Normal Development: Middle Adolescence (15 to 17 Years Old)

Adolescence is divided into 3 stages: **early** (12 to 14 years), **middle** (15 to 17 years), and **late** (18 to 20 years). While certain attitudes, behaviors, and physical milestones tend to occur at certain ages, a wide spectrum of growth and behavior for each age is normal. Consequently, these guidelines are offered as a way of showing a general progression through the developmental stages rather than as fixed requirements. It is perfectly natural for a teen to attain some milestones earlier and other milestones later than the general trend.

### Physical Development

Most girls have completed the physical changes related to puberty by age 15. Boys are still maturing and gaining strength, muscle mass, and height and are completing the development of sexual traits.

### Emotional Development

- May have anxiety over school and test scores.
- Is self-involved (may have high expectations and low self-concept).
- Seeks privacy and time alone.
- Is concerned about physical and sexual attractiveness.
- May complain that parents prevent him or her from doing things independently.
- Starts to integrate both physical and emotional intimacy into relationships.

### Social Development

- Is increasingly aware of social behaviors of friends.
- Seeks friends that share similar beliefs, values, and interests. Friends become more important.
- Starts to have more intellectual interests.
- May be influenced by peers to try risky behaviors (alcohol, tobacco, sex).

### Mental Development

- Becomes better able to set goals and think in terms of the future.
- Has a better understanding of complex interrelationships of problems and issues.
- Starts to develop moral ideals and to select role models.
Adolescent development

Definition

The development of children ages 12 through 18 years old is expected to include predictable physical and mental milestones.

Alternative Names

Development - adolescent; Growth and development - adolescent

Information

During adolescence, children develop the ability to:

- Comprehend abstract content, such as higher mathematic concepts, and develop moral philosophies, including rights and privileges
- Question old values without a sense of dread or loss of identity
- Move gradually towards a more mature sense of identity and purpose
- Establish and maintain satisfying personal relationships by learning to share intimacy without inhibition or dread

PHYSICAL DEVELOPMENT

Adolescence is characterized by dramatic physical changes moving the individual from childhood into physical maturity. Early, prepubescent changes are noted with the appearance of secondary sexual characteristics.

Girls may begin to develop breast buds as early as 8 years old, with full breast development achieved anywhere from 12 to 18 years. Pubic hair growth -- as well as armpit and leg hair -- typically begins at about age 9 or 10, and reaches adult distribution patterns at about 13 to 14 years.

Menarche (the beginning of menstrual periods) typically occurs about 2 years after initial pubescent changes are noted. It may occur as early as 10 years, or as late as 15 years, with the average in the United States being about 12.5 years. A concurrent rapid growth in height occurs between the ages of about 9.5 and 14.5 years, peaking somewhere around 12 years.
Boys may begin to note scrotal and testicular enlargement as early as 9 years of age, followed closely by lengthening of the penis. Adult size and shape of the genitals is typically reached by age 16 to 17 years. Pubic hair growth -- as well as armpit, leg, chest, and facial hair -- begins in males about age 12, and reaches adult distribution patterns at about 15 to 16 years.

A concurrent rapid growth in height occurs between the ages of about 10.5 to 11 and 16 to 18, peaking around age 14. Puberty is not marked with a sudden incident in males, as it is with the onset of menstruation in females. The appearance of regular nocturnal emissions (wet dreams), which may occur about every 2 weeks with the build-up of seminal fluid, marks the onset of puberty in males.

This typically occurs between the ages of 13 and 17 years, with the average at about 14.5 years. Voice change in the male typically occurs parallel to penile growth, and the occurrence of nocturnal emissions occurs with the peak of the height spurt.

BEHAVIOR

The sudden and rapid physical changes that adolescents experience typically lend this period of development to be one of self-consciousness, sensitivity and concern over one's own body changes, and excruciating comparisons between oneself and peers.

Because physical changes may not occur in a smooth, regular schedule, adolescents may go through stages of awkwardness, both in terms of appearance and physical mobility and coordination. Unnecessary anxieties may arise if adolescent girls are not informed and prepared for the menarche (the onset of menstrual periods), or if adolescent males are not provided accurate information about nocturnal emissions.

During adolescence, it is appropriate for youngsters to begin to separate from their parents and establish an individual identity. In some cases, this may occur with minimal reaction on the part of all involved.

However, in some families, significant conflict may arise over the adolescent's acts or gestures of rebellion, and the parents' needs to maintain control and have the youth comply.

As adolescents pull away from parents in a search for identity, the peer group takes on a special significance. It may become a safe haven, in which the adolescent can test new ideas and compare physical and psychological growth.

In early adolescence, the peer group usually consists of non-romantic friendships, often including "cliques," gangs, or clubs. Members of the peer group often attempt to behave alike, dress alike, have secret codes or rituals, and participate in the same activities. As the youth moves into mid-adolescence (14 to 16 years) and beyond, the peer group expands to include romantic friendships.

Mid-to-late adolescence is characterized by a need to establish sexual identity through becoming comfortable with one's own body and sexual feelings. Through romantic friendships, dating, and experimentation, adolescents learn to express and receive intimate or sexual advances in a comfortable manner that is consistent with internalized values.

Young people who do not have the opportunity for such experiences may demonstrate difficulty in establishing intimate relationships into adulthood.
Adolescents typically demonstrate behaviors consistent with several myths of adolescence:

The first myth is that they are "on stage" with the attention of others constantly centered upon their appearance or actions. This preoccupation stems from the fact that adolescents spend so much time thinking about and looking at themselves, it is only natural to assume that everyone else is also thinking and looking at them as well. In reality, this doesn't occur because "everyone else" (usually peers) is too preoccupied with their own issues. This normal self-centeredness may appear (especially to adults) to border on paranoia, narcissism, or even hysteria.

Another myth of adolescence is that of the indestructible self. This belief feeds into ideation of "it will never happen to me, only the other person". In this sense, "it" may represent becoming pregnant or incurring a sexually-transmitted disease after having unprotected intercourse, causing an car crash while driving under the influence of alcohol or drugs, developing oral cancer as a result of chewing tobacco, or any of the numerous adverse effects of a wide range of risk-taking behaviors.

SAFETY

Adolescent safety issues stem from increased strength and agility that may develop before optimal decision-making skills develop. A strong need for peer approval, coupled with the myths of adolescence, may entice a young person to attempt hazardous feats, or participate in a variety of risk-taking behaviors.

