



# Sudden Infant Death Syndrome

**Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant under one year of age, which remains unexplained after a thorough investigation.**

One of the best ways to reduce the risk of SIDS is to place healthy infants on their backs when putting them down to sleep at nighttime or nap time. This is because recent studies have shown an increase in Sudden Infant Death Syndrome in infants who are positioned on their stomach to sleep. There is no evidence that sleeping on the back is harmful to healthy infants.

## **Tips to reduce the risk of SIDS:**

- Place your baby on his back to sleep at nighttime and nap time.
- Place your baby on a firm mattress in a safety approved crib. Do not place infants on waterbeds, sofas, mattresses or other soft surfaces. Pillows, comforters or sheepskins should not be used under the baby.
- Remove fluffy, soft or loose bedding from the sleep area. Pillows, quilts, comforters, sheepskins, pillow like crib bumpers and stuffed toys should be kept out of the crib as they can cover your infant's head and airway.
- Keep your baby's head and face uncovered during sleep. Use sleep clothing with no other covering over the baby. If you do use a blanket, be sure the infant's feet are at the bottom of the crib, the blanket is no higher than the baby's chest, and the blanket is tucked in around the mattress to keep him safe.
- Do not smoke before or after the birth of your baby. Do not let others smoke around the baby.
- Don't let your baby become overheated during sleep. Keep the temperature of the baby's room so it feels comfortable for an adult. Dress your baby in as much or little clothing as you would wear.

## **Keep the following points in mind:**

- Devices designed to maintain sleep position or to reduce the risk of re-breathing are not recommended since many have not been tested sufficiently for safety. None have been shown to reduce the risk of SIDS.
- Babies should be allowed supervised "tummy time" during awake periods to promote shoulder and muscle development and avoid flat spots on the back of the head.
- Keep your baby's sleep area close to, but separate from, where you and others sleep. Your baby should not sleep in a bed, on a couch or armchair with adults or other children, but he can sleep in the same room as you. If you bring the baby into bed with you to breastfeed, put him back in a separate sleep area, such as a bassinet, crib or cradle.
- Consider using a pacifier at naptime and bedtime.

For breastfeeding infants, delay pacifier introduction until the baby is 1 month old to establish breastfeeding. For all babies offer a pacifier when putting down to sleep. Do not force a baby to take a pacifier. If the pacifier falls out of the baby's mouth, do not put it back into the mouth. Do not put any sweet solution on the pacifier. Pacifiers should be cleaned and checked often and replaced regularly.

## **Share all of these important tips with babysitters, grandparents and other caregivers.**

The American Academy of Pediatrics, First Candle and the US Consumer Products Safety Commission suggest the use of a wearable blanket, like the HALO® SleepSack® wearable blanket, to replace loose blankets in their guidelines for SIDS and SUI.



# Shaken Baby Syndrome

## Shaken Baby Syndrome or SBS is when a baby is "shaken" forcefully.

The movement of the baby's head back and forth when shaken can cause bleeding and increased pressure on the brain. A baby's neck muscles are not strong enough to tolerate this "whiplash" motion, and the brain is too fragile to handle it. SBS is one of the leading forms of child abuse. Many babies die. Many others have irreversible brain damage. Those who survive may be blind, have mental retardation, paralysis, seizure disorders, learning and speech disabilities or neck and back damage.

If you are a parent of a new baby, there may be times when you will become frustrated and maybe even angry when your baby cries. You may have tried everything to comfort him, but nothing seems to help.

Sleep is hard to come by and you may find yourself at wit's end. The number one reason that a baby is "shaken" is for "non-stop" crying.

If you are feeling as if you cannot deal with your baby's crying and you have met the baby's basic needs (clean diaper, fed, appropriate clothes, gently rocked, held, etc.) then stop, think and reach out for help if you need it. DO NOT SHAKE YOUR BABY. If you think your baby has been shaken... go to the emergency room.

