

Oconee Pediatrics
15579 Wells Highway Seneca, SC 29678
Telephone: 864-882-7800—Fax: 864-882-5908
Frank A. Stewart, DO Beatriz Gil-Stewart, D.O.
Branden Boatwright, FNP Catherine Wilson, NNP
Rachel Ward, FNP, Meredith Underhill, FNP



NEWBORN INSURANCE POLICY

Important information regarding your newborn's insurance coverage:

If you have not provided us with your newborn's insurance coverage within 30 days of the first date of service, the guarantor will be responsible for the balance on the account. The guarantor will also be expected to pay in full at the time of service on each visit thereafter until proof of insurance is provided. Once you have provided us with proof of insurance, we will gladly refile all claims for payment. Once insurance has paid, we will refund the guarantor for any portions that should be refunded.

We do accept most private insurance plans.

(Please check with your insurance carrier to confirm we are a participating provider)

We accept the following Medicaid plans:

Select Health

Molina

Blue Choice

Humana

Regular Medicaid

We must have the newborn's Medicaid number to file claims. (Not the mother's)

Should you have any further questions, please feel free to contact our insurance manager.

Thank you!

Oconee Pediatrics

OCONEE PEDIATRICS
15579 WELLS HIGHWAY SENECA, SC 29678
PHONE: 864-882-7800 FAX: 864-882-5908
FRANK A. STEWART, D.O. BEATRIZ GIL-STEWART, D.O.
CATHERINE WILSON, DNP, NNP, FNP BRANDEN BOATWRIGHT, FNP
RACHEL WARD, FNP MEREDITH UNDERHILL, FNP

To: All parents/guardians and patients of Oconee Pediatrics
Regarding: Immunization Policy

At Oconee Pediatrics, your child's health is our number one priority! At each and every visit we will counsel you on what we believe to be the best treatment and preventative care possible for your child's health and well-being. One of the top preventative measures practiced in our office is immunizations. Immunizations are given at ages 2 months, 4 months, 6 months, 1 year, 15 months, 18 months, 2 years, 4 years, and boosters between the ages of 11 and 12 and 16 years of age. Our practice follows the requirements and recommendations of the Centers for Disease Control (CDC) and the American Academy of Pediatrics (AAP) for the recommended time on when to give immunizations. The recommended schedule is designed to immunize your child in a time frame that will give your child proper immunity from the disease. Any deviations from the schedule can put your child at risk.

Therefore, our practice does not participate in any forms of a modified immunization schedule and we do not accept or retain patients that do not immunize their children.

Please feel free to talk to one of our healthcare providers regarding immunizations. Also, for further immunization information, visit www.cdc.gov or www.aap.org.

Thank you and we look forward to taking care of your family!

Oconee Pediatrics

PATIENT INFORMATION **PLEASE WRITE ALL INFORMATION ABOVE THE LINES!

LAST NAME	MALE <input type="checkbox"/>	FIRST NAME	MIDDLE NAME	PREFERRED NAME
	FEMALE <input type="checkbox"/>			

DATE OF BIRTH	SSN#	PRIMARY LANGUAGE
		YES <input type="checkbox"/> NO <input type="checkbox"/>

EMAIL ADDRESS	RACE/ETHNICITY	IS PATIENT OF HISPANIC ORIGIN?
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PRIMARY GUARDIAN'S INFORMATION

LAST NAME	MIDDLE NAME	FIRST NAME	RELATIONSHIP TO CHILD
-----------	-------------	------------	-----------------------

ADDRESS	CITY & STATE	ZIP CODE
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GUARDIAN'S DATE OF BIRTH	GUARDIAN'S SS#	BEST CONTACT NUMBER
--------------------------	----------------	---------------------

NUMBER FOR TEXT MESSAGE REMINDERS

SECONDARY GUARDIAN'S INFORMATION

LAST NAME	MIDDLE NAME	FIRST NAME	RELATIONSHIP TO CHILD
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ADDRESS (IF DIFFERENT)	CITY & STATE	ZIP CODE
------------------------	--------------	----------