Appropriate motor vehicle safety should be emphasized, focusing upon the roles of driver/passenger/pedestrian, the influence of substance abuse, and the importance of using seat belts. Privileges associated with cars and recreational motor vehicles should depend upon the adolescent's ability to demonstrate an adequate knowledge base and safe use of such vehicles.

Adolescents pursuing recreational athletic activities should be taught to use adequate equipment, protective gear or clothing, safe facilities, proper rules of safe play, and rational approaches to activities requiring advanced skill levels.

Young people need to be acutely aware of the potential dangers -- including sudden death -- which may occur not only with regular substance abuse, but even experimental use of drugs and alcohol.

Adolescents who are allowed to use or have access to firearms need to learn proper use, safety, and legal issues associated with guns.

If adolescents appear to be isolated from peers, disinterested in school or social activities, or deteriorating in performance at school, work, or sports -- psychological evaluation may be necessary.

Many adolescents are at increased risk for depression and potential suicide attempts, due to pressures and conflicts that may arise within families, school or social organizations, and intimate relationships.

PARENTING TIPS

Adolescents usually require privacy in which to contemplate changes taking place within their own bodies. Ideally, the youth should be allowed to have a bedroom. If this is not possible, some private space should be allotted.

Teasing an adolescent child about physical changes is inappropriate, because it may cause self-
Parents need to remember that the adolescent's interest in body changes and sexual topics is natural, normal development and does not necessarily indicate movement into sexual activity.

Parents must take care not to label emerging instinct and behaviors as wrong, "sick", or immoral. Adolescents may experiment with or consider a wide range of sexual orientations or behaviors prior to feeling comfortable with their own sexual identity.

A re-emergence of the Oedipal complex (a child's attraction to the parent of the opposite sex) is common during adolescent years. Healthy parents deal with this by acknowledging the physical changes and attractiveness of the child -- and taking pride in the youth's growth into maturity -- without crossing appropriate parent-child relationship boundaries.

It is normal for the parent to find the adolescent attractive, particularly as the teen often looks very similar to appearance of the other (same-sex) parent at an earlier age. This attraction may cause the parent to feel awkward, but care should be taken by the parent not to create disconnection, which may potentially make the adolescent feel responsible. It is inappropriate for a parent's attraction to a child to be anything more than an attraction as a parent. Attraction that crosses the parent-child boundaries may lead to inappropriately intimate behavior with the adolescent, which is known as incest.

The teenager's quest for independence is normal development and need not be looked upon by the parent as rejection or a loss of control. To be of most benefit to the growing adolescent, a parent needs to be a constant and consistent figure, available as a sounding board for the youth's ideas without dominating or overtaking the emerging, independent identity of the young person.

Despite adolescents constantly challenging authority figures, they need or want limit-setting, as it provides a safe boundary in which to grow and function. Limit-setting refers to predetermined and negotiated rules and regulations regarding behavior.

In contrast, power struggles arise when authority is at stake or "being right" becomes the primary issue. These situations should be avoided, if possible. Ultimately, one of the parties (typically the teen) is overpowered, causing the youth to lose face, and activating feelings of embarrassment, inadequacy, resentment, and bitterness.

Parents should be prepared for and recognize that there are common conflicts that may develop while parenting adolescents. The experience may be influenced by unresolved issues from a parent's own childhood, as well as unresolved issues from the adolescent's earlier years.

Parents can anticipate their authority to be repeatedly challenged, as children enter and move through their adolescent years. Maintaining open lines of communication and clear, yet negotiable, limits or boundaries may prove useful in minimizing major conflicts.

Most parents report a sense of increased wisdom and self-growth as they rise to the challenges of parenting adolescents.
# Schedule of Well Child Visits

<table>
<thead>
<tr>
<th>AGE</th>
<th>IMMUNIZATIONS/TESTS</th>
<th>VISIT DETAILS</th>
</tr>
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<tbody>
<tr>
<td>2-3 days</td>
<td>none</td>
<td>exam, growth, development</td>
</tr>
<tr>
<td>2 weeks</td>
<td>state newborn screen</td>
<td>exam, growth, newborn screen</td>
</tr>
<tr>
<td>2 months</td>
<td>DTaP/IPV/HIB, HepB, Prevnar, RotaTeq</td>
<td>exam, growth, development</td>
</tr>
<tr>
<td>4 months</td>
<td>DTaP/IPV/HIB, (HepB*), Prevnar, RotaTeq</td>
<td>exam, growth, development (*no HepB if received birth dose)</td>
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<tr>
<td>6 months</td>
<td>DTaP/IPV/HIB, HepB, Prevnar, RotaTeq</td>
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<tr>
<td>9 months</td>
<td>Blood Count, Lead and TB screen</td>
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<tr>
<td>12 months</td>
<td>Prevnar, HepA</td>
<td>exam, growth, development</td>
</tr>
<tr>
<td>15 months</td>
<td>DTaP/IPV/HIB</td>
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<tr>
<td>18 months</td>
<td>Varivax, MMR</td>
<td>exam, growth, development, autism screening</td>
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<tr>
<td>2 years</td>
<td>Hep A, Blood Count, Lead screen</td>
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</tr>
<tr>
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</tr>
<tr>
<td>4 years</td>
<td>MMR, Varicella</td>
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<td>5 years</td>
<td>DTaP, IPV, Urinalysis</td>
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<tr>
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<tr>
<td>10 years</td>
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<td>exam, growth, devel, vision, hearing</td>
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<tr>
<td>11 years</td>
<td>TdaP, Menactra, UA, Gardasil (girls only, series of 3 shots)</td>
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<td>13 years</td>
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<tr>
<td>14 years</td>
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<tr>
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<tr>
<td>17 years</td>
<td>none</td>
<td>exam, growth devel, vision, hearing, puberty issues*</td>
</tr>
</tbody>
</table>

* Puberty issues: adolescent issues including sexuality will be discussed at these visits. These visits may include one-on-one time for the Teen and the physician. Please prepare your child appropriately.

