



BRIGHT FUTURES HANDOUT ► PARENT

18 MONTH VISIT

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

✓ YOUR CHILD'S BEHAVIOR

- Expect your child to cling to you in new situations or to be anxious around strangers.
- Play with your child each day by doing things she likes.
- Be consistent in discipline and setting limits for your child.
- Plan ahead for difficult situations and try things that can make them easier. Think about your day and your child's energy and mood.
- Wait until your child is ready for toilet training. Signs of being ready for toilet training include
 - Staying dry for 2 hours
 - Knowing if she is wet or dry
 - Can pull pants down and up
 - Wanting to learn
 - Can tell you if she is going to have a bowel movement
- Read books about toilet training with your child.
- Praise sitting on the potty or toilet.
- If you are expecting a new baby, you can read books about being a big brother or sister.
- Recognize what your child is able to do. Don't ask her to do things she is not ready to do at this age.

✓ TALKING AND HEARING

- Read and sing to your child often.
- Talk about and describe pictures in books.
- Use simple words with your child.
- Suggest words that describe emotions to help your child learn the language of feelings.
- Ask your child simple questions, offer praise for answers, and explain simply.
- Use simple, clear words to tell your child what you want him to do.

✓ HEALTHY EATING

- Offer your child a variety of healthy foods and snacks, especially vegetables, fruits, and lean protein.
- Give one bigger meal and a few smaller snacks or meals each day.
- Let your child decide how much to eat.
- Give your child 16 to 24 oz of milk each day.
- Know that you don't need to give your child juice. If you do, don't give more than 4 oz a day of 100% juice and serve it with meals.
- Give your toddler many chances to try a new food. Allow her to touch and put new food into her mouth so she can learn about them.

✓ YOUR CHILD AND TV

- Do activities with your child such as reading, playing games, and singing.
- Be active together as a family. Make sure your child is active at home, in child care, and with sitters.
- If you choose to introduce media now,
 - Choose high-quality programs and apps.
 - Use them together.
 - Limit viewing to 1 hour or less each day.
- Avoid using TV, tablets, or smartphones to keep your child busy.
- Be aware of how much media you use.

Helpful Resources: Poison Help Line: 800-222-1222

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

18 MONTH VISIT—PARENT

✓ SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. This will probably be after the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is the safest.
- Everyone should wear a seat belt in the car.
- Keep poisons, medicines, and lawn and cleaning supplies in locked cabinets, out of your child's sight and reach.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Do not make your child vomit.
- When you go out, put a hat on your child, have him wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on his exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.

WHAT TO EXPECT AT YOUR CHILD'S 2 YEAR VISIT

We will talk about

- Caring for your child, your family, and yourself
- Handling your child's behavior
- Supporting your talking child
- Starting toilet training
- Keeping your child safe at home, outside, 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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Your child at 18 months*



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 18 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What most children do by this age:

Social/Emotional Milestones

- Moves away from you, but looks to make sure you are close by
- Points to show you something interesting
- Puts hands out for you to wash them
- Looks at a few pages in a book with you
- Helps you dress him by pushing arm through sleeve or lifting up foot

Language/Communication Milestones

- Tries to say three or more words besides "mama" or "dada"
- Follows one-step directions without any gestures, like giving you the toy when you say, "Give it to me."

Cognitive Milestones (learning, thinking, problem-solving)

- Copies you doing chores, like sweeping with a broom
- Plays with toys in a simple way, like pushing a toy car

Movement/Physical Development Milestones

- Walks without holding on to anyone or anything
- Scribbles
- Drinks from a cup without a lid and may spill sometimes
- Feeds herself with her fingers
- Tries to use a spoon
- Climbs on and off a couch or chair without help

* It's time for developmental screening!

At 18 months, your child is due for general developmental screening and an autism screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child's developmental screening.

Other important things to share with the doctor...

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

You know your child best. Don't wait. If your child is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your child's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at [cdc.gov/FindEI](https://www.cdc.gov/FindEI).

For more on how to help your child, visit [cdc.gov/Concerned](https://www.cdc.gov/Concerned).

