

Oconee Pediatrics
15579 Wells Highway Seneca, SC 29678
Telephone: 864-882-7800—Fax: 864-882-5908
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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 you 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**

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

LAST NAME	FIRST NAME	MIDDLE NAME	PREFERRED NAME
MALE <input type="checkbox"/>			
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
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ADDRESS	CITY & STATE	ZIP CODE
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GUARDIAN'S DATE OF BIRTH	GUARDIAN'S SS#	BEST CONTACT NUMBER
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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
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GUARDIAN'S DATE OF BIRTH	GUARDIAN'S SS#	BEST CONTACT NUMBER
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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#
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PREFERRED PHARMACY:

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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Initial History Questionnaire

Form Completed By:	Name:			
Initial Date Completed:	ID Number:			
Date(s) Updated:	Birth Date:	Age:	Sex:	M <input type="radio"/> F <input type="radio"/>

GENERAL

Do you consider your child to be in good health? Yes No Don't know Explain: _____

Does your child have any special health care needs? Yes No Don't know Explain: _____

Has your child ever been hospitalized? Yes No Don't know Explain: _____

Is your child allergic to medicine or drugs? Yes No Don't know Explain: _____

SOCIAL HISTORY

Please list all those living in the child's home.

Name	Relationship to Child	Birth Date/Age

Please list other siblings not living in the home.

Name	Birth Date/Age	Where are they living?

Does the child live with both biological parents? Yes No

If no, what is the child's current living situation?

Single-parent custody Joint custody Adoptive family

Other family members: _____ Foster care

How often does the child have visitation with parent(s) not living in the home?

BIRTH HISTORY

Birth weight: _____

Full-term Preterm _____ weeks Post-term _____ weeks

Delivery: Vaginal Cesarean Reason: _____

Any complications during birth or after birth? No Yes

Explain: _____

Did the baby need to go to the NICU (neonatal intensive care unit)?

No Yes Explain: _____

During pregnancy, did the mother:

Take prenatal vitamins? Yes No Unknown

Smoke or use e-cigarettes? Yes No Unknown

Drink alcohol? Yes No Unknown

Use marijuana? Yes No Unknown

Use illicit drugs? Yes No Unknown

Take other medications? Yes No Unknown

If yes, please list:

Blood type:

Mother: _____ Unknown

Baby: _____ Unknown

Mother's lab results:

Hepatitis B Pos Neg Unknown

HIV Pos Neg Unknown

Group B streptococcus (GBS) Pos Neg Unknown

After birth, did the baby get:

Vitamin K shot? Yes No Unknown

Erythromycin eye ointment? Yes No Unknown

Hepatitis B shot? Yes No Unknown

How was the baby fed? Bottle formula Bottle breast milk

Breastfed How long was baby breastfed? _____

Did baby go home with biological mother from hospital after birth? Yes

No Explain: _____

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The recommendations in this questionnaire do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original questionnaire included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition. The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this questionnaire and in no event shall the AAP be liable for any such changes.

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Initial History Questionnaire

Name: _____

PAST MEDICAL HISTORY

Has your child ever had any of the following problems? DK = Don't know

Condition	DK	No	Yes	Details
Eye problems, cataracts, or retinoblastoma				
Vision impairment or concerns				
Nasal allergies (dust, pets, or environmental)				
Frequent ear infections				
Hearing loss or concerns				
Multiple cavities or problems with teeth				
Frequent colds or sore throats				
Asthma, wheezing, or breathing problems				
Bronchitis, bronchiolitis, or pneumonia				
Heart murmur or other heart problems				
High blood pressure				
Frequent stomach pain				
Constipation needing medical treatment				
Food allergies or intolerance (eg, milk, gluten)				
Feeding issues or underweight				
Overweight or obesity				
Urinary tract infections				
Bed-wetting (after 5 years old)				
Kidney, ureter, or bladder problems				
Serious injuries or fractures				
Bone, joint, or muscle problems				
Frequent headaches or dizziness				
Concussion or head injury				
Convulsions, seizures, or neurological issues				
Sleep problems or snoring				
Skin rashes, eczema, or hives				
Acne				
Thyroid or other endocrine problems				
Diabetes				
Metabolic/genetic disorders				
Anemia or bleeding problems				
Cancer or chemotherapy				
Bone marrow or organ transplant				

Initial History Questionnaire

Name: _____

PAST MEDICAL HISTORY *(continued)*

Has your child ever had any of the following problems? DK = Don't know

Condition	DK	No	Yes	Details
Blood transfusion				
HIV or AIDS				
Chickenpox or zoster (shingles)				
Developmental delays (speech or motor)				
School problems or learning difficulties				
ADHD or behavioral concerns				
Anxiety, depression, or mood problems				
Tobacco, alcohol, or drug use				
Exposure to family violence				
Pregnancy or miscarriage				
Sexually transmitted infections				
Females: issues with periods				
Age of first period:				

Other medical problems (Please list.)