DtaP = Diptheria/Tetanus/Acellular Pertussis  
HIB= Hemophilus influenza type B  
HepB = Hepatitis B vaccine  
IPV = Inactivated Polio Virus  
Prevnar = Pneumococcal 7- conjugate  
Varivax = Varicella (chickenpox)  
MMR = Measles/Mumps/Rubella  
RotaTeq= oral Rotavirus vaccine  
TdaP = Tetanus/Diptheria/acellular Pertussis booster  
Gardasil= HPV (cervical cancer) vaccine  
Menactra = meningococcal vaccine  
UA= urninalysis  
Hgb= hemoglobin (blood count)  
HepA = Hepatitis A
Have Questions about your Child?

Medication doses…
Symptoms and signs…
When to worry…
When to call us…

Our website is always available

😊 Lunch time
😊 Night time
😊 Fussy time
😊 Any time!!

Your **fastest** answers are here:

www.SapphirePediatrics.com
United States Environmental Protection Agency

Indoor Environments Division (6609J)
Office of Air and Radiation

EPA-402-F-96-005
October 1996

Protect Your Family and Yourself from Carbon Monoxide Poisoning

Carbon Monoxide Can Be Deadly

You can’t see or smell carbon monoxide, but at high levels it can kill a person in minutes. Carbon monoxide (CO) is produced whenever any fuel such as gas, oil, kerosene, wood, or charcoal is burned. If appliances that burn fuel are maintained and used properly, the amount of CO produced is usually not hazardous. However, if appliances are not working properly or are used incorrectly, dangerous levels of CO can result. Hundreds of people die accidentally every year from CO poisoning caused by malfunctioning or improperly used fuel-burning appliances. Even more die from CO produced by idling cars. Fetuses, infants, elderly people, and people with anemia or with a history of heart or respiratory disease can be especially susceptible. Be safe. Practice the DO’s and DON'Ts of carbon monoxide.

CO Poisoning Symptoms

Know the symptoms of CO poisoning. At moderate levels, you or your family can get severe headaches, become dizzy, mentally confused, nauseated, or faint. You can even die if these levels persist for a long time. Low levels can cause shortness of breath, mild nausea, and mild headaches, and may have longer-term effects on your health. Since many of these symptoms are similar to those of the flu, food poisoning, or other illnesses, you may not think that CO poisoning could be the cause.

Play it Safe

If you experience symptoms that you think could be from CO poisoning:

❖ **DO GET FRESH AIR IMMEDIATELY.** Open doors and windows, turn off combustion appliances and leave the house.

❖ **DO GO TO AN EMERGENCY ROOM** and tell the physician you suspect CO poisoning. If CO poisoning has occurred, it can often be diagnosed by a blood test done soon after exposure.

❖ **DO Be prepared to answer the following questions for the doctor:**

  - Do your symptoms occur only in the house? Do they disappear or decrease when you leave home and reappear when you return?
  - Is anyone else in your household complaining of similar symptoms? Did everyone’s symptoms appear about the same time?
  - Are you using any fuel-burning appliances in the home?
  - Has anyone inspected your appliances lately? Are you certain they are working properly?

**Prevention is the Key to Avoiding Carbon Monoxide Poisoning**

❖ **DO** have your fuel-burning appliances -- including oil and gas furnaces, gas water heaters, gas ranges and ovens, gas dryers, gas or kerosene space heaters, fireplaces, and wood stoves -- inspected by a trained professional at the beginning of every heating season.
season. Make certain that the flues and chimneys are connected, in good condition, and not blocked.

✓ **DO** choose appliances that vent their fumes to the outside whenever possible, have them properly installed, and maintain them according to manufacturers’ instructions.

✓ **DO** read and follow all of the instructions that accompany any fuel-burning device. If you cannot avoid using an unvented gas or kerosene space heater, *carefully follow the cautions* that come with the device. Use the proper fuel and keep doors to the rest of the house open. Crack a window to ensure enough air for ventilation and proper fuel-burning.

✓ **DO** call EPA’s IAQ INFO Clearinghouse (1-800-438-4318) or the Consumer Product Safety Commission (1-800-638-2772) for more information on how to reduce your risks from CO and other combustion gases and particles.

✗ **DON’T** idle the car in a garage -- even if the garage door to the outside is open. Fumes can build up very quickly in the garage and living area of your home.

✗ **DON’T** use a gas oven to heat your home, even for a short time.

✗ **DON’T even** use a charcoal grill indoors -- even in a fireplace.

✗ **DON’T** sleep in any room with an unvented gas or kerosene space heater.

✗ **DON’T** use any gasoline-powered engines (mowers, weed trimmers, snow blowers, chain saws, small engines or generators) in enclosed spaces.

✗ **DON’T** ignore symptoms, particularly if more than one person is feeling them. You could lose consciousness and die if you do nothing.

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**A Few Words About CO Detectors**

Carbon Monoxide Detectors are widely available in stores and you may want to consider buying one as a backup -- *BUT NOT AS A REPLACEMENT* for proper use and maintenance of your fuel-burning appliances. However, it is important for you to know that the technology of CO detectors is still developing, that there are several types on the market, and that they are not generally considered to be as reliable as the smoke detectors found in homes today. Some CO detectors have been laboratory-tested, and their performance varied. Some performed well, others failed to alarm even at very high CO levels, and still others alarmed even at very low levels that don’t pose any immediate health risk. And unlike a smoke detector, where you can easily confirm the cause of the alarm, CO is invisible and odorless, so it’s harder to tell if an alarm is false or a real emergency.

**So What’s a Consumer to Do?**

First, don’t let buying a CO detector lull you into a false sense of security. Preventing CO from becoming a problem in your home is better than relying on an alarm. Follow the checklist of **DOs** and **DON’Ts** above.

Second, if you shop for a CO detector, do some research on features and don't select solely on the basis of cost. Non-governmental organizations such as Consumers Union (publisher of *Consumer Reports*), the American Gas Association, and Underwriters Laboratories (UL) can help you make an informed decision. Look for UL certification on any detector you purchase.

Carefully follow manufacturers’ instructions for its placement, use, and maintenance.

If the CO detector alarm goes off:

- Make sure it is your CO detector and not your smoke detector.
- Check to see if any member of the household is experiencing symptoms of poisoning.
- If they are, get them out of the house immediately and seek medical attention. Tell the doctor that you suspect CO poisoning.
- If no one is feeling symptoms, ventilate the home with fresh air, turn off all potential sources of CO -- your oil or gas furnace, gas water heater, gas range and oven, gas dryer, gas or kerosene space heater and any vehicle or small engine.
- Have a qualified technician inspect your fuel-burning appliances and chimneys to make sure they are operating correctly and that there is nothing blocking the fumes from being vented out of the house.
for today’s teens: a message from your pediatrician

Now that you are getting older, you have different health needs than you did when you were younger. However, your pediatrician is still there to help you stay healthy.

