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# Baby Safety Guide

# Basic First Aid Tips\* FOR INFANTS FROM BIRTH TO ONE YEAR

## For A Conscious Choking Infant

- 1 Check the scene and the infant...Identify yourself and ask the parent or guardian if you can help.



- 2 If the infant cannot cough, cry or breathe...Have someone else call 911 or the local emergency number.



- 3 Give 5 back blows with the heel of your hand between the shoulder blades.



- 4 Position the infant face-up on your forearm with the head below the shoulders.

- 5 Place two fingers vertically on the center of the breastbone just below the nipples and give 5 chest thrusts...

- 6 Repeat steps 3–5 until the foreign object is coughed up or the infant becomes unconscious.

If the infant becomes unconscious, follow directions on the next page.

## If A Choking Infant Becomes Unconscious

- 1 Open the airway by gently tilting the head back and lifting the chin. If the infant is not breathing, give 2 slow breaths to make the chest rise.



- 2 If breaths do not go in, tilt the infant's head further back and give 2 rescue breaths again.

- 3 If breaths still do not go in, give 5 chest compressions.



- 4 Look for any object in the infant's mouth. Remove it with your pinky finger (only if you can see the object).



- 5 Give 2 rescue breaths.

- 6 Repeat steps 3, 4, and 5 until air goes in, the infant starts to breathe, coughs forcefully, or help takes over.

## If An Infant Appears Unconscious

1 Flick the bottom of the infant's foot. Do not tap or shake an infant. If there is no response, have someone call 911 or the local emergency number. If you're alone, give care for 2 minutes, then call.



2 Open the airway by gently tilting the head back and lifting the chin.



3 Check for breathing. Look, listen, and feel for breathing for about 10 seconds.

4 If the infant is not breathing, keep the head tilted, seal your mouth around the infant's mouth and nose. Give 2 slow breaths to make the chest rise gently.



Open Airway  
and Breathing

5 If pulse is present, give 1 slow breath every 3 seconds, for about 2 minutes, then recheck the pulse and breathing.



Pulse  
Check

6 Continue care until help arrives.

7 Check the pulse inside the upper arm for about 5–10 seconds. If there is no pulse, do CPR (30 quick chest compressions then 2 breaths and repeat).



Chest Thrust  
and  
Chest Pump

## Poisoning

Some signs of possible poisoning:

- child is vomiting or having trouble breathing
- unusual odors, flames, smoke
- overturned or chewed plants
- open or spilled containers or medicine bottles, or an open medicine cabinet

- 1 Check the scene for safety. Care for life-threatening problems first.
- 2 Call 911, or the local emergency number, or the local poison control center at **800-222-1222** and follow instructions.
- 3 Do not induce vomiting.

## Wounds

Keep wounds that have broken the skin surface covered and clean. To help prevent infection, wash your hands before and after care. Wear medical gloves if possible. Keep the infant warm and watch carefully for changes in alertness.

- 1 For severe bleeding, call 911 or the local emergency number.
- 2 To control bleeding, cover the wound with dressing, press your hand firmly against the wound, cover the wound with a bandage.
- 3 If an arm or leg is bleeding, (after applying dressing and pressure), raise the limb above the level of the heart. Cover the limb with a bandage. If still bleeding, press pressure point (inside upper arm or where leg bends at the groin area).

## Burns

Except for very minor ones, burns are serious for infants.

- 1 Call 911 or the local emergency number.
- 2 Soothe the burn with cool, running water; do not place the infant in tub full of water.
- 3 Cover burns with sterile dressing.
- 4 Keep infant from being chilled or overheated.

## Fever

Everyone's temperature tends to be lower early in the morning and higher between late afternoon and early evening.

