



# American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

## **Ages 8 to 12 Months: Separation Anxiety**

During these four months, your child may sometimes seem like two separate babies. First, there's the one who's open, affectionate and outgoing with you. But then there's another who's anxious, clinging, and easily frightened around unfamiliar people or objects. Some people may tell you that your child is fearful or shy because you're "spoiling" her, but don't believe it. Her widely diverse behavior patterns are not caused by you or your parenting style. They occur because she's now, for the first time, able to tell the difference between familiar and unfamiliar situations. If anything, the predictable anxieties of this period are evidence of her healthy relationship with you.

Anxiety around strangers is usually one of the first emotional milestones your baby will reach. You may think something is wrong when this child of yours who, at the age of three months, interacted calmly with people she didn't know, is now beginning to tense up when strangers come too close. This is normal for this age, and you need not worry. Even relatives and frequent babysitters with whom your baby was once comfortable may prompt her to hide or cry now, especially if they approach her hastily.

### **Separation Anxiety**

Separation anxiety usually peaks between 10 and 18 months and then fades during the last half of the second year. In some ways, this phase of your child's emotional development will be especially tender for both of you, while in others it will be painful. After all, her desire to be with you is a sign of her attachment to her first and greatest love, namely you. The intensity of her feeling as she hurtles into your arms is irresistible, especially when you realize that no one, including your child herself, will ever again think you are quite as perfect as she does at this age. On the other hand, you may feel suffocated by her constant clinging, while experiencing guilt whenever you leave her crying for you. Fortunately, this emotional roller coaster eventually will subside along with her separation anxiety.

She'll become much more "clutchy" about leaving you, and just as she's starting to realize that each object is unique and permanent, she'll discover that there's only one of you. When you're out of her sight, she'll know you're somewhere but not with her, and this will cause her great distress. She'll have so little sense of time that she won't know when, or even whether, you'll be coming back. Once she gets a little older, her memory of past experiences with you will comfort her when you're gone, and she'll be able to anticipate a reunion. But for now she's only aware of the present, so every time you leave her sight, even to go to the next room, she'll fuss and cry. When you leave her with someone else she may scream as though her heart will break. At bedtime she'll refuse to leave you to go to sleep, and then she may wake up searching for you in the middle of the night.

### **Coping with Separation Anxiety**

If your child has a strong, healthy attachment to you, her separation anxiety probably will occur earlier than in other babies, and she'll pass through it more quickly. Instead of resenting her possessiveness during these months, maintain as much warmth and good humor as you can. Through your actions, you're showing her how to express and return love. This is the emotional base she'll rely on in years to come.

The following suggestions may help ease separation anxiety.

- Your baby is more susceptible to separation anxiety when she's tired, hungry or sick. If you know you're going out, schedule your departure so it occurs after she's napped and eaten. Try to stay with her as much as possible when she's sick.
- Don't make a fuss over your leaving. Instead, have the person staying with her create a distraction (a new toy, a visit to the mirror, a bath). Then say goodbye and slip away quickly.
- Remember that her tears will subside within minutes of your departure. Her outbursts are for your benefit to persuade you to stay. With you out of sight, she'll soon turn her attention to the person staying with her.
- Help her cope with separation through short practice sessions at home. Separation will be easier on her when she initiates it, so when she crawls to another room (one that's baby-proofed), don't follow her right away; wait for one or two minutes. When you go to another room for a few seconds, tell her where you're going and that you'll return. If she fusses, call to her instead of running back. Gradually, she'll learn that nothing terrible happens when you're gone and, just as important, you always come back when you say you will.
- If you take your child to a sitter's home or a child-care center, don't just drop her off and leave. Spend a few extra minutes playing with her in this new environment. When you do leave, reassure her that you'll be back later.

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## Childproofing Checklist: General Principles

Here are some general suggestions and ideas that can be used throughout your home. Since children grow and develop new skills quickly, it is important to conduct a "full-house survey" every 6 months. Every home is different, and no checklist is complete and appropriate for every child and every household.

- Are stairs carpeted and protected with non-accordion gates?
- Are the rooms in your house free from small parts, plastic bags, small toys, and balloons that could pose a choking hazard?
- Do you have a plan of escape from your home in the event of a fire? Have you reviewed and practiced the plan with your family?
- Does the door to the basement have a self-latching lock to prevent your child from falling down the stairs?
- Do not place your child in a baby walker with wheels. They are very dangerous, especially near stairs.
- Are dangerous products stored out of reach (in cabinets with safety latches or locks or on high shelves) and in their original containers in the utility room, basement, and garage?
- If your child has a playpen, does it have small mesh sides (less than 3/4 inch mesh) or closely spaced vertical slats (less than 2 3/8 inches)?
- Are the numbers of the Poison Control Center and your pediatrician posted on all phones?
- Do your children know how to call 911 in an emergency?
- Inspect your child's toys for sharp or detachable parts. Repair or throw away broken toys.