Just ask

Beginning when you are about 11 or 12 years old, your pediatrician might suggest that you spend some time alone with him or her during your health care visits. Why? While it’s always important to talk with parents about some personal things in your life, it can be really hard. But you can always ask your pediatrician about personal stuff. They’ve heard it all! Plus, your pediatrician cares about your health and wants to help you in any way.

Talking with your pediatrician is a great way to get the answers about how your body works, how to take care of yourself, how to handle your emotions, how to stay healthy, and how to talk about these things with your parents.

Remember, your pediatrician will keep most of what you talk about private! This is called confidentiality. There may exceptions, like if your life or someone else’s life is in danger. And in some states the law may require pediatricians to share certain information. At your next visit feel free to ask your pediatrician about what’s confidential.

Take charge!

Some kids your age only see their pediatrician when they are sick or hurt. But staying healthy means more than just seeing a doctor when something is wrong. You’re getting old enough to start taking charge of your own health. This means preventing problems before they start.

So, see your pediatrician once a year, just to make sure everything is OK.

Of course, you should also see your pediatrician when you are sick or hurt.

Important stuff

Hopefully you feel comfortable enough with your pediatrician to ask anything, even stuff that’s a little embarrassing. But in case you’re wondering what kinds of things pediatricians can help you with, check out the following list:

• Sports or school physicals
  If you play sports, you probably need to get a physical before you can play. Some kids need a physical before the start of a new school year. This is a great time to talk with your pediatrician about your health and how to avoid injuries and stay healthy and fit.

• Treatment of illnesses or injuries
  Have you been sick lately? Did you get hurt recently? These are important things to tell your pediatrician about, even if you think they’re no big deal. Let your pediatrician know about any pain you have or anything that feels different.

• Growth and development
  Your body is changing fast and you might want to talk about what’s going on. Don’t know where to start? You may want to ask
  —Will I be as tall as my parents?
  —What can I do about these pimples?
  —Am I fat?
  —Why are my breasts uneven? (Girls—The answer is often normal variation.)
  —Why are my pajamas wet in the morning? (Guys—The answer is almost always nocturnal emission or “wet dream.”)

• Personal and/or family problems
  Having a hard time dealing with your friends or family? Feel like your parents just don’t understand you? Maybe you’re being teased at school, feeling pressure from some friends, or being bullied. All of these things can be pretty hard to deal with. If you don’t know where to turn, remember that your pediatrician is there to help. Just ask.

• School problems
  You may worry about your grades and your future. Maybe you’re finding it hard to keep up with school, a job, sports, or other activities. Your pediatrician may be able to help you through this busy time of your life.

• Alcohol and drug use
  You probably know kids who are using cigarettes, alcohol, or other drugs. Maybe you’ve been tempted to try these things too. But don’t forget—what’s right for them might not always be right for you.

  Becoming an adult means more than just getting taller. It also means you have to make decisions about your life, not letting someone else make them for you. Your pediatrician can explain how smoking, drinking, or taking other drugs can affect you and why it’s smart to stay away from them.

• Sex
  During visits with your pediatrician, you’ll have a chance to ask questions about dating, sex, and other personal stuff. It’s important to make the right choices about sex now. The wrong choice could affect the rest of your life. The good news is, whatever you and your pediatrician talk about is private so go ahead and ask about sex, how to protect yourself against sexually transmitted infections (STIs) and pregnancy, or whatever else you want to know about.
• **Conflicts with parents**
  Having any problems at home? Does it sometimes seem like no one understands you or respects your ideas? You’re not alone. If you have a problem that your parents may not understand, talk with your pediatrician. Sometimes an outside person can give a better view of these difficult situations. Your pediatrician might also have some ideas on how to get through to your parents.

• **Referrals to other doctors for special health needs**
  You may have a medical problem that will require you to see a different doctor or specialist. In that case, your pediatrician can refer you to another doctor who can help you. But even though you may need to see a specialist, your pediatrician still cares about your health and wants to see you for regular checkups or illnesses.

**What you can do to stay healthy**

To get a head start on taking charge of your own health, use the following list to keep yourself healthy:

• Eat right and get plenty of sleep (most teens need 9–10 hours a night).
• Know how to handle minor injuries like cuts and bruises, as well as minor illnesses like colds.
• Know how to get medical help for things like vomiting, headache, high fever, earache, sore throat, diarrhea, or stomach pain.
• Ask for help if you have sleep problems, sadness, family stress, school problems, problems with alcohol or other drugs, or trouble getting along with friends, family, or teachers.
• Don’t use alcohol, cigarettes, smokeless tobacco (chew), and other drugs.
• Delay having sex or use protection if you choose to have sex.
• Exercise regularly.
• Always wear your seat belt when you are in a car or truck.

As you become an adult, you’ll face many challenges. With help from your pediatrician, you’ll learn how to make the right decisions that will help you grow up healthy.
Television: Reducing the Negative Impact

Television has a tremendous influence on how children view our world. Children spend more hours watching TV from birth to age 18 than they spend in the classroom. A positive aspect of TV viewing is the opportunity to see different lifestyles and cultures. Children today are entering school more knowledgeable than children before the era of TV. In addition, TV has great entertainment value. While TV can be a good teacher, many children watch TV excessively and experience some of the negative consequences described below.

What are the harmful aspects of TV?

1. **TV displaces active types of recreation.** It decreases time spent playing with peers. A child has less time for self-directed daydreaming and thinking. It takes away time for participating in sports, music, art, or other activities that require practice to achieve competence.

2. **TV interferes with conversation and discussion time.** It reduces social interactions with family and friends.

3. **TV discourages reading.** Reading requires much more thinking than television. Reading improves a child's vocabulary. A decrease in reading scores may be related to too much time in front of the TV.

4. **Heavy TV viewing (more than 4 hours a day) definitely reduces school performance.** This much TV interferes with study, reading, and thinking time. If children do not get enough sleep because they are watching TV, they will not be alert enough to learn well on the following day.