GUARDIAN'S DATE OF BIRTH	GUARDIAN'S SS#	BEST CONTACT NUMBER
--------------------------	----------------	---------------------

ALTERNATE CONTACT NUMBER

EMERGENCY CONTACT

NAME	CONTACT NUMBER	RELATION TO CHILD
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SIBLINGS-FULL NAMES AND DATES OF BIRTH:**INSURANCE INFORMATION** **PLEASE PRESENT YOUR INSURANCE CARD TO THE FRONT DESK**

INSURANCE COMPANY	FULL NAME OF SUBSCRIBER	DATE OF BIRTH
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GROUP NUMBER	POLICY NUMBER	SUBSCRIBER'S SS#
--------------	---------------	------------------

<u>PREFERRED PHARMACY:</u>	NAME OF PHARMACY	LOCATION
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HOW DID YOU HEAR ABOUT OCONEE PEDIATRICS? ☺	HOSPITAL YOUR CHILD WAS BORN AT?
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Patient/Family Health History

Patients Name: _____

Date of Birth: _____

Today's Date: _____

Please help us to care for your child by providing us with a look at the health history of your child and immediate family members. Please circle yes or no to the questions and if the answer is yes, please provide us with a little detail in the space provided. (The provider will ask for more details if needed.) On the reverse side, please answer the same questions regarding the immediate family. Thank you for choosing Oconee Pediatrics to care for your child!

Your Child's Health History

1. Heart or Circulation	Yes	No	_____
2. Lung or Respiratory	Yes	No	_____
3. Liver, Gallbladder, Spleen	Yes	No	_____
4. Kidney or Urinary Tract	Yes	No	_____
5. Genitalia	Yes	No	_____
6. Brain or Nerves	Yes	No	_____
7. Muscles	Yes	No	_____
8. Bones or Joints	Yes	No	_____
9. Skin or Hair	Yes	No	_____
10. Blood Disorders	Yes	No	_____
11. Nutrition or Growth	Yes	No	_____
12. Behavior or Development	Yes	No	_____
13. Genetic or Inherited Disorders	Yes	No	_____
14. Problems with Pregnancy/Birth	Yes	No	_____
15. Surgeries	Yes	No	_____
16. Vision or Hearing	Yes	No	_____
17. Dental	Yes	No	_____
18. Medicine Allergies	Yes	No	_____
19. Recurrent Infections	Yes	No	_____
or Difficulty Resolving			
20. Environmental Allergies	Yes	No	_____

OVER PLEASE

Your Child's Immediate Family Health History
(Brother/Sister, Parents, Grandparents, Aunts/Uncles)

21. Heart or Circulation	Yes	No	_____
22. Lung or Respiratory	Yes	No	_____
23. Liver, Gallbladder, Spleen	Yes	No	_____
24. Kidney or Urinary Tract	Yes	No	_____
25. Genitalia	Yes	No	_____
26. Brain or Nerves	Yes	No	_____
27. Muscles	Yes	No	_____
28. Bones or Joints	Yes	No	_____
29. Skin or Hair	Yes	No	_____
30. Blood Disorders	Yes	No	_____
31. Nutrition or Growth	Yes	No	_____
32. Behavior or Development	Yes	No	_____
33. Genetic or Inherited Disorders	Yes	No	_____
34. Problems with Pregnancy/Birth	Yes	No	_____
35. Surgeries	Yes	No	_____
36. Vision or Hearing	Yes	No	_____
37. Dental	Yes	No	_____
38. Medicine Allergies	Yes	No	_____
39. Recurrent Infections	Yes	No	_____
or Difficulty Resolving			_____
40. Environmental Allergies	Yes	No	_____
41. Other			_____

Family Information:

Mother's Name

Father's Name

OCONEE PEDIATRICS PRIVACY FORM 2022

DATE: _____

PATIENT'S NAME: _____

DATE OF BIRTH: _____

SHARING INFORMATION

Please check the information below that you authorize Oconee Pediatrics to release for the above named patient, and list who has permission to receive this information other than the patient's parents/legal guardians:

____ Results of tests/x rays

____ Billing information

____ Appointment information

____ Medical information/to include entire medical record

Name of person that has permission to receive the above information / Relationship to patient

Name of person that has permission to receive the above information / Relationship to patient

BRINGING PATIENT TO THE DOCTOR

List anyone who has permission to bring the above named patient to the doctor other than the patient's parents/legal guardians:

Name of person

Relationship to patient

Name of person

Relationship to patient

*****Please note, that any patient that presents to the office in attendance with an adult for medical services will not be turned away. It is the understanding of this practice that if the child is in the care of the adult at the time they present for services, that the parent/legal guardian has entrusted the patient to them to obtain medical services.*****

COMMUNICATION

I authorize Oconee Pediatrics to: (check all that apply) ____ send text messages ____ leave voicemails to/on the primary number listed on my account.

____ I authorize Oconee Pediatrics to send emails to the email address I have listed on my account.

I understand that it is my responsibility to keep my contact information updated at all times with Oconee Pediatrics.

RIGHTS OF THE PATIENT

I understand that I have the right to revoke this authorization at any time by sending notification to Oconee Pediatrics at 15579 Wells Highway, Seneca, SC 29678. I understand that a revocation is not effective in cases where the information has already been used or disclosed, but will be effective ongoing forward. I understand that information used or disclosed as a result of this authorization may result in re-disclosure by the recipient and may no longer be protected by federal or state law. Information received by this office is for our use and will continue to be protected by our privacy policy. I understand that I have the right to inspect or copy the protected health information disclosed as describe in this document. I can do this by written notification to: Oconee Pediatrics 15579 Wells Highway, Seneca, S.C. 29678. I understand that I have the right to refuse to sign this document.

I HAVE READ AND RECEIVED A COPY OF THE NOTICE OF PRIVACY PRACTICE FOR OCONEE PEDIATRICS.

Signature of Responsible Party

Date

Relationship to Patient

OCONEE PEDIATRICS PAYMENT POLICY/

RESPONSIBLE PARTY SIGNATURE FORM/CONSENT TO TREAT

DATE: _____

PATIENT'S NAME: _____

DATE OF BIRTH: _____

RESPONSIBLE PARTY

The responsible party is the person who is financially responsible for the patient's account and who will receive all account statements to their address. By signing, I understand that I am the responsible party and will adhere to the requirements outlined in the policies to me for above listed patients as well as future patients registered in my name at Oconee Pediatrics.

*****Please note that we cannot set up multiple billing addresses in an account. *****

Name of responsibility party (print)

Relation to the patient

WAIVER OF LIABILITY

(Initials)

I understand that the treatment/service from the providers at Oconee Pediatrics, on the above listed patient, may not be a covered treatment/service or may not be covered at 100%. I agree to be personally and fully responsible for any balance due on my account.

PAYMENT POLICY

(Initials)

Oconee Pediatrics is committed to providing the highest quality healthcare possible for our patients. Our pricing structure is representative of the usual and customary charges for our area.

Payment is expected, in full, at the time of service regardless of who brings the patient in for treatment. This includes deductibles, copays, and percentages. By collecting in full, at the time of service, we are able to keep our cost down and pass the savings along to you by not increasing our fees as frequently as most practices do. If you do not have a current insurance card and the insurance information we have on file is inactive, you will be asked to pay for the visit in full until such information can be obtained. By signing below, you are indicating that you are the responsible party and that you have read, understand, and agree to adhere to the payment policy of Oconee Pediatrics.

***** We cannot honor any special arrangements in court orders regarding the responsibility of payment for medical services. Payment is expected when services are rendered. *****

Signature of Responsible Party

Date

CONSENT TO TREAT

I give the providers of Oconee Pediatrics permission to diagnose and treat the patient listed above.

Signature of Parent/Legal Guardian

Relation to Patient

OCONEE PEDIATRICS PAYMENT POLICY

PROOF OF INSURANCE

All patients must complete our patient information packet before an appointment can be scheduled to see a provider. We must obtain a copy of your current, valid insurance card for proof of insurance. If you fail to provide us with the correct insurance information at the time of service, you will be responsible for the balance of your claim.