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## **Follow safety precautions when using DEET on children from the AAP Committee on Environmental Health**

Insect repellents containing DEET (N,N-diethyl-m-toluamide, also known as N,N-diethyl-3-methylbenzamide) with a concentration of 10% appear to be as safe as products with a concentration of 30% when used according to the directions on the product labels. DEET is not recommended for use on children under 2 months of age.

DEET-containing products are the most effective mosquito repellents available. DEET also is effective as a repellent against a variety of other insects, including ticks. It should be used when there is a need to prevent insect-borne disease. The concentration of DEET in products may range from less than 10% to over 30%. The efficacy of DEET plateaus at a concentration of 30%, the maximum concentration currently recommended for infants and children. The major difference in the efficacy of products relates to their duration of action. Products with concentrations around 10% are effective for periods of approximately two hours. As the concentration of DEET increases, the duration of activity increases; for example, a concentration of about 24% has been shown to provide an average of 5 hours of protection.

The safety of DEET does not appear to relate to differences in these concentrations. A prudent approach would be to select the lowest concentration effective for the amount of time spent outdoors. It is generally agreed that DEET should not be applied more than once a day.

There are no specific data on the skin absorption of DEET as a function of age. However, data on skin absorption of similar substances suggest that absorption through the skin would not differ after an infant has reached a month or two of age.

DEET should not be used in a product that combines the repellent with a sunscreen. Sunscreens often are applied repeatedly because they can be washed off. DEET is not water-soluble and will last up to 8 hours. Repeated application may increase the potential toxic effects of DEET.

### Other precautions

- Apply DEET sparingly on exposed skin; do not use under clothing.
- Do not use DEET on the hands of young children; avoid applying to areas around the eyes and mouth.
- Do not use DEET over cuts, wounds or irritated skin. Wash treated skin with soap and water after returning indoors; wash treated clothing.

Avoid spraying in enclosed areas; do not use DEET near food.

## Protecting Your Child from the Sun

Warm, sunny days are wonderful. The sun feels so good on your skin. And with a little precaution, you can be sure everyone stays safe from the sun's dangerous rays. By learning more about sun safety, you can help protect your entire family and develop safe sun habits that can last a lifetime.

The sun is the main cause of skin cancer, the most common form of cancer in the United States. There will be a million new cases of skin cancer this year. Skin cancer can and does occur in children and young adults, but most of the people who get skin cancer are older. Older people get skin cancer because they have already received too much of the sun's damaging rays. Your skin remembers each sunburn and each suntan year after year.

Most of our sun exposure - between 60 percent and 80 percent - happens before we turn 18 years of age. That's because children spend more time outdoors than most adults, especially in the summer.

All skin cancers are harmful and some, especially malignant melanoma, can be deadly if left untreated. Malignant melanoma is the second most common form of cancer in women 25 to 34 years old. Sun exposure in early childhood and adolescence contributes to skin cancer.

Research has shown that two or more blistering sunburns as a child or teen increase the risk of developing skin cancer later in life. It is very important, therefore, to protect babies and children from sunburn. Do this by making sun protection a regular family event. You can be the best teacher by practicing sun protection yourself and teach all members of your family how to protect their skin.

It's up to you to protect your child's skin. Sunburns hurt. Sunburns can also cause dehydration and fever. Too many sunburns and too much sun exposure over the years can cause not only skin cancer, but also wrinkles and possibly cataracts of the eye.

Babies under 6 months of age need extra protection from the sun. Babies have sensitive skin that is thinner than adult skin. This causes them to sunburn more easily than an adult. Even babies with naturally darker skin need protection. Since young children are more vulnerable to the sun, here are some specific rules for children younger than 1 year old:

- Babies younger than 6 months should be kept out of the direct sunlight. Move your baby to the shade or under a tree, umbrella or the stroller canopy.
- Dress your baby in clothing that covers the body, such as comfortable lightweight long pants, long-sleeved shirts, and hats with brims that shade the face and cover the ears.
- If your baby gets a sunburn and is younger than 1 year of age, contact your pediatrician at once - severe sunburn is an emergency.
- For babies younger than 6 months of age, the risks or benefits of sunscreen use are not yet known. If your baby needs to be outdoors, discuss sunscreen use and other options with your pediatrician.
- For babies older than 6 months of age, choose a sunscreen made for children.

