, do not let your

Comments/Notes

Adapted from the Mayo Clinic at: http://www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/car-seat-safety/art-20043939

child sleep or relax in the car seat for long periods of time out of the car, as this is unhealthy for him.

4. Incorrectly installing the car seat or buckling up your child.

When you install a car seat, read both the manufacturer's instructions, and the vehicle owners' manual car seat recommendations. Make sure that it is facing the correct direction for the size of your child. The American Academy of Pediatrics recommends that children should be rear-facing until they outweigh the manufacturer's guidelines for their model of car seat. A 2007 study found that children under age 2 are 75 percent less likely to die or to be severely injured in a crash if they are rear-facing. Another study found riding rear-facing to be five times safer than forward-facing. In short, keep your child rear-facing as long as the car seat's manufacturer allows.

Correctly used child safety seats can reduce the risk of death by as much as 71 percent

Secure the seat tightly, with no more than an inch of movement from side to side or front to back when held and rocked at the bottom near the anchor points (where the car seat attaches to the automobile's seat).

If you are using an infant-only seat or a convertible seat in the rear-facing position, keep these tips in mind:

- Properly use the harness slots described in the car seat's instruction manual, usually at or below the child's shoulders.
- Place the harness or chest clip even with your child's armpits. Be sure the straps and harness lie flat against your child's chest and over his or her hips with no slack in the straps.
- Position the car seat's carrying handle according to the manufacturer's instructions.

There are multiple locations across the United States where parents and other primary caregivers can consult a trained professional at a Car Seat Inspection Station to make sure that their child's car seat has been properly installed. To search for one near you, go to: http://www.safercar.gov/cpsApp/cps/index.htm

5. Reclining your child at the incorrect angle.

When a child is rear-facing, remember to recline your car seat according to the manufacturer's instructions so that your child's head doesn't flop forward. Many car seats include angle indicators (bubble viewers) and adjusters. You can also place a tightly rolled towel under the seat's front edge to achieve the proper angle, but only do so if your seat will not reach the proper angle without it.

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To prevent slouching, place tightly rolled baby blankets alongside your newborn. If necessary, place a rolled washcloth between the crotch strap and your baby to prevent slouching. Please do not use other products unless they came with the car seat or from the manufacturer, as they might actually harm your child in the event of an accident.

6. Moving to a forward-facing car seat too soon

Placing your child forward facing so he can see the road or you can see her smile is a risky proposition. Rear facing car seats are recommended until children are at least age 2 or the highest weight, typically at least 35 pounds (about 16 kilograms), or height allowed by the car seat manufacturer.

Some families have a convertible seat, which can be used rear facing or forward facing, and typically has a higher rear-facing weight and height limit than does an infant-only seat. Some families will also switch from an infant-only seat to the convertible variety as their baby grows.

When your child reaches age 2 or the rear-facing weight or height limit of the convertible seat, you can face the seat forward. When you make the switch:

- Install the car seat in the back seat according to the manufacturer's instructions, using either the seat belt or Lower Anchors and Tethers for Children (LATCH) system.
- Use the tether strap that hooks to the top of the seat and attaches to an anchor in the vehicle for added, but necessary, stability.
- Adjust the harness straps so they're threaded at or above your child's shoulders. Make sure the harness is snug on your child's body, and not too loose.

7. Dressing your child in bulky outerwear.

Harness straps might not provide enough protection over a baby's bulky outerwear. If it's cold, put your baby or young child in a lightweight jacket and hat. Buckle the harness snugly and then tuck a warm blanket around him. Saving the bulky outerwear for outdoors is not only safer for car seats, but your child will be warmer when she puts on that extra layer before going into the cold.

8. Moving to a booster seat too soon.

Older children need booster seats to help an adult seat belt fit correctly over them. Switch to a booster seat once a child has grown beyond the tallest or heaviest (usually 40 to 80 pounds) allowed by the car seat manufacturer. Your child will always be safer remaining in a car seat with a harness for as long as possible.

Comments/Notes

9. Incorrectly using a booster seat.

Booster seats must be used with a lap and shoulder belt. Do not put the shoulder strap behind the child! Make sure the lap belt lies low and snug across your child's upper thighs and that the shoulder belt crosses the middle of your child's chest and shoulder.

Some booster seats come without backs. Backless booster seats also must be used with a lap and shoulder belt. Again, do not put the shoulder strap anywhere but across the middle of your child's chest. If your vehicle has low seat backs or doesn't have a headrest to protect your child's head and neck in a crash, consider using a high-back booster that fits your child's height and weight.

10. Not using any booster or car seat too soon.

Most kids can safely use an adult seat belt sometime between ages 8 and 12. Here's how to know that your child is ready for the adult seat belt with no booster:

- Your child reaches a height of 4 feet 9 inches (nearly 1.5 meters).
- Your child sits against the back of the seat with his or her knees bent comfortably at the edge of the seat, and can remain that way for the entire trip.
- The lap belt rests flat and snugly across your child's upper thighs, and the shoulder belt rests on the middle of your child's shoulder and chest, and not on her neck or face. If it is on her neck or face, this is an extraordinarily unsafe situation, and could cause severe harm or death to your child.

Make sure your child doesn't tuck the shoulder belt under his or her arm or behind his or her back. Also, keep in mind that the back seat is the safest place for children younger than age 13.

If you have questions about child passenger safety laws or need help installing a car seat, participate in a local car seat clinic or inspection event. You can also check with the National Highway Traffic Safety Administration at http://www.safercar.gov/cpsApp/cps/index.htm and http://www-odi.nhtsa.dot.gov/recalls/childseat.cfm for information about finding a car seat inspection station and car seat recalls. You can also consult your local extension agent for assistance with finding a car seat inspection station.

The single most important aspect of child car seat safety is knowing your specific car seat manufacturer's recommendations for the model of car seat you have. Keep them with you in the glove compartment so you will always have them handy, especially if you need to switch the seat to a different car.

Comments/Notes

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