**Don't wait.
Acting early can make
a real difference!**



Download CDC's
free Milestone
Tracker app



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Help your child learn and grow

As your child's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your child's doctor and teachers if you have questions or for more ideas on how to help your child's development.



- Use positive words and give more attention to behaviors you want to see (“wanted behaviors”). For example, “Look how nicely you put the toy away.” Give less attention to those you don’t want to see.
- Encourage “pretend” play. Give your child a spoon so she can pretend to feed her stuffed animal. Take turns pretending.
- Help your child learn about others’ feelings and about positive ways to react. For example, when he sees a child who is sad, say “He looks sad. Let’s bring him a teddy.”
- Ask simple questions to help your child think about what’s around her. For example, ask her, “What is that?”
- Let your child use a cup without a lid for drinking and practice eating with a spoon. Learning to eat and drink is messy but fun!
- Give simple choices. Let your child choose between two things. For example, when dressing, ask him if he wants to wear the red or blue shirt.
- Have steady routines for sleeping and eating. For example, sit at the table with your child when she’s eating meals and snacks. This helps set mealtime routines for your family.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Children learn by talking, playing, and interacting with others. Limit your own screen time when you are with your child so you are able to respond to her words and actions.
- Ask your child’s doctor and/or teachers if your child is ready for toilet training. Most children are not successful at toilet training until 2 to 3 years old. If he is not ready, it can cause stress and setbacks, which can cause training to take longer.
- Expect tantrums. They are normal at this age and should become shorter and happen less often as your child gets older. You can try distractions, but it’s ok to ignore the tantrum. Give him some time to calm down and move on.
- Talk with your child by facing her and getting down to her eye level when possible. This helps your child “see” what you’re saying through your eyes and face, not just your words.
- Start to teach your child the names for body parts by pointing them out and saying things like “Here’s your nose, here’s my nose,” while pointing to her nose and your own.

To see more tips and activities download CDC’s Milestone Tracker app.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Download CDC's
free Milestone
Tracker app



Learn the Signs. Act Early.

18 months old

Child's name _____

Length _____ Weight _____ Date _____

Weight for Length percentile _____ %

Food for Thought

What foods does your child like to eat?

Is your baby eating as you expected?

Do you eat together as a family?

Do you allow your child to stop eating when he or she is full?

Is dessert offered as a reward?

What types of activities are you doing as a family?

- Turn off the TV at meal time.
- Do not let your child eat while in the car.
- Do not use food as a comfort or reward.

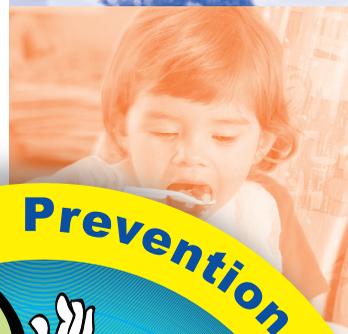
Be Active

- Your child will naturally like to run and climb.
- Make sure your child is not sitting for more than one hour at a time.
- Play with your child daily.
- Screen time (TV, computer, electronic games) not recommended under age 2.

