

UTAH PREVENTIVE CARE RECOMMENDATIONS

PEDIATRIC AGES 0-10

ANTICIPATORY GUIDANCE

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NUTRITION

Breast Feeding

1. Human milk is the preferred feeding for all infants, including premature and sick newborns with rare exceptions
2. Breastfeeding should begin as soon as possible after birth, usually within the first hour
3. Newborns should be nursed whenever they show signs of hunger – crying is a late indication of hunger
4. Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth for approximately the first 6 months after birth
5. Recommend breastfeeding to continue at least 12 months. For infants weaned before 12 months, iron-enriched foods and formulas should be introduced
6. Every breastfeeding infant should be evaluated 48-72 hours after discharge
7. Mothers should be advised not to use marijuana while breastfeeding

Advise proper formula preparation with formula fed infants and avoid bottle propping (to decrease the risk of choking, caries, and otitis media). No additional water for the infant except in extreme heat conditions

Foods should be introduced at 4 to 6 months of age. Avoid giving infants processed foods and food with added sugars and salt.

Iron: infants who are not breastfed or are partially breastfed should receive an iron-fortified formula (containing between 4.0 – 12 mg/L of iron) from birth to 12 months.

Vitamin D: Breastfed or partially breastfed infants should be supplemented with 400 IU vitamin D/day if the mother is not taking vitamin D supplements of approximately 6000 IU daily, starting a few days after birth and continuing until they are weaned and drinking enough vitamin D-fortified infant formula or cow's milk (at least 1 L/Day) for appropriate daily vitamin D intake.

Children should receive at least 400 IU of daily Vitamin D through foods or supplementation. (Fortified milk contains 115-124 IU of Vitamin D; therefore, four to five cups would be needed to meet the daily

requirement. Other foods may also contribute, but supplementation may be needed to reach recommended amounts)

Daily requirements for Calcium and Vitamin D by age are:

<u>Age</u>	<u>Calcium</u>	<u>Vitamin D</u>
0-6 months	200 mg/day	400 IU/day
6-12 months	260 mg/day	400 IU/day
1-3 years	700 mg/day	600 IU/day
4-8 years	1000 mg/day	600 IU/day
9-18 years	1300 mg/day	600 IU/day

Children older than 1 year who are obese or receiving anticonvulsant, glucocorticoid, antifungal, or antiretroviral medication may require 2 to 4 times the 600 IU recommended daily amount of vitamin D.

Fluoride: See dental recommendations in Screening Section.

Basic nutrition principles for children:

- Eat a balanced breakfast every day
- Choose unsaturated fats and oils
 - Avoid foods containing trans-fats (hydrogenated or partially hydrogenated oils)
- Eat 1 to 2 cups of fruit and 1½ to 3 cups of vegetables per day
 - Choose whole fruits over fruit juices
- Eat whole grains and foods containing fiber and complex carbohydrates rather than simple sugars
- Choose heart healthy animal and plant proteins such as fish, poultry, beans, soy products, nuts and seeds
- Provide 3 servings (3 cups) of low-fat dairy products per day
- Limit salt and sugar intake
- Limit processed and packaged foods
- Encourage water intake
- Eliminate sweetened drinks
 - Aim for less than 12 ounces per week of soda, sports drinks, lemonade and other sweetened drinks
 - Limit juice to less than 6 ounces per day
- Learn about appropriate portion sizes
- Follow the “no seconds except for fruits and vegetables” rule
- Keep unhealthy snacks and desserts out of sight, or even better, out of the house (children get ¼ of their daily calories from snacks)
- Do not use food as a reward or punishment

Patient education tools include the Intermountain Healthcare [8 to LiVe by Habit Builder](#), [8 to LiVe by booklet](#) and the [Traffic Light Eating Plan](#).

- Order Intermountain Healthcare educational materials through the [iPrint Store](#), or contact Clinical Education Services at (801) 442-2963

PHYSICAL ACTIVITY

Children should be provided opportunities for daily physical activity that is age and developmentally appropriate. Emphasis should be placed on play rather than structured exercise. Likewise, emphasize activities that engage the entire family to promote a culture of family activity. Aim for at least 60 minutes of physical activity and active play each day.

Promote walking to school, physical education classes at school, organized sports, and playing outside with peers as ways to increase physical activity.

Children should have less than 2 hours per day of recreational screen time (including video games, TV, internet, phone).

Patient education tools include the Intermountain Healthcare the [8 to LiVe by Habit Builder](#), and the [8 to LiVe by booklet](#). The [LiVe Well Move More: Ideas for Kids, Teens, and Families](#) fact sheet suggests ways to increase activity and to incorporate stretching and strengthening into daily activity.

- Order Intermountain Healthcare educational materials through Intermountain [iPrint store](#), or contact Clinical Education Services at (801) 442-2963.

SLEEP

Place infants to sleep on their back with face and head clear of blankets and other soft items.

A separate but proximate sleeping environment is recommended for infants.

Infants should not take a bottle to bed.

Encourage age appropriate adequate sleep:

Newborns – 10.5 to 18 hours

Infants (3-11 months) – 9 to 12 hours at night with an additional one to four naps that are 30 minutes to two hours in length

Toddlers (1-3 years) – 12 to 14 hours

Preschooler (3-5 years) – 11 to 13 hours

School age (5 to 12 years) – 10 to 11 hours

Establish regular bedtime routine.