5. **TV discourages exercise.** An inactive lifestyle leads to poor physical fitness. If accompanied by frequent snacking, watching TV may contribute to weight problems.

6. **TV advertising encourages a demand for material possessions.** Young children will pressure their parents to buy the toys they see advertised.

7. **TV violence can affect how a child feels toward life and other people.** Viewing excessive violence may cause a child to be overly fearful about personal safety and the future. TV violence may numb the sympathy a child normally feels toward victims of human suffering. Young children may be more aggressive in their play after seeing violent television shows. While TV violence does
not increase aggressive behavior toward people in most children, it may do so in impulsive children.

**How do I prevent TV addiction?**

1. **Encourage active recreation.** Help your child become interested in sports, games, hobbies, and music. Occasionally turn off the television and take a walk or play a game with your child.

2. **Read to your children.** Begin reading to your child by 1 year of age and encourage him to read on his own as he becomes older. Some parents help children earn TV or video game time by doing the same amount of reading time. Help your child improve his conversational skills by spending more of your time talking with him.

3. **Limit TV time to 2 hours a day or less.** An alternative is to limit TV to 1 hour on school nights and 2 or 3 hours a day on weekends. Occasionally you may want to allow extra viewing time for special educational programs.

4. **Don't use TV as a distraction or a baby sitter for preschool children.** Preschooler's viewing should be limited to special TV shows and videos that are produced for young children. Because the difference between fantasy and reality is not clear for this age group, regular TV shows may cause fears.

5. **If your child is doing poorly in school, limit TV time to 1 half hour each day.** Make a rule that your child must finish homework and chores before watching television. If your child's favorite show is on before the work can be done, consider recording the show for later viewing.

6. **Set a bedtime for your child that is not altered by TV shows that interest your child.** Children who are allowed to stay up late to watch television are usually too tired the following day to remember what they were taught in school. Do not put a TV in your child's bedroom because this stops you from controlling TV viewing.

7. **Turn off the TV set during meals.** Family time is too precious to be squandered on TV shows. In addition, don't have the television always on as a background sound in your house. If you don't like a quiet house, try to listen to music without lyrics.

8. **Teach critical viewing.** Turn the TV on for specific programs only. Don't turn it on at random and scan for something interesting. Teach your child to look first in the TV program guide.

9. **Teach your child to turn off the TV set at the end of a show.** If the TV stays on, your child will probably become interested in the following show and then it will be more difficult for your child to stop watching TV.

10. **Encourage your child to watch some shows that are educational or teach human values.** Encourage watching documentaries, or real-life dramas. If your child does see a program that includes love, sex, family disputes, drinking, or drugs, use it as a way to begin family discussions on these difficult topics.

11. **Forbid violent TV shows.** This means you have to know what your child is watching and turn off the TV set when you don't approve of the program. This may even include news programs.
Develop separate lists of programs that are OK for older children and for younger kids to watch. Make your older children responsible for keeping the younger ones out of the TV room when they are watching programs not allowed for the younger children. If they don't keep them out, the show must be turned off. The availability of cable television, videos, and DVDs means that any child of any age has access to the uncut versions of R-rated films. Many children under the age of 13 years develop daytime fears and nightmares because they have been allowed to watch these movies. Most television programs are now rated. The TV ratings are:

- **Y** (made for all children)
- **Y-7** (made for children 7+)
- **Y-7-FV** (made for children 7+, includes fantasy violence)
- **G** (general audience, appropriate for all ages)
- **PG** (parental guidance suggested, may be inappropriate for young children)
- **TV-14** (parents strongly cautioned, may be inappropriate for children under 14)
- **TV-MA** (mature audience only, may be unsuitable for children under 17).

Most newer television sets include a V-Chip so that you can block out TV shows with certain ratings. But remember, ratings are just guidelines. They cannot replace your good judgment. An educational animal show may have the same rating as a violent cartoon.

12. **Discuss the consequences of violence if you allow your older child to watch violent shows.** Point out how violence hurts both the victim and the victim's family. Be sure to discuss any program that upsets your child.

13. **Discuss commercials with your children.** Help your children identify high-pressure selling and exaggerated claims. If your child wants a toy that is a look-alike version of a TV character, ask how he or she would use the toy at home. The response will probably convince you that the toy will be added to a collection rather than become something used for active play.

14. **Discuss the differences between reality and make-believe.** This type of clarification can help your child enjoy a show and yet realize that what is happening may not happen in real life.

15. **Set a good example.** If you watch a lot of TV, you can be sure your child will also. In addition, the types of programs you watch send a clear message to your child.

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Video Games

Home video games are very popular and have a significant influence on our children. Over 85% of students say they play video games regularly. Over 30% of American homes have a video game system hooked up to the television. Millions more own portable game systems. Over 20% of homes have broadband access to video games. While these games are still heavily played by males, the number of female players is rapidly growing. Video games have a positive and a negative side. With proper supervision, they can be a fun and educational form of play.

What is good about video games?

Compared to watching television, video games are a better form of entertainment because they are interactive. Your child's mind has to be turned on and working. The following are some possible benefits of playing video games.

- They promote attention to details (such as clues), memorizing, sequencing, and using strategies.
- They promote eye-hand (visual motor) coordination.
- They improve visual perception (spatial awareness).
- They allow use of imagination.
- They provide entertainment children and adults can share.

What is bad about video games?

The drawbacks of playing video games are similar to those of watching TV:

- If allowed to rule your child's free time and study time, video games can decrease development of skills in sports, music, and art. Performance in school can be affected if reading and homework are not done.
- If your child plays alone, it can decrease important social time with family and friends. A child's interactions with friends may become limited to pumping them for information about hidden passageways and secret doors. Encourage your child to play video games with others.
- Violent games can teach acceptance of violent behavior in real life.

You need to be concerned if your child:
is doing worse in school
doesn't do his homework
doesn't get enough sleep
doesn't play outdoors
becomes a loner
seems preoccupied with aggressive behavior.

**How can I help set limits on video games?**

Don't expect your child to set his own limits on the amount of time he spends playing video games. You are responsible for your child's well-being and must set limits for him. If the rules are broken, deny your child access to the game for a day or more. Insist that homework and chores be completed before your child can play video games. Game time can even be used as an incentive for finishing these tasks properly.