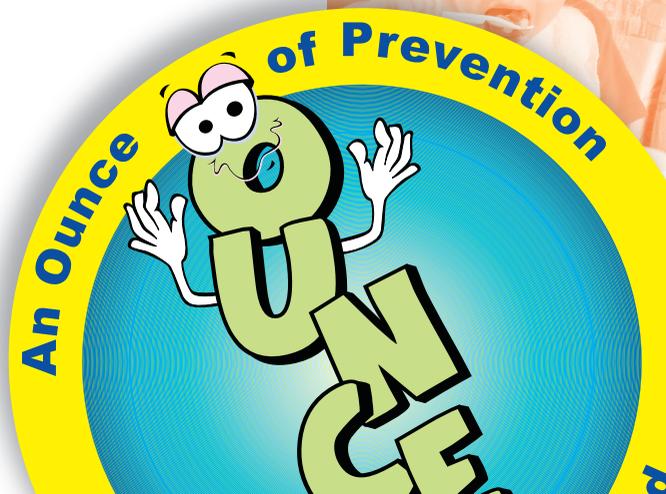
Feeding Advice

- Your child should be completely weaned from the bottle.
- If your child is hungry, provide him or her with healthy, planned snacks, twice a day.
 - Snacks should be offered 1-2 hours before meals.
 - Think of snacks as small meals between bigger meals, give your child the same kind of foods you would give at meal time.
- Limit sweets, desserts and avoid giving them candy.
- Water is best if your child is thirsty.
- Your child should be allowed to stop eating when they are full.
- **Sit down and eat together as a family.**
- Be a good role model, make sure you're eating and serving foods from all 5 food groups.
- Fruits & Vegetables – ½ cup fresh, frozen or canned, 4-6 servings per day.
- Bread, cereal, rice, pasta – ½ slice or ¼ cup, 5-6 servings per day.
- Meat, poultry, fish & eggs – 1 ounce, ¼ cup cooked or 1 egg, 2 servings per day.
- Milk, yogurt – ½ cup; cheese – ½ oz., 3-4 servings per day.
- **100% fruit juice and no more than 4-6 oz./day.**
- You may need to offer a food more than 10 times before your child will accept it.

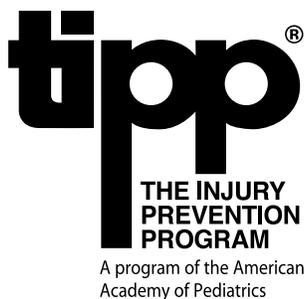
Notes:



The Ounce of Prevention Program is a collaboration of the Ohio Department of Health, Healthy Ohio; the American Academy of Pediatrics—Ohio Chapter; Nationwide Children's Hospital; the American Dairy Association Mideast and the Ohio Dietetic Association. May be reproduced in its entirety for educational purposes. February 2010



1 to 2 years



1 TO 2 YEARS

Safety for Your Child

Did you know that injuries are the leading cause of death of children in the United States? Most of these injuries can be prevented.

Often, injuries happen because parents are not aware of what their children can do. At this age your child can *walk, run, climb, jump*, and *explore* everything. Because of all the new things he or she can do, this stage is a very dangerous time in your child's life. It is your responsibility to protect your child from injury. Your child cannot understand danger or remember "no" while exploring.

Firearm Hazards

Children in homes where guns are present are in more danger of being shot by themselves, their friends, or family members than of being injured by an intruder. It is best to keep all guns out of the home. **Handguns are especially dangerous.** If you keep a gun, keep it unloaded and in a locked place, with the ammunition locked separately. Ask if the homes where your child visits or is cared for have guns and how they are stored.



Poisonings

Children continue to explore their world by putting everything in their mouths, even if it doesn't taste good. Your child can *open doors and drawers, take things apart*, and *open bottles* easily now, so you must use safety caps on all medicines and toxic household products. **Keep the safety caps on** at all times or find safer substitutes to use. Contact Poison Help for more information.



Your child is now able to get into and on top of everything. Be sure to keep all household products and medicines completely out of sight and reach. Never store lye drain cleaners in your home. Keep all products in their original containers. Use medicines exactly as directed and dispose of unused medicine safely as soon as you are finished with it.

If your child does put something poisonous into his or her mouth, call Poison Help immediately. Add the Poison Help line (1-800-222-1222) to your phone contacts list. Do not make your child vomit.

Falls

To prevent serious falls, lock the doors to any dangerous areas. **Use gates on stairways** and **install operable window guards** above the first floor. **Remove sharp-edged furniture** from the room your child plays and sleeps in. At this age your child will walk well and start to climb, jump, and run as well. A chair left next to a kitchen counter, table, or window allows your child to climb to dangerously high places. Remember, your child does not understand what is dangerous.



If your child has a serious fall or does not act normally after a fall, call your doctor.

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(over)

Burns

The kitchen is a dangerous place for your child during meal preparation. Hot liquids, grease, and hot foods spilled on your child will cause serious burns. A **safer place for your child** while you are cooking, eating, or unable to give him or her your full attention is the **playpen, crib, or stationary activity center, or buckled into a high chair**. It's best to keep your child out of the kitchen while cooking.