CO-PAYMENTS AND BALANCE DUE

All co-payments and balance dues must be paid at the time of service. This includes deductible, copays, and percentages. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered fraud. Please help in upholding the law by paying your co-payment at each visit.

CLAIMS SUBMISSION

We will submit your claims to your insurance provider and assist you in any way we reasonably can to help you get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.

MONTHLY BILLING STATEMENT

After your insurance company pays Oconee Pediatrics, you will receive a billing statement which indicates your balance due and/or deductibles due. These amounts are payable to Oconee Pediatrics. The balance amount is to be paid in full within 10 days of receipt of the billing statement. If you have questions about your account, please call 864-882-7800 and ask to speak with the insurance/billing manager.

INSURANCE

We participate in most insurance plans. If you are not insured by a plan we do business with or do not have insurance, payment in full is expected at each visit. If you are insured by a plan we do insurance with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Oconee Pediatrics does not file claims with any secondary insurance companies.

NON-PAYMENT

Partial payments will not be accepted unless otherwise negotiated with the billing department. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from the practice. If this were to occur, you will be notified in writing that you have 30 days to find alternative medical care. During that 30 day period, providers will only be able to treat you on an emergency basis.

MISSED APPOINTMENTS

In order to achieve the best appointment availability for our patients, we have a policy for missed appointments. Three missed appointments within a 12 month period will result in discharge from the practice. A missed appointment is any appointment not canceled within 24 hours of the scheduled appointment. We understand the potential for unforeseen circumstances that can arise that may cause a late or missed appointment. If this happens, please call us as soon as possible so we can change your appointment status accordingly.

NON-COVERED SERVICES

Please be aware that some and perhaps all of the services you received may be non-covered or not considered reasonable or necessary by your insurance company. Since all insurance plans are different, please contact your insurance company or HR department for detailed information about what is covered or not covered including well child visits, maximums, immunizations, etc. You will be billed and responsible for all non-covered services.

NEWBORN INSURANCE

In order for Oconee Pediatrics to file insurance for your newborn, a parent must add them to the insurance policy within 30 days of the date of birth. Once added, please notify our billing department in order to have the patient's charges filed in a timely manner. If insurance is not determined after 30 days from birth, the patient's account will be considered self-pay and the responsible party will be billed for the balance.

FORMS OF PAYMENT

Oconee Pediatrics accepts payments by cash, check, money orders, Visa, MasterCard, Discover, American Express, and debit cards bearing these logos. Payment is expected at the time of service.

OCONEE PEDIATRICS HIPAA POLICY STATEMENT
PRIVACY NOTICE TO PATIENTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED BY OCONEE PEDIATRICS AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ CAREFULLY.

EFFECTIVE: REVISED May 16, 2022

Under the HIPAA Privacy Regulations, Oconee Pediatrics and all similar health care providers are required by federal law to maintain the privacy of your child's protected health information (PHI) and will abide by the terms in the Privacy Notice. Please be advised that Oconee Pediatrics may use your child's PHI in rendering treatment to your child. For example, we are permitted to use your child's PHI in providing your child with medical care/treatment when your child visits our office or when we treat your child in a hospital or nursing facility. Under federal law, we may disclose your child's PHI to you or we can disclose your child's PHI to third parties for treatment. For example, if we refer your child to a specialist, we will forward your child's medical information to such specialists. We can disclose your child's PHI for payment purposes. For example, we will disclose your child's PHI to your insurance provider, your employer, Medicare, Medicaid, or other parties responsible for providing your child with health insurance coverage in order for Oconee Pediatrics to be reimbursed for our services rendered to your child. We will also use or disclose your child's PHI for health care operations. For example, we may use your child's PHI, when required by the Secretary of the US Department of Health and Human Services. Unless disclosure is required under federal/state law, or certain other exceptions, including law enforcement, we are prohibited from disclosing your child's PHI without your authorization. Our practice may use or disclose your child's PHI in accordance with the specific requirements of the HIPAA rules without Oconee Pediatrics needing to obtain your authorization if the information is.