SURGICAL HISTORY

Has your child ever had surgery? No Yes If yes, please provide details below.

Surgery/Procedure	Date of Surgery/Child's Age	Where Completed	Details

Other surgical/procedural problems (Please list.)

Initial History Questionnaire

Name: _____

FAMILY HISTORY

Have any of your child's parents, grandparents, aunts, uncles, brothers, or sisters ever had any of the following conditions? DK = Don't know

Condition	DK	No	Yes	Who?	Details
Anemia or bleeding problems					
Asthma					
Allergies					
Alcohol use problems					
Bed-wetting (after age 10 years)					
Cancer (before age 55 years)					
Childhood hearing loss					
Dental decay or multiple cavities					
Depression or anxiety					
Developmental disability					
Diabetes					
Heart attack (myocardial infarction)					
Heart disease (before age 55 years)					
High blood pressure					
High cholesterol					
HIV or AIDS					
Kidney disease					
Liver disease					
Mental health conditions					
Obesity					
Seizures or epilepsy					
Stroke					
Substance use problems					
Sudden death (before age 50 years)					
Thyroid or other endocrine disease					
Tobacco use problems					
Tuberculosis					
Vision or eye problems					

Other medical problems (Please list.)

PRINT NAME.	SIGNATURE
Provider 1	
Provider 2	

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*

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

Appointment information

Billing 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

IMPORTANT UPDATE REGARDING OCONEE PEDIATRICS VACCINE POLICY

VACCINES NO LONGER REQUIRED TO BE A PATIENT AT OCONEE PEDIATRICS!

PLEASE READ FULL STATEMENT.

WE UNDERSTAND THAT DUE TO RECENT POLITICAL AND SOCIAL MEDIA INPUT, MANY PARENTS HAVE BECOME MORE HESITANT TO HAVE THEIR CHILDREN VACCINATED.

AS AN ADVOCATE FOR YOUR CHILD, WE WILL ALWAYS RECOMMEND WHAT WE KNOW TO BE BEST FOR YOUR CHILD IN ALL ASPECTS OF THEIR MEDICAL CARE. THIS INFORMATION COMES FROM YEARS OF EXPERIENCE, KNOWLEDGE, TRAINING, AND ON GOING CONTINUING MEDICAL EDUCATION.

WITH THAT BEING SAID, WE WILL ALWAYS RECOMMEND THAT YOUR CHILD BE VACCINATED WITH THE AAP /CDC RECOMMENDED VACCINES BUT WILL NO LONGER REQUIRE YOU TO VACCINATE YOUR CHILD TO REMAIN WITH OUR PRACTICE.

WHEN A DECISION IS MADE TO NOT VACCINATE YOUR CHILD, A DECLINATION FORM WILL BE REQUIRED AT EVERY VISIT WHERE YOUR CHILD WOULD BE OFFERED THE AAP/CDC RECOMMENDED VACCINES. *THE DECLINATION FORM IS LEGALLY REQUIRED.* THIS FORM SIMPLY STATES THAT YOU HAVE BEEN OFFERED THE VACCINES AND ALSO HAVE BEEN INFORMED AND UNDERSTAND THE RISKS OF NOT VACCINATING YOUR CHILD. IT ALSO STATES THAT AT ANY TIME YOU CHANGE YOUR MIND AND DECIDE YOU WOULD LIKE YOUR CHILD VACCINATED, YOU CAN DO SO.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL AND TALK TO OUR STAFF.

AS ALWAYS, YOUR CHILD'S HEALTHCARE IS OUR TOP PRIORITY!

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.oconeepediatrics.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 oconeepediatrics864@gmail.com.

Car Safety Seat Checkup

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.