### Here is a list of things to think about if you become frustrated:

- REMEMBER – NEVER THROW OR SHAKE YOUR BABY NO MATTER WHAT.
- Take a breath.
- Close your eyes and count to 10.
- Put the baby down in his crib and leave for a few minutes to gain composure.
- Ask a friend, neighbor or family member to take over for a while.
- Give yourself a "timeout."
- Do not pick the baby up until you feel calm.
- If you feel he is ill, call your healthcare provider right away or take him to the hospital.

### Signs and symptoms of Shaken Baby Syndrome:

- Irregular, difficult or stopped breathing
- Extreme crankiness
- Seizures and vomiting
- Tremors or shakiness
- Difficulty staying awake
- No reaction to sounds or acts lifeless

If you or a caregiver has violently shaken your baby because of frustration or anger, the most important step you can take is to seek medical attention IMMEDIATELY. Do not let fear, shame or embarrassment keep you from doing the right thing.

Getting the necessary and proper treatment without delay may save your child's life.

### Resources:

The National Coalition on  
Shaken Baby Syndrome  
[mail@dontshake.com](mailto:mail@dontshake.com)

[www.dontshake.com](http://www.dontshake.com)  
1-888-273-0071 (toll free)

The Shaken Baby Alliance  
[info@shakenbaby.com](mailto:info@shakenbaby.com)

[www.shakenbaby.com](http://www.shakenbaby.com)  
1-877-6ENDSBS (toll free)

National Institute of Child  
Health & Human Development  
[NICHDClearinghouse@mail.nih.gov](mailto:NICHDClearinghouse@mail.nih.gov)  
[www.nichd.nih.gov](http://www.nichd.nih.gov)  
1-800-370-2943

The ARC  
[info@thearc.org](mailto:info@thearc.org)

[www.thearc.org](http://www.thearc.org)  
1-301-565-3842

Prevent Child Abuse America  
[mailbox@preventchildabuse.org](mailto:mailbox@preventchildabuse.org)  
[www.preventchildabuse.org](http://www.preventchildabuse.org)  
1-312-663-3520

Think First Foundation  
[thinkfirst@thinkfirst.org](mailto:thinkfirst@thinkfirst.org)  
[www.thinkfirst.org](http://www.thinkfirst.org)  
1-800-THINK-56



# Car Seat Guidelines

## PROPER INSTALLATION OF YOUR BABY'S CAR SEAT

### Basic Guidelines

Every state requires that infants and children ride buckled up. Using a car safety seat correctly can help prevent injuries to your infant. The biggest mistake new parents make is keeping the new car seat they received as a shower gift in the box. Many new dads come to the hospital with it STILL IN THE BOX for the nurses to help put it in the car. THEY WON'T.

It is your responsibility to know the proper installation of your baby's car seat. Go to a car seat safety class at your hospital or clinic. If they do not offer this class, check with your car dealership to see if they can guide you to a class. The National Highway and Traffic Safety website, [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov), has child safety inspection station locations. Take the time to know how important it is for proper installation of the seat, harnesses and buckles, and how to position them. Car seats can be hard to install and use correctly without instruction and help. It is a good idea to practice installing and adjusting the car seat before the birth of your baby. If you have trouble at first, you have time to practice and get the proper help that you need.

A baby needs a safety car seat from the moment he takes his very first ride home from the hospital. Although you may feel like it is safer to hold your baby in your arms, IT IS NOT! An infant car seat should state that it complies with the Federal Vehicle Safety Standard 213.

The law states that all infants must ride rear-facing until one year and 20 pounds. The AAP and some safety advocates recommend that they continue to ride rear-facing as long as possible, and to the upper most weight limits of the convertible seat, which is usually 30-33 pounds. This is to promote continued head and neck safety in the event of a crash.

The "best" car safety seat is one that fits your newborn and can be set up the right way for your car. You must use it EVERY time you take your baby in the car. Using a car seat correctly makes all the difference in the world.