1. Required by law
 2. Required for public health purposes
 3. Required disclosures about victims of abuse, neglect, or domestic violence
 4. Required by a health oversight agency for oversight activities authorized by law
 5. Required in the course of a judicial or administrative proceeding
 6. Required for a law enforcement purpose to a law enforcement official
 7. Required by a coroner or medical examiner
 8. Required by an organ procurement organization for research, and
 9. Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- Additionally, if you are a member of the armed forces, Oconee Pediatrics is permitted to disclose your child's PHI without your consent if deemed necessary by appropriate military command authorities to assure an appropriate military mission. We may also contact you via mail or phone to remind you of appointments with our office or to discuss treatment alternatives. If, for any reason, you do not wish to be contacted via mail or phone, our office personnel will note your request in your chart. In the event our practice wishes to disclose your child's PHI to another entity besides those referenced above, we are required to obtain your authorization. We would seek to obtain your authorization if Oconee Pediatrics decided to release your child's PHI for reasons other than treatment, payment, or for our practice operations. For example, if we desired to participate in outside research or a drug study, we would need written authorization prior to being permitted to release your child's PHI to such outside research facility or drug manufacturer. If you provide us with an authorization, you have the right to revoke such authorization at any time by sending Oconee Pediatrics a written revocation. However, if we have already released such information pursuant to your authorization, the revocation will be effective for all future disclosures. Please be further advised that you have the ability to access, obtain a copy, inspect, and request amendment to your child's medical information that we maintain. Additionally, if you desire, Oconee Pediatrics can provide you with an accounting of all disclosures for treatment, payment, or healthcare operations and pursuant to authorization. If you have a dispute with our practice regarding the use of your child's PHI or a disclosure by Oconee Pediatrics and believe that your child's primary rights have been violated, please contact Oconee Pediatrics to file a complaint or you may contact the Secretary of Health and Human Services. We welcome feedback from our patients via mail, email, or telephone. Please understand that Oconee Pediatrics will not retaliate against you in any way for filing a complaint. Lastly, please be advised that you have the right to designate a personal representative or request restrictions on certain uses and disclosures of your child's PHI to carry out treatment, payment, or healthcare operations or disclosures by Oconee Pediatrics of your child's PHI to a family member, relative, or a close personal friend. However, we are not required by law to agree to your requested designation or restriction. If you request a copy of your child's PHI, you also have the ability to request that we send it to an alternative location and by alternative means. Additionally, if you have received this notice in an electronic format and you would like a paper copy, please contact Oconee Pediatrics Privacy Contact. Oconee Pediatrics reserves the right to amend this notice as revised. Notices will be posted on our website (www.oconee-pediatrics.com) and in our office and provided to you upon request. Thank you and if you have any questions, please contact Oconee Pediatrics at 864-882-7800 or by email at oconee-pediatrics864@gmail.com.

Car Safety Seat Checkup

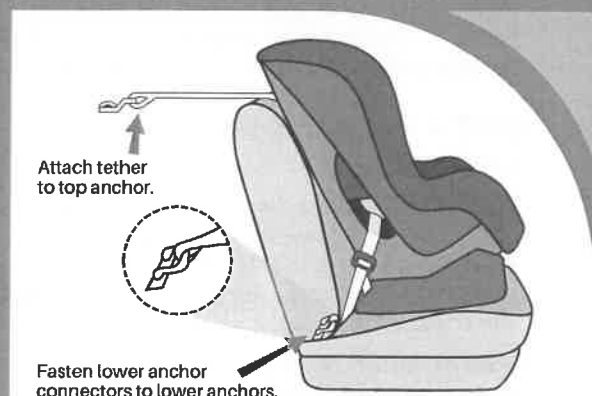


FIGURE 1.
Car safety seat with LATCH.



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



FIGURE 3.
Convertible car safety seat used rear facing.