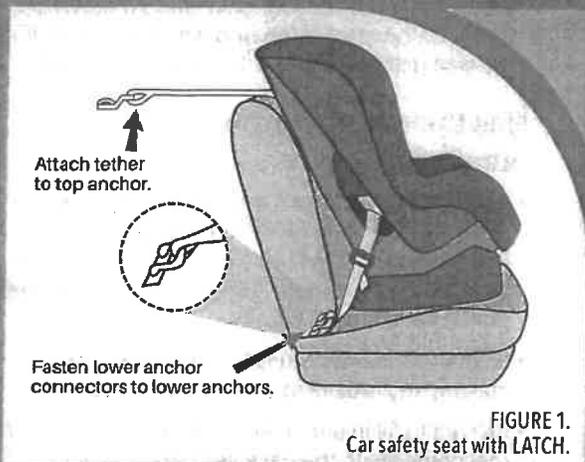


FIGURE 1.
Car safety seat with LATCH.



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



FIGURE 3.
Convertible car safety seat used rear facing.



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.

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Safe Sleep and Your Baby: How Parents Can Reduce the Risk of SIDS and Suffocation

About 3,600 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 to keep sleeping babies safe.

Here is 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 their 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 their back to their side or stomach on their own, they can be left in that position if they are already able to roll from tummy to back and back to tummy.
 - If your baby falls asleep in a car safety seat, a stroller, a swing, an infant carrier, or an infant sling, they should be moved to a firm, non-inclined, flat 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 them on their back to sleep, stop swaddling them as soon as they start trying to roll. Do not use weighted swaddles.
- **Place your baby to sleep on a firm, non-inclined, flat sleep surface.**
 - Any sleep product, like a crib, bassinet, portable crib, or play yard should meet current Consumer Product Safety Commission (CPSC) safety standards (www.cpsc.gov). 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.
 - 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 waterbed, a cushion, or a sheepskin. (Parents should also make sure not to fall asleep on an armchair or a sofa while holding their 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.
 - 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, ideally for at least the first 6 months.**
 - Keep the crib or bassinet within 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 (health supervision) visits. Your baby will receive important immunizations.**
 - Recent evidence suggests that immunizations may protect against SIDS.
- **Keep your baby away from people who smoke 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 they are sweating or if their chest feels hot.
 - Dressing your baby with layers of clothing is safer than using blankets. Wearable blankets, like a sleeping sack, or warm sleeper clothing can also be used. If you use a wearable blanket, make sure it is the right size for your baby and it doesn't cover the head.
 - Do not use weighted blankets or weighted clothing.
 - Do not place hats on babies when indoors except in the first hours after birth or in the neonatal intensive care unit.
- **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 and your baby is gaining weight before offering a pacifier. If you are not breastfeeding, you can start a pacifier as soon as you like. Keep in mind that 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, blankets, or stuffed toys that can be a suffocation or choking risk.
- **Do not use home cardiorespiratory monitors to help reduce the risk of SIDS.**
 - Home cardiorespiratory monitors have not been found to reduce the risk of SIDS. If parents choose to use these devices, it's important that they continue to follow other safe sleep guidelines.
- **Use caution when using products that claim to reduce the risk of SIDS.**
 - Products like wedges, positioners, special mattresses, and specialized sleep surfaces have not been shown to reduce the risk of SIDS.

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 people who smoke and places where people smoke.
- Remember to hold your newborn skin to skin while breastfeeding. If you can, do this as soon as possible after birth. Skin-to-skin contact also benefits bottle-fed newborns.

Remember Tummy Time

Give your baby plenty of “tummy time” when they are awake. This will help strengthen neck muscles and help prevent flat spots on the head. Start after you come home, and work up to 15 to 30 minutes each day by 7 weeks. Always stay with your baby during tummy time, and make sure they are awake.

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Jaundice and Your Newborn

Jaundice (JAWN-dis) is the yellow color seen in the skin of many newborns. It is caused by a chemical in the blood called *bilirubin* (bil-ih-ROO-bin). Most babies have mild jaundice that is harmless, but in rare cases, the bilirubin level can get very high and might cause brain damage. This is why testing bilirubin levels as recommended is important.

Here is information from the American Academy of Pediatrics about jaundice, bilirubin levels, treatment of jaundice, when to follow up after discharge, and when to call the doctor.

Why is jaundice common in newborns?