**Limit video game time.** Two hours a day or less is a reasonable limit. Or allow an hour of play on school nights and 2 or 3 hours a day on weekends. Some parents allow the video games only on weekends. If your child is doing poorly in school, temporarily eliminate video game time on school nights. Some parents allow their children to earn video game time by putting in reading time.

**Don't allow your child to postpone bedtime because he wants to finish a video game.** Remember that children who stay up late are usually too tired the next day to remember what they are taught in school. Don't allow your child to have a video game set in his bedroom, because this eliminates your control over time spent playing. When bedtime is drawing near, give your child a 10-minute warning.

**Encourage your children to settle their own disputes over using the video game.** Try to stay out of disagreements, as long as they remain verbal. Children can't go through life having a referee to resolve their differences. If the dispute becomes too loud, remove the game until your children work out a solution.

**Help your child choose video games that are not excessively violent.** Encourage your child to buy or rent sports, puzzle, maze, or adventure games. Avoid games that contain lots of murder, combat, and destruction. Research suggests that video games encourage more aggressive behavior than violent TV shows because your child is an active participant not just an observer. If your child borrows or rents a new game, make sure it is alright before he uses it. Look at game ratings, but also preview the game before letting your child play. Ratings are not a perfect system for screening things you don't want your child to hear or see.

**If you own a computer, take advantage of some of the educational games available.** Educational computer games tap the motivational power of arcade games and help your child learn. They combine academics and entertainment, and also teach computer skills. If you have a choice, buy computer games instead of video games.

**Try to encourage a variety of free time activities.** Video games are not bad for children. They can teach certain skills and they are more educational than watching TV. If you try to forbid video games, your child will play them at an arcade or a friend's home. So teach your child to spend a reasonable amount of time playing them. Encourage reading, music, hobbies, sports, and playing with friends as well.
A Message to Parents of Teen Drivers

Traffic crashes are the leading cause of death for teens and young adults. More than 5,500 young people die every year in car crashes and thousands more are injured. Parents can play an important role in reducing these numbers and keeping their teens alive.

The following are ways you can help keep teens safe on the road:

- **Be a role model.** If you expect your teen to drive safely, you need to drive safely, too.
  - Always wear your seat belt.
  - Don't drink and drive. Never allow any alcohol or illegal drugs in the car.
  - Don't eat, drink, talk on your cell phone, or do anything else that could distract you from your driving.
  - Stay within the speed limit and obey all traffic signals.

- **Know the laws in your state.** It is important that you know and understand the graduated driver licensing (GDL) laws where you live. Specifically, you need to know the restrictions and limitations on teen drivers who have permits and provisional licenses. You must also learn about your own legal responsibilities for providing a good supervised driving experience for your teen.

- **Set specific rules.** Before you let your teen drive, set specific rules that must be followed (see Parent-Teen Driving Agreement handout).
  - At first, the restrictions you set should be strict. You can gradually relax the rules after your teen has demonstrated safe driving. And the rules you set should depend on the maturity level of your teen.
  - Because so many crashes occur in the first 6 months of unsupervised driving, your teen shouldn't drive teen passengers or drive after 9:00 pm at first. And don't ask your teen to give rides to younger siblings until he or she has had extensive driving experience.
  - After your teen has demonstrated safe driving for 6 months, you might allow 1 passenger and a later curfew (for example, 10:00 pm). Before allowing more passengers, keep in mind that more passengers may make it more likely that your teen will have a crash. Studies show that 1 passenger increases the risk of a crash by 40%, 2 passengers doubles the risk, and 3 passengers almost quadruples the risk.

- **Enforce strict penalties.** Generally, penalties for breaking the contract should match the seriousness of the rule broken. Punishments for reckless driving, such as speeding or drunk driving, should be strict and may involve loss of driving privileges.

- **Take your teen on the road.** The 6 hours of driving practice in many driver education programs is not enough. Your teen needs a lot more supervised driving practice, and some nighttime driving is important, too.

Some states require 50 hours of supervised practice. There are books, videos, and classes for parents on how to teach teen drivers. Remember that you'll probably need a lot of patience.

- **Check out the car.** Make sure the car your teen is driving is safe and in good condition. If your teen is buying a car, help your teen research safety ratings and find a mechanic to inspect the car. Air bags and lap/shoulder belts in the rear seat are important safety features.

- **Make a tough decision.** If you're concerned that your teen may not be ready to drive, you can prevent your teen from getting a license. All states allow parents to block their teen from getting a license if the teen is thought to be immature or reckless.

For more information

American Academy of Pediatrics
www.aap.org

AAA Foundation for Traffic Safety
www.aaafoundation.org

National Highway Traffic Safety Administration
www.nhtsa.gov

National Safety Council
www.nsc.org

Network of Employers for Traffic Safety
www.traficsafety.org

Please note: Inclusion on this list does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this publication. Web site addresses are as current as possible, but may change at any time.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician and allergist. There may be variations in treatment that your physician may recommend based on individual facts and circumstances.

From your doctor
Parent-Teen Driving Agreement

I, ________________________________, will drive carefully and cautiously and will be courteous to other drivers, bicyclists, and pedestrians at all times.

I promise that I will obey all the rules of the road.
- Always wear a seat belt and make all my passengers buckle up.
- Obey all traffic lights, stop signs, other street signs, and road markings.
- Stay within the speed limit and drive safely.
- Never use the car to race or to try to impress others.
- Never give rides to hitchhikers.

I promise that I will make sure I can stay focused on driving.
- Drive with both hands on the wheel.
- Never eat, drink, or use a cell phone while I drive.
- Drive only when I am alert and in emotional control.
- Call my parents for a ride home if I am impaired in any way that interferes with my ability to drive safely.

I promise that I will respect laws about drugs and alcohol.
- Drive only when I am alcohol and drug free.
- Never allow any alcohol or illegal drugs in the car.
- Be a passenger only with drivers who are alcohol and drug free.

I promise that I will be a responsible driver.
- Drive only when I have permission to use the car and I will not let anyone else drive the car unless I have permission.
- Pay for all traffic citations or parking tickets.
- Complete my family responsibilities and maintain good grades at school as listed here: ________________________________
- Contribute to the costs of gasoline, maintenance, and insurance as listed here: ________________________________

I agree to the following restrictions, but understand that these restrictions will be modified by my parents as I get more driving experience and demonstrate that I am a responsible driver.