Children who are learning to walk will grab anything to steady themselves, including hot oven doors, wall heaters, or outdoor grills. Keep your child out of rooms where there are hot objects that may be touched, or put a barrier around them. If you have a gas fireplace, keep children away while it is in use and for at least an hour after turning it off. The glass doors get extremely hot and can cause severe burns.

Your child will *reach* for your hot food or cup of coffee, so don't leave it within your child's reach.

NEVER carry your child and hot liquids at the same time. You can't handle both.

If your child does get burned, immediately put cold water on the burned area. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth. Call your doctor for all burns. To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater.

Make sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.



Drowning

At this age your child loves to play in water. **NEVER leave your child alone in or near a bathtub, pail of water, wading or swimming pool, or any other water, even for a moment.** Empty all buckets after each use. Keep the bathroom doors closed. Your child can drown in less than 2 inches of water. Knowing how to swim does NOT mean your child is safe near or in water. Stay within an arm's length of your child around water.

If you have a swimming pool, fence it on all 4 sides with a fence at least 4 feet high, and be sure the gates are self-latching. If possible, lock doors that could lead to the pool area. Most children drown when they wander out of the house and fall into a pool that is not fenced off from the house. You cannot watch your child every minute while he or she is in the house. It only takes a moment for your child to get out of your house and fall into your pool.



And Remember Car Safety

Car crashes are a great danger to your child's life and health. The crushing forces to your child's brain and body in a crash or sudden stop, even at low speeds, can cause severe injuries or death. **To prevent these injuries USE a car safety seat EVERY TIME** your child rides in the car. All infants and toddlers should ride in a rear-facing car safety seat until they reach the highest weight or height allowed by their car safety seat's manufacturer. Be sure that the safety seat is installed and used correctly. Read and follow the instructions that come with the car safety seat and the instructions for using car safety seats in the owners' manual of your car. **The safest place for all infants and children to ride is in the back seat.**

Do not leave your child alone in or around the car. Keep vehicles and their trunks locked. Children who are left in a car can die of heatstroke because temperatures can reach deadly levels in minutes. They can be strangled by power windows or knock the vehicle into gear.

Always **walk behind your car** to be sure your child is not there before you back out of your driveway. You may not see your child behind your car in the rearview mirror.

Remember, the biggest threat to your child's life and health is an injury.



From Your Doctor

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Sources of Lead

Identify and remove sources of lead from your home.



Home
Lead can be in paint in old homes built before 1978.

- Chipped paint
- Old furniture and toys
- Dirt
- Play or costume jewelry
- Pewter
- Crystal glassware



Imported Goods
Items brought back from other countries may contain lead.

- Glazed pottery
- Asian, Hispanic, Indian spices
- Mexican candy (tamarindo and chili)



Home Remedies
Some home remedies may contain lead. These remedies are typically red or orange powders.

- Traditional and folk remedies (Greta, Azarcón, Pay-loo-ah)



Beauty Products
Imported beauty products from Asia, India, and Africa may contain lead.

- Sindoor, Khol, Kajal, Surma



Jobs
Jobs such as car repair, mining, construction, and plumbing may increase your exposure to lead. Lead dust can be brought into the home on your skin, clothes, shoes, or other items you bring home from work.

- Car batteries
- Scrap metal/parts
- Ammunition



Hobbies
Certain hobbies increase your risk of coming in contact with lead.

- Hunting (lead bullets)
- Fishing (lead sinkers)
- Artist paints
- Refinished furniture



Travel
Traveling outside the U.S. may increase your risk of coming in contact with lead-based items.

- Souvenirs
- Spices or food
- Toys
- Jewelry

Cleaning

Keep lead dirt and dust out of your home with these helpful tips.



Wash hands



Keep shoes outside



Mop & wet wipe



Use a vacuum with a HEPA filter



Wash toys

Avoid:
Sweeping
Dry dusting
Beating rugs

Nutrition

These foods can help lower your child's lead level.

Vitamin C



Tomatoes
Strawberries
Oranges
Potatoes

Calcium



Milk
Cheese
Yogurt

Iron



Chicken
Steak
Fish
Peas
Eggs



ADHS

SUGGESTED SCREEN TIME USE BY AGE



18 MONTHS AND YOUNGER

Avoid use of screen media other than video-chatting.