It does not matter if it is the most expensive... if it is not installed properly, it may not protect your baby.

**Take the time to review the following points and remember take a minute to check and be sure:**

- An infant in a rear-facing seat should not be used in front of an active airbag.
- The safest place is in the middle of the back seat (depending on the car).
- Infants should remain rear-facing to the upper limits of the car seat or at a minimum, until the child is over one year and over 20 pounds.



Infant-only seats may come with more than one harness slot. They allow room for your baby to grow. In the rear-facing position, the harness usually should be in the slots at or below your baby's shoulders. Check the car safety seat manufacturer's instructions to be sure.

### Note: Toddlers can be five times safer!

According to the American Academy of Pediatrics, new research indicates that it is best practice to keep your toddler rear-facing in a car safety seat up to their second birthday as long as they do not exceed the height and weight limit of the car seat.

### What are the basic guidelines for proper safety seat use?

- Tightly install a child seat in the back seat, facing the rear. The infant seat should not move more than an inch side-to-side at the seat belt pathway.
- Infant seat should recline at approximately a 45-degree angle.
- Harness straps/slots at or below shoulder level (lower set of slots for most convertible child safety seats).
- Harnesses should be a snug fit.
- Be careful about attaching toys to harness straps or using mobiles to keep the infant occupied. The addition of hard objects is not recommended as they can injure the child in the event of a crash or sudden stop.

### Are You Using a Second-Hand Car Safety Seat? Double-Check Everything!

A new car safety seat is best. However, if you must get a used seat, shop very carefully. To tell if a used car safety seat is safe, keep the following points in mind:

#### Do not use a car safety seat that...

- Is too old. Look on the label for the date it was made. If it is more than 5 years old, it should not be used. Some manufacturers recommend that car safety seats only be used for 5-6 years. Check with the manufacturer to find out how long the company recommends using their seat.
- Was in a crash. It may have been weakened and should not be used, even if it looks fine. Do not use a car safety seat if you do not know its full history.
- Does not have a label with the date of manufacture and seat name or model number. Without these, you cannot check on recalls.
- Does not come with instructions. You need to know how to use the car safety seat. Do not rely on the former owner's directions. Get a copy of the instruction manual from the manufacturer before you use the seat.
- Has any cracks in the frame of the seat.
- 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.

### Has the Car Safety Seat Been Recalled?

- You can find out by calling the manufacturer or the Auto Safety Hot Line at 1-888/DASH-2-DOT (1-888/327-4236), from 8:00 am to 10:00 pm ET, Monday through Friday.
- If the infant car seat has been recalled, follow the instructions to fix it or return it.
- Another good resource is NHTSA at [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov).
- Get a registration card for future recall notices for your model.
- Send in your registration card.

Know the history of a hand-me-down! Even if there was a car crash at 5 miles per hour, a child car seat should not be used again.

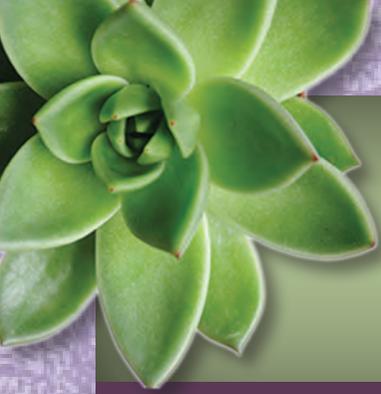
You will find that infant-only car safety seats lock into shopping carts, but please do not do this. Although infant seats may help prevent falls from shopping carts, injuries may occur if the cart tips over. The weight of an infant alone in a car seat placed high in a shopping cart makes the cart top-heavy and more likely to tip over. You will find built-in infant seats in some stores' shopping carts. These, too, have been known to tip over. Instead, consider using a stroller while shopping with young infants.