Everyone's blood contains bilirubin, which comes from red blood cells and is removed by the liver. Before birth, the mother's liver does this for the baby. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to get better at removing bilirubin.

In breastfed babies, jaundice can last 1 month or, occasionally, longer. In formula-fed babies, most jaundice goes away by 2 weeks. Let your baby's doctor know if your baby has jaundice for more than 2 weeks and is formula fed or for more than 3 weeks and is primarily breastfed.

How can I tell if my newborn has jaundice?

The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in bright white light, like that of daylight or daylight light bulbs. Jaundice usually appears in the face first and then moves to the chest, abdomen, arms, and legs as the bilirubin level increases. The whites of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin color.

When should my baby's bilirubin level be tested?

Before a baby is discharged from the hospital, a skin or blood test for bilirubin is needed to measure the baby's bilirubin level. Whether a baby needs additional bilirubin levels measured depends on the baby's age, the level of bilirubin, and whether the baby has other things that make jaundice more likely or harder to see.

It is important for your baby to get checked soon after leaving the hospital. In most cases, babies discharged before 48 hours should be seen within 2 days by a doctor. Ask your baby's doctor to fill in "Your Baby's Bilirubin Level" and schedule a follow-up appointment.

Your Baby's Bilirubin Level

Date: _____

Gestational age: _____ weeks

Predischarge bilirubin level: _____ mg/dL at age _____ hours

Type of test (circle): Blood test | Skin test

Follow-up Appointment

Date: _____ Time: _____ Doctor: _____

Address: _____ Phone: _____

Notes: _____

Does my baby have risk factors for high levels of bilirubin?

Some babies have risk factors for high levels of bilirubin and may need to be seen sooner after discharge from the hospital. Ask your baby's doctor about an early follow-up visit if your baby has any of the following signs:

- A high level of bilirubin before leaving the hospital
- Early birth (more than 2 weeks before the due date)
- Jaundice in the first 24 hours after birth
- Breastfeeding that is not going well
- A lot of bruising or bleeding under their scalp related to labor and delivery
- A parent or sibling who had a high level of bilirubin and received light therapy

Also, let your baby's doctor know if you eat fava beans (broad beans) or use any of the following products: mothballs, antibiotics, henna, or herbal remedies. Eating fava beans or using these products should be avoided because, in rare cases, this can cause severe jaundice.

How is jaundice treated?

Treatment can prevent the potentially harmful effects of jaundice. Most jaundice requires no treatment. When treatment is needed, babies are undressed and then placed under special lights (phototherapy). Phototherapy helps lower the bilirubin level. This is typically done in the hospital, but depending on your baby's bilirubin level, age, and other things, it can sometimes be done at home. In some babies, supplementing breast (human) milk with formula can help lower the bilirubin level. Putting your baby into sunlight is *not* a safe way to treat jaundice. Very high bilirubin levels are a medical emergency that might require admission to the intensive care unit and other treatment, including a special type of blood transfusion that can rapidly decrease the bilirubin level.

When should I call the doctor?

Call your baby's doctor if

- Your baby's skin turns darker yellow.
- Your baby's abdomen, arms, or legs are yellow.
- The whites of your baby's eyes are yellow.
- Your baby is hard to wake, fussy, or not breastfeeding or taking formula well.

Remember

To make sure your baby's first week is safe and healthy, it is important that

- You partner with a pediatrician or another primary care provider for your baby's ongoing care.
- Your baby is checked for jaundice in the hospital with a blood or skin test for bilirubin.
- You review the result of your baby's bilirubin test and follow-up plans with your baby's doctor (see "Your Baby's Bilirubin Level").
- If you are breastfeeding, you get the support you need to make sure it is going well.

For More Information

American Academy of Pediatrics

www.aap.org and www.HealthyChildren.org

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Circumcision: What You Need to Know

Parents have different opinions about newborn male circumcision based on medical, religious, cultural, and ethnic traditions and personal reasons. Some parents choose circumcision. Some parents do not choose circumcision. Parents who are undecided should talk with their child's doctor before their baby is born. They can learn about the benefits and risks of circumcision to help them choose what is best for their baby. Here is more information from the American Academy of Pediatrics (AAP) about circumcision.

What is circumcision?