For the next ______ months, I will not drive after ________ pm.
For the next ______ months, I will not transport more than ________ teen passengers (unless I am supervised by a responsible adult).
For the next ______ months, I won’t adjust the stereo or air conditioning/heater while the car is moving.
For the next ______ months, I will not drive in bad weather.

I understand that I am not permitted to drive to off-limit locations or on roads and highways as listed here: ________________________________

I agree to follow all the rules and restrictions in this contract. I understand that my parents will impose penalties (see below), including removal of my driving privileges, if I violate the contract. I also understand that my parents will allow me greater driving privileges as I become more experienced and as I demonstrate that I am always a safe and responsible driver.

Penalties for contract violations
Drove after drinking alcohol or using drugs No driving for ________ months.
Got ticket for speeding or moving violation No driving for ________ months.
Drove after night driving curfew No driving for ________ weeks/months.
Drove too many passengers No driving for ________ weeks/months.
Broke promise about seat belts (self and others) No driving for ________ weeks/months.
Drove on a road or to an area that is off-limits No driving for ________ weeks/months.

Signatures
Driver _____________________________ Date _____________________________

Parent promise: I also agree to drive safely and to be an excellent role model.

Parent (or guardian) _____________________________ Date _____________________________

Parent (or guardian) _____________________________ Date _____________________________

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN
Most teens don’t smoke
Did you know that about 80% of teens in the United States don’t smoke? They’ve made a healthy choice.

**But think about this:**
- One third of all new smokers will eventually die of smoking-related diseases.
- And nearly 90% of all smokers started when they were teens.

**This is what smoking does to your body**
- Carbon monoxide in tobacco smoke takes oxygen from your body.
- Your lungs will turn gray and disgusting.
- Nicotine, a drug contained in tobacco, can cause your heart to beat faster and work less effectively.

**Tobacco can kill**
Each time you take a puff on a cigarette, you inhale 400 toxic chemicals like:
- Nicotine (a drop of pure nicotine can kill)
- Cyanide (a deadly poison)
- Benzene (used in making paints, dyes, and plastics)
- Formaldehyde (used to preserve dead bodies)
- Acetylene (fuel used in torches)
- Ammonia (used in fertilizers)
- Carbon monoxide (poisonous gas)

Athletes who smoke can’t run or swim as well as nonsmoking athletes because their bodies get less oxygen. This is why coaches tell athletes never to smoke.

**Before you start smoking or if you’re trying to quit...think about this:**
It’s a proven fact that the earlier a person starts smoking, the greater the risk of these diseases:
- Cancer
- Heart disease
- Chronic bronchitis—a serious disease of the airways to the lung
- Emphysema—a crippling lung disease

**Smoking is addictive**
Some of the chemicals in cigarettes cause people to become addicted very soon after they start smoking. If you are a smoker, you’ll know you’re addicted when
- You crave cigarettes.
- You feel nervous without cigarettes.
- You try to quit smoking and have trouble doing it.

**Quitting can be hard, and it can take a long time. The longer you smoke, the harder it is to stop.**

**If you’re already addicted, there’s help available to you.**

**Smoking is ugly**
- Smoking causes bad breath and stained teeth.
  Some teens say that kissing someone who smokes is like kissing an ashtray.
- Smoking often makes other people not want to be around you.
- Smoking stinks. If you smoke you may not smell smoke on you, but other people do.
- Studies show that most teens would rather date someone who doesn’t smoke.

**Smoking costs a lot of money**

**Do the math**
One pack of cigarettes per day $3
Multiply by the days in a year $3 x 365
Yearly cost for cigarettes $1,095

That’s more than $1,000 a year that you could be spending on CDs, clothes, a car, or college.

**Chewing tobacco and snuff (“dip”) are just as bad for you.**
If you use smokeless tobacco you are at increased risk for illnesses that hurt your mouth, such as cancer and gum disease. You could lose some teeth. Also, you probably won’t be able to taste or smell things as well as before.
Tobacco companies are targeting YOU

Tobacco companies spend billions of dollars every year promoting their products on TV, in movies and magazines, on billboards, and at sporting events. Teens are the main targets of many of these ads.

Most ads falsely show smokers as healthy, energetic, sexy, and successful.

The tobacco companies and advertisers don’t mention the bad effects of smoking, like cancer, heart disease, bad breath, and stained teeth.

The fact is, tobacco companies need 3,000 new smokers every day to make up for the 400,000 people who die each year from tobacco-related diseases.

Think about it.

Quitting

If you smoke, quitting is the best thing you can do for yourself, your friends, and your family.

Myth

Many teens think they are not at risk from smoking. They tell themselves, “I won’t smoke forever,” or “I can quit any time.”

Fact

If you ignore the warning signs and continue to smoke, your body will change. It will get used to the smoke. You won’t cough or feel sick every time you puff on a cigarette, yet the damage to your body will get worse each time you smoke.

Deciding to stop smoking is up to you. Once you make the commitment to stop, get support from friends and family. You can get help from your pediatrician or school health office as well.

If you don’t succeed at quitting the first time, keep trying.

From your doctor

For more information, visit the Web site of the American Academy of Pediatrics at www.aap.org or contact any of the following organizations:

Campaign for Tobacco-Free Kids
800/803-7178
www.tobaccofreekids.org

The truth: A campaign developed by teens
www.thetruth.com

American Cancer Society
800/ACS-2345 (800/227-2345)
www.cancer.org

American Heart Association
800/242-8721
www.americanheart.org

American Lung Association
800/586-4872
www.lungusa.org

Please note: Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this brochure. Phone numbers and Web site addresses are as current as possible, but may change at any time.

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The persons whose photographs are depicted in this publication are professional models. They have no relation to the issues discussed. Any characters they are portraying are fictional.
The use of tobacco, alcohol, and other drugs is one of the biggest problems facing young people today. This brochure is designed to help parents prevent some of these problems. Your pediatrician cares very much about your family, and wants to help if there are problems in any area—especially if you have concerns about substance abuse.

Prevention starts with parents
There are no guarantees that your child will not choose to use drugs, but as a parent, you can influence that decision by:
- not using drugs yourself
- providing guidance and clear rules about not using drugs
- spending time with your child sharing the good and the bad times

All of these are necessary to help your child grow up free from the problems of drug use.