Using a car safety seat correctly makes a big difference. Even the right seat for your child's size must be used correctly to properly protect your child in a crash. Here are car safety seat tips from the American Academy of Pediatrics.

Does your car have airbags?

- Never place a rear-facing car safety seat in the front seat of a vehicle that has a front passenger airbag. If the airbag inflates, it will hit the back of the car safety seat, right where your baby's head rests, and could cause serious injury or death.
- The safest place for all children younger than 13 years to ride is in the back seat regardless of weight and height.
- If an older child must ride in the front seat, a child in a forward-facing car safety seat with a harness may be the best choice. Be sure you move the vehicle seat as far back from the dashboard (and airbag) as possible.

Is your child facing the right way for weight, height, and age?

- 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 manufacturer. When infants outgrow a rear-facing-only seat, they should use a rear-facing convertible seat. Most convertible seats have limits that will allow children to ride rear facing for 2 years or more.
- Any child who has outgrown the rear-facing weight or height limit for his convertible car safety seat should use a forward-facing seat with a harness for as long as possible, up to the highest weight or height allowed by his car safety seat manufacturer. Many seats can accommodate children up to 65 pounds or more.

Is the harness snug?

- Harness straps should fit snugly against your child's body. Check the car safety seat instructions to learn how to adjust the straps.
- Place the chest clip at armpit level to keep the harness straps secure on the shoulders.

Does the car safety seat fit correctly in your vehicle?

- Not all car safety seats fit properly in all vehicles.
- Read the section on car safety seats in the owner's manual for your car.

Can you use the LATCH system?

- LATCH (lower anchors and tethers for children) is a car safety seat attachment system that can be used instead of the seat belt to install the seat. These systems are equally safe, but in some cases, it may be easier to install the car safety seat using LATCH.
- Vehicles with the LATCH system have anchors located in the back seat, where the seat cushions meet. All car safety seats have attachments that fasten to these anchors. Nearly all passenger vehicles made on or after September 1, 2002, and all car safety seats are equipped to use LATCH. All lower anchors are rated for a maximum weight of 65 pounds (total weight includes car safety seat and child). Check the car safety seat manufacturer's recommendations for the maximum weight a child can be to use lower anchors. New car safety seats have the maximum weight printed on their label.
- The top tether improves safety provided by the seat. Use the tether for all forward-facing seats. Check your vehicle owner's manual for the location of tether anchors. Always follow both the car safety seat and vehicle manufacturer instructions, including weight limits, for lower anchors and tethers. Remember, weight limits are different for different car safety seats and different vehicles.



FIGURE 4.
Forward-facing car safety seat with harness.



FIGURE 5.
Belt-positioning booster seat.



FIGURE 6.
Lap and shoulder seat belt.

Is the seat belt or LATCH strap in the right place and pulled tight?

- Route the seat belt or LATCH strap through the correct path. Convertible seats have different belt paths for when they are used rear facing or forward facing (check your instructions to make sure).
- Pull the belt tight. Apply weight into the seat with your hand while tightening the seat belt or LATCH strap. When the car safety seat is installed, be sure it does not move more than an inch side to side or toward the front of the car.
- If you install the car safety seat using your vehicle's seat belt, you must make sure the seat belt locks to keep a tight fit. In most newer cars, you can lock the seat belt by pulling it all the way out and then allowing it to retract to keep the seat belt tight around the car safety seat. Many car safety seats have built-in lock-offs to lock the belt. Check your vehicle owner's manual and car safety seat instructions to make sure you are using the seat belt correctly.
- It is best to use the tether that comes with your car safety seat to the highest weight allowed by your vehicle and the manufacturer of your car safety seat. Check your vehicle owner's manual and car safety seat instructions for how and when to use the tether and lower anchors.

Has your child outgrown the forward-facing seat?

- All children whose weight or height is above the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are 8 through 12 years of age.
- A seat belt fits properly when the shoulder belt lies across the middle of the chest and shoulder, not the neck or throat; the lap belt is low and snug across the upper thighs, not the belly; and the child is tall enough to sit against the vehicle seat back with her knees bent over the

edge of the seat without slouching and can comfortably stay in this position throughout the trip.