For children older than 1 year old and all family members, follow these simple rules to protect your family from sunburns now and from skin cancer later in life:

- Choose sunscreen that is made for children, preferably waterproof. Before covering your child completely, test the sunscreen on your child's back for a reaction. Apply carefully around the eyes, avoiding the eyelids. If a rash develops, talk to your pediatrician.

- Select clothes made of tightly woven fabrics. Clothes that have a tighter weave - the way a fabric is constructed - generally protect better than clothes with a broader weave. If you're not sure about how tight a fabric's weave is, hold the clothing up to a lamp or window and see how much light shines through. The less light, the better. Clothing made of cotton is both cool and protective.
- When using a cap with a bill, make sure the bill is facing forward to shield your child's face. Sunglasses with UV protection also are a good idea for protecting your child's eyes.
- If your child gets a sunburn that results in blistering, pain or fever, contact your pediatrician.

Here are some additional sun safety tips that apply to all members of your family:

- The sun's rays are the strongest between 10 a.m. and 4 p.m. Try to keep out of the sun during these hours.
- The sun's damaging UV rays can bounce back from sand, snow or concrete; so be particularly careful in these areas.
- Most of the sun's rays can come through the clouds on an overcast day; so use sun protection *even on cloudy days*.
- When choosing a sunscreen, look for the words "broad-spectrum" on the label - it means that the sunscreen will screen out both ultraviolet B (UVB) and ultraviolet A (UVA) rays.
- Choose a water-resistant or waterproof sunscreen. Sunscreens that are "waterproof" should be reapplied every two hours, especially if your child is playing in the water.
- Zinc oxide, a very effective sunblock, can be used as extra protection on the nose, cheeks, tops of the ears and on the shoulders.
- Use a sun protection factor (SPF) of at least 15.
- Rub sunscreen in well, making sure to cover all exposed areas, especially your child's face, nose, ears, feet and hands, and even the backs of the knees.
- Put on sunscreen 30 minutes before going outdoors - it needs time to work on the skin.
- Keep your child completely out of the sun until the sunburn is totally healed.
- Sunscreens should be used for sun protection and not as a reason to stay in the sun longer.

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## Choking Prevention

In addition to food, there are household items that can become choking hazards. You can help ensure a safe environment by keeping these items away from infants and young children:

- Latex balloons
- Coins
- Marbles
- Toys with small parts
- Toys that can be compressed to fit entirely into a child's mouth
- Small balls
- Pen or marker caps
- Small button-type batteries
- Medicine syringes

Choking can be prevented. Before your child begins to crawl, get down on his level and look for dangerous items. If you have older children, pay extra attention to their toys and be sure your younger child can't get into them. In addition to thoroughly childproofing your home, keep this list of choking prevention tips in mind:

- *Learn cardiopulmonary resuscitation (CPR)* (basic life support).
- *Be aware that balloons pose a choking risk* to children of any age.
- *Keep the following foods from children until 4 years of age:*
  - Hot dogs
  - Nuts and seeds
  - Chunks of meat or cheese
  - Whole grapes
  - Hard, gooey, or sticky candy
  - Popcorn
  - Chunks of peanut butter
  - Raw vegetables
  - Raisins
  - Chewing gum
- *Insist that children eat at the table*, or at least while sitting down. They should never run, walk, play or lie down with food in their mouths.
- *Cut food for infants and young children* into pieces no larger than one-half inch and teach them to chew their food well.
- *Supervise mealtimes* for infants and young children.
- *Be aware of older children's actions.* Many choking incidents occur when older brothers or sisters give dangerous foods, toys or small objects to a younger child.
- *Avoid toys with small parts* and keep other small household items out of reach of infants and young children.
- *Follow the age recommendations on toy packages.* Age guidelines reflect the safety of a toy based on any possible choking hazard as well as the child's physical and mental abilities at various ages.
- *Check under furniture and between cushions* for small items that children could find and put in their mouths.



- *Do not let infants and young children play with coins.*

In addition to creating a safe environment for your child, it is important to learn basic life support skills. Post a first aid chart in your home; it can be a valuable reminder in the case of an emergency. However, these instructions should *not* take the place of an approved class in basic first aid, CPR or emergency prevention. Contact your local American Red Cross office or the American Heart Association to find out about classes offered in your area. Most of the classes teach basic first aid, CPR and emergency prevention along with what to do for a choking infant or child. Your pediatrician also can help you understand these steps and talk to you about the importance of supervising mealtime and identifying dangerous foods and objects.

#### **Related Article**

- [Choking: Common Dangers for Children](#)

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