SAFETY (INJURY/VIOLENCE)

Age appropriate safety topics should be addressed at each well-child visit. The Safekids.org newsletter provides seasonally and age appropriate safety information.

Motor Vehicle/Travel:

- Infants and children under age 13 years should not sit in the front seat (and then should continue to be restricted from front if very small for age and airbag present). Children should always be placed in proper vehicle restraints:

- Infant car seats should face the rear of the vehicle until the infant reaches 2 years of age or weight and height advised by the car safety seat manufacturer.
- Once children are ready to transition to a forward-facing seat, they should be harnessed in until they reach the maximum weight or height for that seat.
- When they have outgrown their forward-facing harnessed seat, children need to be placed in a booster seat. They can use the booster seat until the car's lap-and-shoulder belt fits properly, which is typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years old.
- The [Child Safety Seat Guidelines](#) by Primary Children's Medical Center is a useful tool.
- The [AAP guide for families](#), providing a list of all car seats is also available.
- Discuss airline travel with parents. AAP recommends the use of approved safety seats for infants and toddlers.
- Children should not be allowed to ride in open pickup truck beds.
- Children should not be unattended in or around motor vehicles. Walk around vehicles prior to moving it (Spot the Tot).
- Never leave a child alone in a car (heat stroke prevention)
- No child under age 16 years should ride on an off-road vehicle with two or four wheels, and no person of any age should ride a 3-wheeled off-road vehicle.
- No child under age 16 years should operate a snowmobile or personal watercraft.
- Discuss driver safety with parents and adolescents including use of seat belts, distracted driving, no cell phone use or texting, fatigue and no alcohol or drug use when driving

Home Safety:

- Advise back sleeping without soft toys, bumpers or heavy blankets
- Choose a crib with slats < 2 3/8" apart and keep the sides up at all times. Portable cribs with fabric walls should have a weave of fabric no large than 1/4 inch.
- Advise parents not to leave baby alone on bed, sofa or changing table
- Advise parents about age appropriate window and stair guards to prevent falls, and furniture in front of windows.
- Discourage use of infant walkers.
- Hot water heater temperature < 120°.
- Encourage parents to eliminate firearms from home or keep them locked up with ammunition and firearms in separate, locked areas.
- Advise parents to avoid choking hazards
- Safe storage of all drugs, cleaning products, toxins and matches.
- Parent should know the location of the Poison Control Number: 1-800-222-1222.
- Advise against tobacco use in home or cars.
- Encourage the use of smoke detectors and carbon monoxide detectors in the home and storage of fire extinguishers.
- Anchor heavy furniture to walls to prevent tip-over injuries to children

Recreation:/Sports:

- Promote concussion training and awareness
- Always supervise children using playground equipment
- Helmets should be worn when bicycling, skateboarding, rollerblading, skiing, snowboarding, or scooter or horseback riding. Parents must model helmet wearing behavior.

- Children under age 12-months should not be on a bicycle
- Discourage use of trampolines, and do not allow more than one person jumping on trampoline at the same time.
- Wear sunscreen, protective clothing and mosquito repellent while outdoors.
- Children should not be allowed to ignite fireworks.
- Handouts are available regarding injury prevention by individual [type of sport](#).

Drowning prevention:

- No unsupervised bathing, swimming or pool play (including small toy pools).
- Advise four-sided, locked fencing should be around all swimming pools.
- Infants and children should wear personal floatation devices around bodies of water.
- Children should be taught to swim.
- Parents should learn CPR.

Limit setting:

- Advise parents on frustration management and not shaking infants.
- Corporal punishment is less effective than other limit setting strategies (i.e. time-out).
 - Refer to the AAP 1998 statement: [Guidance for Effective Discipline](#).

DEVELOPMENT

Encourage social, communication, learning, and affection-based interactions between the child and parent.

Encourage parent reading time with child.

Stress importance of encouragement, praise, and consistency.

Support the principles of parents as role models.

Refer parents and caregivers to Daily Vroom, an app providing evidence-based brain building activities for children that build nurturing and resilience found at <https://www.vroom.org/>.

SUBSTANCE USE

Ask children about tobacco, e-cigarettes, alcohol, or drug use by their friends or their personal use and advise them against these behaviors.

Take a history of second hand smoke exposure with each visit. Encourage parents to make home and car smoke-free.

Advise parents who smoke to quit. Refer to Tobacco Cessation Program.

DENTAL

Advise visit to dentist on regular basis.

Apply Fluoride varnish yearly to the primary teeth of infants and children starting at the age of primary tooth eruption up to the age of 5 years.

Treat with Fluoride supplementation as listed below:

Daily dose of Fluoride by age:

Age	Concentration of Fluoride in Local Water Supply (ppm)		
	<0.3 ppm	0.3 – 0.6 ppm	>0.6 ppm
Birth – 6 months	0	0	0
6 months – 3 years	0.25 mg	0	0
3 – 6 years	0.50 mg	0.25 mg	0
6 – 10 years	1.00 mg	0.50 mg	0

A 2.2 mg sodium fluoride (NaFl) tablet contains one mg Fluoride.

The [Utah Department of Health Oral Health Program](#) documents concentrations of [Fluoride in local water supplies](#). If more detailed information is needed about your location the department may be contacted at (801) 538-9177.

OTHER

Other subjects for anticipatory guidance include: Child Care and Toilet Training