A child has a fever when their temperature is at or above one of these levels:

- 100.4°F (38°C) measured in the bottom (rectally)
- 99.5°F (37°C) measured in the mouth (orally)
- 99°F (37.2°C) measured under the arm (axillary)

Call a doctor if your child

- Is younger than 3 months old and has a rectal temperature of 100.4°F (38°C) or higher
- Is 3–12 months old and has a fever of 102.2°F (39°C) or higher
- Is under age 2 years and has a fever that lasts longer than 24–48 hours

- Is older and has a fever for longer than 48–72 hours
- Has been having fevers come and go for up to a week or more, even if they are not very high
- Recently had an immunization

Call 911 if your child has a fever and:

- Cannot be awakened easily or at all
- Has difficulty breathing, even after their nose is cleared
- Has blue lips, tongue, or nails
- Refuses to move an arm or leg



## When Your Baby Cries

Babies cry when they are hungry, wet, tired, want company, or maybe just at a certain time of the day or night. When your baby cries, here are some things to try:

- Feed your baby slowly, pausing to burp the baby often.
- Check the diaper and change it, if needed.
- Hold your baby against your chest and walk or rock him.
- Sing to your baby or play soft music.
- Take your baby for a ride in a stroller or car.

If the crying persists, or if there are symptoms of illness, there may be a medical reason for the fussiness, and you should consult your baby's doctor.

No one likes to listen to a baby cry for a long time, but BE PATIENT. If you have had all you can take, put the baby in a crib, make sure he is safe, and close the door. You can check on him every 5–10 minutes. If possible, have someone else you know you can trust take care of your baby for a while.

Never hold or pick up a baby when you feel angry.

**TELL EVERYONE WHO TAKES CARE OF YOUR CHILD NEVER TO SHAKE HIM FOR ANY REASON.**

Each year, hundreds of infants are seriously injured or even killed by being shaken.

For more information, contact:  
[www.shakenbaby.com/](http://www.shakenbaby.com/)  
 Childhelp USA 1-800-4-A-CHILD

## What Is SIDS?

Sudden Infant Death Syndrome (SIDS) occurs when a healthy baby dies quickly and without warning. SIDS is one of the leading causes of death in infants between one month and one year of age—7 babies die from SIDS every day.

There is no known cure for SIDS. However, the risk can be significantly reduced by following these steps:

- Babies should sleep on their backs. If your baby has problems breathing, ask your doctor how your baby should sleep.
- Don't smoke near your baby.
- Don't let your baby get hot.
- Babies should sleep on a firm mattress—without a lot of soft bedding.
- Take good care of yourself and your baby—both prenatally and postnatally.
- Breastfeeding your baby may help as well.



This information brought to you by the CJ Foundation for SIDS.

For further information, contact: CJ Foundation for SIDS 888-8CJ-SIDS or [www.cjsids.com](http://www.cjsids.com) and see additional important information at the AAP site: [www.healthychildcare.org/pdf/SIDSparentssafesleep.pdf](http://www.healthychildcare.org/pdf/SIDSparentssafesleep.pdf)



## Preventing An Abduction At Your Home

The guidelines listed below provide good, sound parenting techniques that can also help prevent abduction of your baby from your home. They are provided from the National Center for Missing & Exploited Children.

- 1 At some point **after** the birth of your baby, but **before** discharge from the facility, request a set of written guidelines about the procedures for any follow-up care extended by the facility that will be scheduled to take place in your home. Do not allow anyone into your home who says he or she is affiliated with the facility without properly verified identification as issued by that facility. Find out what additional or special identification is being worn to further identify those staff members who have authority to enter your home.
- 2 Consider the risk you may be taking when permitting your infant's birth announcement to be published in the newspaper or online. Birth announcements



- 3 should never include the family's home address and be limited to the parents' surname(s). In general, birth announcements in newspapers are not endorsed by most experts.

Use caution in creating websites for your infant or posting photographs of your infant on websites. When doing so limit access to those you know personally and trust. To limit anyone else's potential misuse of a photograph of your infant, carefully consider anyone's request to take a picture of your infant and only share photographs of your infant with those you know personally and trust.

- 4 The use of outdoor announcements such as signs, balloons, large floral wreaths, and other lawn ornaments are not recommended to announce a birth because they call attention

to the presence of a new infant in the home.

- 5 Only allow persons into your home who are well-known by the mother. It is ill advised to allow anyone into your home who is just a mere or recent acquaintance or known only online such as in social-networking websites, chatrooms, and forums, especially if met briefly since you became pregnant or gave birth to your infant.

There have been several cases where an abductor has made initial contact with a mother and infant in the healthcare-facility setting and then subsequently abducted the infant from the family home. If anyone should arrive at the home claiming to be affiliated with the healthcare facility where the infant was born or other healthcare provider, remember to follow the

procedures outlined in number 1 on the previous page.