## A REVIEW

### Basics of Car Safety Seat Use

- Always use a car safety seat, starting with your baby's first ride home from the hospital, and always use your own seat belt. Help your child form a lifelong habit of buckling up.
- Read the car safety seat manufacturer's instructions and always keep them with the car safety seat.
- Read your vehicle owner's manual for important information on how to install the car safety seat correctly in your vehicle.
- The safest place for all children to ride is in the back seat.
- Never place a child in a rear-facing car safety seat in the front seat of a vehicle that has an active passenger airbag.

***Be a good example to your children...  
always buckle up!***



# Skin-to-Skin

## EARLY SKIN-TO-SKIN CONTACT FOR MOTHERS AND THEIR HEALTHY NEWBORN INFANTS

Seeing your baby for the first time is an experience you will never forget. All those months of preparing and dreaming have finally become real. As the baby is delivered and his airway is assessed, you will see your healthcare provider dry your baby with a towel. Assuming there are no complications, the baby should be placed directly onto your chest. A member of your labor team will cover the baby with a warm blanket. Now, the bonding can begin. This connection of the unwrapped baby lying directly on your skin is called skin-to-skin contact and can provide you and your baby time to get to know each other. This initial snuggling also has very important health benefits.

According to the American Academy of Pediatrics (AAP), a healthy newborn should be placed and stay in direct skin-to-skin contact with his mother immediately after delivery and until the first feeding is accomplished. Research has shown that your baby's senses will immediately begin to react. He can hear and feel your heartbeat and become familiar with the feel of your skin. Skin-to-skin has proven to help regulate your baby's temperature, blood sugar and heart rate. Studies have also shown that baby's are much more alert and cry less during this snuggling time.

In the past, hospitals would routinely separate mothers and babies after birth. They would be whisked away to be weighed, measured and foot printed. A new family would peer through the nursery window to see a line of cribs and try to identify which baby was theirs!

The best start for breastfeeding is when a baby is kept skin-to-skin with the mother immediately after birth for at least an hour. The baby's sense of smell allows him to find the breast to begin the initial latch-on. Research has shown that skin-to-skin babies breastfeed better and stay awake during the feeding. In addition, skin-to-skin babies have shown to breastfeed an average of six weeks longer.



Now experts agree and understand how important it is for a mother and her baby to be close to one another as early and for as long as possible in the first few weeks and months of life. There are many reasons why skin-to-skin contact is vital for a baby's healthy growth and development. It also may allow you to feel more confident in caring for your new baby.

### **Your touch is how you communicate with your child**

How many times have you had someone hold your hand or give you a hug and you automatically had a sense of peace and comfort? The science of touch, which is one of our five senses, is real and has been proven an important part of bonding at birth and beyond.

It is important for you to talk with your healthcare provider about your desire for skin-to-skin contact immediately after delivery. You may also want to include this information in your birth plan if you intend to write one. You should also remind your birth team when you are in labor that you would like skin-to-skin connection, barring any unforeseen complications.



**Note:** Keep in mind, fathers and other family members can bond with the new baby through skin-to-skin contact. This contact can create special bonds with the entire family.

## For the premature infant

Skin-to-skin contact, also referred to as Kangaroo Care, can contribute much to the care of the premature baby. Even babies on oxygen can be cared for skin-to-skin. It can help reduce their need for oxygen, and keeps them more stable in other ways as well. It is so beneficial and therapeutic for both you and your baby. You actually get to feel your baby breathe and sense the heartbeat right next to your own. Your baby also gets to know you and may hear your heartbeat as well, which is a very familiar sound to your newborn. The nice thing about Kangaroo Care is that dad or your partner can also hold the baby this way.



## To review

**Skin-to-skin contact immediately after birth has these positive effects on a newborn:**

- Stable and normal skin temperature.
- Stable and normal heart rate and blood pressure.
- Stable blood sugar.

**In addition, the baby will:**

- Cry less.
- Latch-on the breast better.
- Exclusively breastfeed longer