At birth, males have skin that covers the end of the penis, called the *foreskin*. *Circumcision* is the surgical removal of the foreskin, exposing the tip of the penis. Circumcision is usually performed by a doctor in the first few days after birth. The surgery should be done under sterile conditions with adequate pain management. (See *Is circumcision painful?*) A newborn must be stable and healthy to safely be circumcised. Because circumcision may be riskier if done later in life, parents should decide before or soon after their baby is born if they want it done.

Is circumcision painful?

Yes. However, there are pain medicines that are safe and effective. The AAP recommends that they be used to reduce pain from circumcision.

What should I expect for my baby after circumcision?

After the circumcision, the tip of the penis may seem raw or yellowish. If there is a bandage, it should be changed with each diapering to reduce the risk of infection. Use petroleum jelly to keep the bandage from sticking. Sometimes a plastic ring is used instead of a bandage. This should drop off within 5 to 8 days. The penis should be fully healed in about 1 week to 10 days after circumcision.

Reasons Parents May Choose Circumcision

- **Medical benefits.** Scientific studies show the health benefits of newborn male circumcision outweigh the risks of the procedure, including
 - A markedly lower risk of acquiring HIV, the virus that causes AIDS.
 - A significantly lower risk of acquiring a number of other sexually transmitted infections (STIs), including genital herpes (herpes simplex virus), human papillomavirus (HPV), and syphilis.
 - A lower risk of urinary tract infections (UTIs). A circumcised male infant has about a 1 in 1,000 chance of developing a UTI in the first year after birth; an uncircumcised male infant has about a 1 in 100 chance of developing a UTI in the first year after birth.
 - A lower risk of getting cancer of the penis. However, this type of cancer is very rare in all males.
- **Other medical benefits, including**
 - Prevention of foreskin infections
 - Prevention of phimosis, a condition in uncircumcised males that makes foreskin retraction impossible
 - Easier genital hygiene
- **Social reasons.** Many parents choose to have it done because "all the other men in the family" had it done or because they do not want their children to feel "different."
- **Religious or cultural reasons.** Some groups, such as followers of the Jewish and Islamic faiths, practice circumcision for religious and cultural reasons.

Reasons Parents May Not Choose Circumcision

- Belief that circumcision should be a person's choice.
- Belief that if "it ain't broke, then why remove normal tissue?"

- Fear of the risks. Complications are rare and usually minor but may include bleeding, infection, cutting the foreskin too short or too long, and improper healing.
- Belief that the foreskin is needed. Some people feel the foreskin is needed to protect the tip of the penis. Without it, the tip of the penis may become irritated and cause the opening of the penis to become too small. This can cause urination problems that may need to be surgically corrected.
- Belief that it can affect sexual sensation. Some feel that circumcision makes the tip of the penis less sensitive, causing a decrease in sexual pleasure later in life.
- Belief that proper hygiene can lower health risks. Children can be taught proper hygiene that can lower their chances of getting infections, cancer of the penis, and STIs.

Are there any problems that can happen after circumcision?

Problems after a circumcision are very rare. However, call your child's doctor right away if

- Your baby does not urinate normally within 6 to 8 hours after the circumcision.
- Bleeding doesn't stop at the spot where the foreskin was removed.
- The redness around the tip of the penis gets worse after 3 to 5 days.
- Yellow discharge lasts longer than a week. It is normal to have a little yellow discharge or coating around the head of the penis in the first week.

What if I choose not to have my baby circumcised?

If you choose not to have your baby circumcised, talk with your child's doctor about how to keep the penis clean. Keep in mind that the foreskin will not fully retract for several years and should never be forced. When your child is old enough, they can learn how to keep their penis clean just as they will learn to keep other parts of their body clean.

What is female genital mutilation?

Female genital mutilation has sometimes been called *female circumcision*, although it has no known medical benefits and causes many known harms, both medical and psychological. It involves removing part or all of a female's clitoris. It may also include sewing up the opening of the vagina. It is often done without any pain medicine. The purpose of this practice is to prove that a female is a virgin before marriage, reduce the ability to experience sexual pleasure, and promote marital fidelity. There are many serious side effects, including

- Pelvic infections and UTIs
- Negative effects on self-esteem and sexuality
- Inability to deliver a baby vaginally

The AAP is absolutely opposed to this practice in all forms because it is disfiguring and has no medical benefits.

Visit [HealthyChildren.org](https://www.healthychildren.org) for more information.

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