A high degree of diligence should be exercised by family members when home with the infant. The bottom line is, the infant's family **is** the domestic security team, and all family members should be sensitive to any suspicious visitors.

- 6 If you must take your infant out, whenever possible, take a trusted friend or family member with you as an extra set of hands and eyes to protect and constantly observe the infant. **Never** leave a child alone in a motor vehicle. Always take the child with you. Never let someone you don't know pick up or hold your child. There have been cases in which initial contact with a mother and infant was made in other settings such as shopping malls or bus stations.

- 7 For your records to take home, have at least one color photograph of your infant (full, front-face view) taken along with footprints and compile a complete written description of your infant including hair and eye color, length, weight, date of birth, and specific physical characteristics.

To obtain these guidelines and NCMEC's Reprint Policy, please call NCMEC at **1-800-THE-LOST® (1-800-843-5678)** or visit **[www.missingkids.com](http://www.missingkids.com)**.

## Checklist For Crib Safety

- 1 Slats should be 2 3/8" apart or less, and none should be missing. There should be no decorative cutouts a baby could put a hand or foot through.
- 2 Mattress should fit snugly, less than 2 fingers' width between the mattress and sides, since babies can suffocate in gaps between the mattress and the side of the crib. This applies to portable cribs as well—so, don't add another mattress, pillow, comforter or padding to a portable crib.



- 3 When leaving a baby in the crib, make sure the sides are raised and locked.
- 4 Remove pillows, pillow-like bumper pads, quilts, comforters, sheepskins, stuffed toys, and other soft products from the crib. These products may cause infants to re-breathe exhaled air and suffocate. Make sure the baby's head remains uncovered during sleep.
- 5 Consider using a sleeper as an alternative to blankets, and no other covering. If using a blanket, put baby with its feet at the foot of the crib. Tuck a thin blanket around the crib mattress, only as far as the baby's chest.
- 6 Never tie toys or pacifiers to the crib, and make sure hanging crib toys (mobiles, crib gyms) are out of baby's reach. Hanging crib toys should be removed when the baby is 5 months old or first begins to push up on his or her hands and knees.



For additional important  
crib safety information, visit [www.keepingbabiesafe.org/safety\\_cribs.shtml](http://www.keepingbabiesafe.org/safety_cribs.shtml)



## A Quick Car Seat Checkup

This information is provided by the National Transportation Highway Safety Administration. For more important information see: [www.nhtsa.gov](http://www.nhtsa.gov).

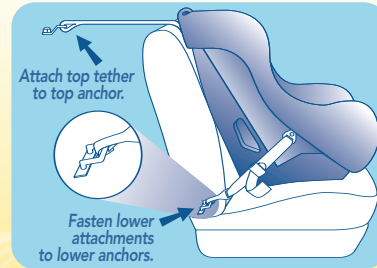
Following these simple guidelines may save your child's life.

- Place your child in the car seat in the back seat of your vehicle. The back seat is the safest place during a head-on collision, which is the most serious and common type of crash.
- If your child is under 12 months and weighs less than 20 pounds, the safety seat should face the rear of the vehicle; after his first birthday and past 20 pounds, he can ride the car seat facing forward in the back seat.



- Read your vehicle owner's manual and the child seat instructions to assist in properly installing the child seat.
- As of September 2002, new cars, mini-vans, and light trucks come equipped with the Lower Anchors and Tethers for Children (LATCH) System. LATCH is a system that makes child safety seat installation easier—without using the seat belts.

- The top tether strap is located at the top rear of convertible child safety seats, forward-facing toddler seats, and combination seats. Most rear-facing infant seats do not have a top tether strap or hook as they do not generally use this equipment for installation.
- The lower anchor straps are attached to the rear of the child safety seat. Most U.S. child safety seats come with flexible lower attachments. There are a few models of child safety seats that have rigid lower attachments. Be sure to read the manufacturer's instructions.



CHILD'S NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

PHONE NUMBERS

Local Emergency Number **911** or \_\_\_\_\_

Poison Control Center \_\_\_\_\_

Fire \_\_\_\_\_

Ambulance \_\_\_\_\_

Police \_\_\_\_\_

Doctors \_\_\_\_\_

\_\_\_\_\_

Pharmacy \_\_\_\_\_

ALLERGIES AND MEDICATIONS

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