18 - 24 MONTHS

Parents of children 18 to 24 months of age who want to introduce digital media should choose high-quality programming, and watch it with their children to help them understand what they're seeing.



2 - 5 YEARS

Limit screen use to 1 hour per day of high-quality programs. Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them.



6 - 12 YEARS

Place consistent limits on the time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity and other behaviors essential to health.



12 YEARS AND OLDER

Designate media-free times together, such as dinner or driving, as well as media-free locations at home, such as bedrooms.



Is Your Toddler Communicating With You?

Your baby is able to communicate with you long before he or she speaks a single word!

A baby's cry, smile, and responses to you help you to understand his or her needs. In this publication the American Academy of Pediatrics shares information about how children communicate and what to do when there are concerns about delays in development.

Milestones During the First 2 Years

Children develop at different rates, but they usually are able to do certain things at certain ages. Here are general developmental milestones. Keep in mind that they are only guidelines. If you have any questions about your baby's development, ask your child's doctor—the sooner the better. Even when there are delays, early intervention can make a significant difference.

By 1 Year Most Babies Will

- Look for and be able to find where a sound is coming from.
- Respond to their name most of the time when you call it.
- Wave goodbye.
- Look where you point when you say, "Look at the _____."
- Babble with intonation (voice rises and falls as if they are speaking in sentences).
- Take turns "talking" with you—listen and pay attention to you when you speak and then resume babbling when you stop.
- Say "da-da" to dad and "ma-ma" to mom.
- Say at least 1 word.
- Point to items they want that are out of reach or make sounds while pointing.

Between 1 and 2 Years Most Toddlers Will

- Follow simple commands, first when the adult speaks and gestures, and then later with words alone.
- Get objects from another room when asked.
- Point to a few body parts when asked.
- Point to interesting objects or events to get you to look at them too.
- Bring things to you to show you.
- Point to objects so you will name them.
- Name a few common objects and pictures when asked.
- Enjoy pretending (for example, pretend cooking). They will use gestures and words with you or with a favorite stuffed animal or doll.
- Learn about 1 new word per week between 1½ and 2 years.

By 2 Years of Age Most Toddlers Will

- Point to many body parts and common objects.
- Point to some pictures in books.
- Follow 1-step commands without a gesture like "Put your cup on the table."

- Be able to say about 50 to 100 words.
- Say several 2-word phrases like "Daddy go," "Doll mine," and "All gone."
- Perhaps say a few 3-word sentences like "I want juice" or "You go bye-bye."
- Be understood by others (or by adults) about half of the time.

When Milestones Are Delayed

If your child's development seems delayed or shows any of the behaviors in the following list, tell your child's doctor. Sometimes language delays occur along with these behaviors. Also, tell your child's doctor if your baby stops talking or doing things that he or she used to do.

- Doesn't cuddle like other babies
- Doesn't return a happy smile back to you
- Doesn't seem to notice if you are in the room
- Doesn't seem to notice certain noises (for example, seems to hear a car horn or a cat's meow but not when you call his or her name)
- Acts as if he or she is in his or her own world
- Prefers to play alone; seems to "tune others out"
- Doesn't seem interested in or play with toys but likes to play with objects in the house
- Has intense interest in objects young children are not usually interested in (for example, would rather carry around a flashlight or ballpoint pen than a stuffed animal or favorite blanket)
- Can say the ABCs, numbers, or words to TV jingles but can't use words to ask for things he or she wants
- Doesn't seem to be afraid of anything
- Doesn't seem to feel pain in a typical fashion
- Uses words or phrases that are unusual for the situation or repeats scripts from TV

Delays in Language

Delays in language are the most common types of developmental delay. One out of 5 children will learn to talk or use words later than other children their age. Some children will also show behavioral problems because they are frustrated when they can't express what they need or want.

Simple speech delays are sometimes temporary. They may resolve on their own or with a little extra help from family. It's important to encourage your child to "talk" to you with gestures or sounds and for you to spend lots of time playing with, reading to, and talking with your infant or toddler. In some cases, your child will need more help from a trained professional, a speech and language therapist, to learn to communicate.