Do you have the instructions for the car safety seat?

- Follow them and keep them with the car safety seat.
- Keep your child in the car safety seat until she reaches the weight or height limit set by the manufacturer. Follow the instructions to determine whether your child should ride rear facing or forward facing and whether to install the seat using LATCH or the vehicle seat belt.

Has the car safety seat been recalled?

- You can find out by calling the manufacturer or the National Highway Traffic Safety Administration (NHTSA) Vehicle Safety Hotline at 888/327-4236 or by going to the NHTSA Web site at www.safercar.gov.
- Follow the manufacturer's instructions for making any repairs to your car safety seat.
- Be sure to fill in and mail in the registration card that comes with the car safety seat. It will be important in case the seat is recalled.

Do you know the history of your child's car safety seat?

- Do not use a used car safety seat if you do not know the history of the seat.
- Do not use a car safety seat that has been in a crash, has been recalled, is too old (check the expiration date or use 6 years from date of manufacture if there is no expiration date), has any cracks in its frame, or is missing parts.
- Make sure it has labels from the manufacturer and instructions.
- Call the car safety seat manufacturer if you have questions about the safety of your seat.

Resources

If you have questions or need help installing your car safety seat, find a certified child passenger safety technician (CPST) by going to the National Child Passenger Safety Certification Web site at <http://cert.safekids.org> and clicking on "Find a Tech."

The American Academy of Pediatrics (AAP) offers more information in the brochure *Car Safety Seats: Guide for Families*. Ask your pediatrician about this brochure or visit the official AAP Web site for parents, www.HealthyChildren.org/carseatguide.

Figure 1 adapted from US Department of Transportation, National Highway Traffic Safety Administration. *LATCH Makes Child Safety Seat Installation as Easy as 1-2-3*. DOT HS publication 809 489. Published March 2011.

Figures 2, 3, 4, 5, and 6 by Anthony Alex LeTourneau.

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication.

Products are mentioned for informational purposes only and do not imply an endorsement by the American Academy of Pediatrics.

The information contained in this publication 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.

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Safe Sleep and Your Baby:

How Parents Can Reduce the Risk of SIDS and Suffocation

About 3,500 babies die each year in the United States during sleep because of unsafe sleep environments.

Some of these deaths are caused by entrapment, suffocation, or strangulation. Some infants die of sudden infant death syndrome (SIDS). However, there are ways for parents to keep their sleeping baby safe.

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

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

What You Can Do

• Place your baby to sleep on his back for every sleep.

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

• Place your baby to sleep on a firm sleep surface.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- ° If you are breastfeeding, wait until breastfeeding is going well before offering a pacifier. This usually takes 3 to 4 weeks. If you are not breastfeeding, you can start a pacifier as soon as you like.

- ° It's OK if your baby doesn't want to use a pacifier. You can try offering a pacifier again, but some babies don't like to use pacifiers.
- ° If the pacifier falls out after your baby falls asleep, you don't have to put it back in.
- ° Do not use pacifiers that attach to infant clothing.
- ° Do not use pacifiers that are attached to objects, such as stuffed toys and other items that may be a suffocation or choking risk.

Do not use home cardiorespiratory monitors to help reduce the risk of SIDS.

- ° Home cardiorespiratory monitors can be helpful for babies with breathing or heart problems, but they have not been found to reduce the risk of SIDS.

Use caution when using products that claim to reduce the risk of SIDS.

- ° Products such as wedges, positioners, special mattresses, and specialized sleep surfaces have not been shown to reduce the risk of SIDS.

- ° Remember to hold your newborn skin to skin while breastfeeding. If you can, do this as soon as you can after birth. Skin-to-skin contact is also beneficial for bottle-fed newborns.

Remember Tummy Time

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

From Your Doctor



What Expectant Moms Can Do

- ° Schedule and go to all prenatal doctor visits.
- ° Do not smoke, drink alcohol, or use drugs while pregnant or after the birth of your newborn. Stay away from smokers and places where people smoke.

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