Sometimes delays may be a warning sign of a more serious problem that could include hearing loss, developmental delay in other areas, or even autism spectrum disorder (ASD). Language delays in early childhood also could be a sign of a learning problem that may not be diagnosed

until the school years. It's important to have your child evaluated if you are concerned about your child's language development.

What Your Child's Doctor Might Do

Sometimes more information is needed about your child before your child's doctor can address your concerns. The doctor may

- Ask you some questions or ask you to fill out a questionnaire.
- Interact with your child in various ways to learn more about his or her development.
- Order a hearing test and refer you to a speech and language therapist for testing. The therapist will evaluate your child's speech (*expressive language*) and ability to understand speech and gestures (*receptive language*).
- Refer your child for evaluation through an early intervention program.

What to Expect After the Doctor's Visit

If your child's doctor tells you not to worry (that your child will "catch up in time") but you are still concerned, it's OK to get a second opinion. You can ask your child's doctor for a referral to a developmental specialist or a speech and language therapist. You may also contact an early intervention program for an evaluation if your child is younger than 3 years, or your local school district if he or she is 3 or older.

If what your child says (*expressive language*) is the only delay, you may be given suggestions to help your child at home. Formal speech therapy may also be recommended.

If both what your child understands (*receptive language*) and what he or she says are delayed and a hearing test is normal, your child will need further evaluation. This will determine whether the delays are caused by a true communication disorder, generalized developmental delays, ASD, or another developmental problem.

When ASD is the reason for language delays, your child will also have difficulty interacting with other people and may show some or all of the concerning behaviors listed previously. If there is concern your child might have ASD, your child will usually be referred to a specialist or a team of specialists for evaluation and treatment of ASD or a related disorder. The specialist(s) may then recommend speech therapy and may suggest other ways to improve social skills, behavior, and the desire to communicate.

Programs That Help Children and Families

If your child has delays or suspected delays, your child's doctor will probably refer you to an early intervention program in your area. The staff there might do additional evaluations and reassure you that your child's development is normal or tell you that your child would benefit from some type of intervention. Your child does not need to have a diagnosis of a developmental problem to receive services through this program.

If your child is younger than 3 years, the referral may be to an early intervention program in your area. Early intervention programs are sometimes called "Part C" or "Birth to Three" programs. Early intervention is a federal- and state-funded program that helps children

and their families. You may also contact the early intervention program yourself (see Resources to find a contact in your state).

If your child qualifies for services, a team of specialists will work with you to develop an *Individual Family Service Plan (IFSP)*. This plan becomes a guide for the services your child will receive until 3 years of age. It may include parent training and support, direct therapy, and special equipment. Other services may be offered if they benefit your child and family. If your child needs help after 3 years of age, the early intervention staff will transition your child to services through your local school district.

If your child is 3 years or older, the referral may be to your local public school. You may also contact the local public school directly. If your child is eligible, the school district staff will, with your input, develop an *Individual Education Plan (IEP)*. This plan may provide some of the same services as the early intervention program but focus on school services for your child. The level of services also may be different. If your child continues to need special education and services, the IEP will be reviewed and revised from time to time.

Resources

American Academy of Pediatrics

www.HealthyChildren.org
www.AAP.org

Early Childhood Technical Assistance Center (ECTA Center)

<http://ectacenter.org>
(to find an early intervention program in your state)

Family Voices

www.familyvoices.org

Learn the Signs. Act Early.

www.cdc.gov/actearly

National Center for Medical Home Implementation

<https://medicalhomeinfo.aap.org/tools-resources/Pages/For-Families.aspx>

Remember

As a parent, follow your instincts. If you continue to have concerns about your child's development, ask for a reevaluation or referral for additional formal testing.

From Your Doctor



The American Academy of Pediatrics (AAP) is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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Hepatitis A Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Hepatitis A vaccine can prevent **hepatitis A**.

Hepatitis A is a serious liver disease. It is usually spread through close, personal contact with an infected person or when a person unknowingly ingests the virus from objects, food, or drinks that are contaminated by small amounts of stool (poop) from an infected person.

Most adults with hepatitis A have symptoms, including fatigue, low appetite, stomach pain, nausea, and jaundice (yellow skin or eyes, dark urine, light-colored bowel movements). Most children less than 6 years of age do not have symptoms.

A person infected with hepatitis A can transmit the disease to other people even if he or she does not have any symptoms of the disease.

Most people who get hepatitis A feel sick for several weeks, but they usually recover completely and do not have lasting liver damage. In rare cases, hepatitis A can cause liver failure and death; this is more common in people older than 50 years and in people with other liver diseases.

Hepatitis A vaccine has made this disease much less common in the United States. However, outbreaks of hepatitis A among unvaccinated people still happen.

2. Hepatitis A vaccine

Children need 2 doses of hepatitis A vaccine:

- First dose: 12 through 23 months of age
- Second dose: at least 6 months after the first dose

Infants 6 through 11 months old traveling outside the United States when protection against hepatitis A is recommended should receive 1 dose of hepatitis A vaccine. These children should still get 2 additional doses at the recommended ages for long-lasting protection.

Older children and adolescents 2 through 18 years of age who were not vaccinated previously should be vaccinated.

Adults who were not vaccinated previously and want to be protected against hepatitis A can also get the vaccine.

Hepatitis A vaccine is also recommended for the following people:

- International travelers
- Men who have sexual contact with other men
- People who use injection or non-injection drugs
- People who have occupational risk for infection
- People who anticipate close contact with an international adoptee
- People experiencing homelessness
- People with HIV
- People with chronic liver disease

In addition, a person who has not previously received hepatitis A vaccine and who has direct contact with someone with hepatitis A should get hepatitis A vaccine as soon as possible and within 2 weeks after exposure.

Hepatitis A vaccine may be given at the same time as other vaccines.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis A vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone hepatitis A vaccination until a future visit.

Pregnant or breastfeeding people should be vaccinated if they are at risk for getting hepatitis A. Pregnancy or breastfeeding are not reasons to avoid hepatitis A vaccination.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis A vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness or redness where the shot is given, fever, headache, tiredness, or loss of appetite can happen after hepatitis A vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.



Fluoride Varnish

Frequently Asked Questions

What is fluoride varnish?

Fluoride varnish is a professionally applied treatment that can help protect teeth from cavities. It can help cavities from getting worse that are in their earliest stages. Fluoride varnish can be applied either at a doctor's or dentist's office.

Is fluoride varnish safe?

Yes, fluoride varnish (and fluoride toothpaste) is safe to use, starting when the first teeth erupt. Only a small amount is used during a single fluoride varnish application. Allergies or sensitivities to fluoride varnish are rare.

Why is fluoride varnish recommended for children's teeth?

Tooth decay, or cavities, is the most common chronic childhood disease. A small cavity can have a big impact on a child's life and development.

Cavities start when certain foods and drinks interact with the bacteria in our mouths. The more frequently this happens, the more likely cavities will form.

Teeth have an outer layer called enamel. In children's teeth, the enamel is thinner than adult teeth. Therefore, cavities can start and get worse more quickly. Fluoride helps to prevent or slow this process.

Cavities in baby teeth can interfere with speech, eating and cause pain and infection. Dental pain and infection can affect sleep schedules and a child's ability to focus.

How often should your child get fluoride varnish?

Fluoride varnish can be applied when the first tooth erupts. It can be applied up to 4 times a year or once every 3 months. Insurance plans might limit how often it is covered, but most will cover fluoride varnish 2 times a year.

How is fluoride varnish put on the teeth?

The liquid-like solution is painted on dry teeth with a tooth-sized paint brush. Saliva in the mouth causes the varnish to stick to the teeth. The procedure is easy, fast and painless. Some children may not like the procedure or sticky feeling.

What do you do after a fluoride varnish treatment?

Children should avoid hot foods and liquids that would dissolve the varnish. Otherwise, normal eating and drinking are ok.

Do not brush or floss your child's teeth until the next morning, using their current toothbrush. After that, you should use a new toothbrush.

Teeth may appear yellow after fluoride varnish is applied but that color is temporary. The teeth will return to normal after toothbrushing the next morning.

Check out our BBP
Fluoride Varnish Video!



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