Ask yourself a few questions
Much of what children learn about drugs comes from parents. Take a few minutes to answer the following questions about your feelings and behaviors about tobacco, alcohol, and other drugs.

- Do you usually offer alcoholic drinks to friends and family when they come to your home?
- Do you frequently take medicine for minor aches and pains or if you are feeling sad or nervous?
- Do you take sleeping pills to fall asleep?
- Do you use alcohol or any other drug in a way that you would not want your child to?
- Do you smoke cigarettes?
- Are you proud about how much you can drink?
- Do you make jokes about getting drunk or using drugs?
- Do you go to parties that involve a lot of drinking?
- Do you drink and drive or ride with drivers who have been drinking?
- Has your child ever seen you drunk?
- Do you let minors drink alcohol in your home?

Teach your child to say no
Tell your child exactly how you expect her to respond if someone offers her drugs:
- Ask questions (“What is it?” “Where did you get it?”)
- Say no firmly.
- Give reasons (“No thanks, I’m not into that.”)
- Suggest other things to do (go to a movie, the mall, or play a game)
- Leave (go home, go to class, join other friends)

Parents can also help their children choose not to use tobacco, alcohol, and other drugs in these ways:
- Build your child’s self-esteem with praise and support for decisions. A strong sense of self-worth will help your child to say no to tobacco, alcohol, and other drugs and mean it.
- Gradually allow your child to make more decisions alone. Making a few mistakes is a normal part of growing up, so try not to be too critical when your child makes a mistake.
- Listen to what your child says. Pay attention, and be helpful during periods of loneliness or doubt.
- Offer advice about handling strong emotions and feelings. Help your child cope with emotions by letting her know that feelings will change. Explain that mood swings are not really bad, and they won’t last forever. Model how to control mental pain or tension without the use of tobacco, alcohol, or other drugs.
- Plan to discuss a wide variety of topics with your child including alcohol, tobacco, and other drugs and the need for peer-group acceptance. Young people who don’t know the facts about tobacco, alcohol, and other drugs are at greater risk of trying them.
- Encourage fun and worthwhile outside things to do; avoid turning too much of your child’s leisure time into chores.
- Be a good role model by avoiding tobacco, alcohol, or other drugs yourself. You’re the best role model for your child. Make a stand against drug issues—your child will listen.

Your pediatrician understands that good communication between parents and children is one of the best ways to prevent drug use. If talking to your child becomes a problem, your pediatrician may provide the key to opening the lines of communication.

Parents guide to teenage parties

If your teen is giving a party:
- **Plan in advance.** Go over party plans with your teen. Encourage your teen to plan some organized group activities or games.
- **Keep parties small.** 10 to 15 teens for each adult. Make sure at least one adult is present at all times. Ask other parents to come over to help you if you need it.
- **Set a guest list.** The party should be for invited guests only. No “crashers” allowed. This will help avoid the “open party” situation.
- **Set a time limit.** Set starting and ending times for the party. Check local curfew laws to determine an ending time.
• Set party “rules.” Discuss them with your teen before the party. Rules should include the following:
  ● No tobacco, alcohol, or other drugs.
  ● No one can leave the party and then return.
  ● Lights are left on at all times.
  ● Certain rooms of the house are off-limits.
• Know your responsibilities. Remember, you are legally responsible for anything that happens to a minor who has been served alcohol or other drugs in your home. Help your child feel responsible for this as well. Guests who bring tobacco, alcohol, or other drugs to the party should be asked to leave. Be ready to call the parents of anyone who comes to the party intoxicated to make sure they get safely home.
• Be there, but not square. Pick out a spot where you can see what is going on without being in the way. You can also help serve snacks and beverages.

If your teen is going to a party:

• Call the host’s parent to verify the party and offer any help. Make sure a parent will be at the party and that tobacco, alcohol, and other drugs will not be allowed.
• Know where your child is going. Have the phone number and address of the party. Ask your teen to call you if the location of the party changes. Be sure to let your child know where you will be during the party.
• Make sure your teen has a way to get home from the party. Make it easy for your child to leave a party by making it clear that he can call at any time for a ride home. Discuss why he might need to make such a call. Remind your teen NEVER to ride home with a driver who has been drinking.
• Be up to greet your child when he comes home. This can be a good way to check the time and talk about the evening.

Talk to your teen about safe partying

Maybe your teen has been to parties where there were tobacco, alcohol, and other drugs. Maybe he tried them. Maybe after using them your teen did something stupid, something he wouldn’t normally do.

It’s hard for people to stay safe when they aren’t thinking clearly. How can teens keep a clear head and still have fun? Give them the following suggestions for staying safe while having a good time:

• Hang out with people who don’t smoke, drink, or use other drugs.
• Plan not to smoke, drink, or use other drugs. Do whatever it takes to help you remember.
• Use the “buddy system”—team up with a friend. Use a code word to remind each other when it’s time to leave a party.
• If your teen likes to meet new people, suggest trying some of the following activities instead of parties:
  - free concerts
  - espresso bars
  - extra-curricular “anything”
  - libraries
  - religious activities
  - athletic clubs
  - dances
  - museums
  - community centers
  - sports events
  - film festivals
  - volunteer work

How can I tell if my child is doing drugs?

Despite your best efforts, your teen may still abuse drugs. Some warning signs of drug use are:

• Smell of alcohol, smoke, or other chemicals on your child’s breath or clothing
• Obvious intoxication, dizziness, or bizarre behavior
• Change in dress, appearance, and grooming
• Change in choice of friends
• Frequent arguments, sudden mood changes, and unexplained violent actions
• Change in eating and sleeping patterns
• Skipping school
• Failing grades
• Runaway and delinquent behavior
• Suicide attempts

How parents can help

As you read this brochure, you may be worried that your child is using tobacco, alcohol, or other drugs. Before you confront your child, consider talking to friends, relatives, teachers, employers, and others who know your child. Get their impressions as to how she is doing. If others are concerned, this may make you more comfortable in your decision to talk to your child. Always choose a time when your child is awake, alert, and receptive to talking. Avoid interruptions, maintain privacy, and keep your wits about you. Go over the checklist with your child, highlighting those concerns that have you worried.

Send loving messages, for example:

• “I love you too much to let you hurt yourself.”
• “I know other people your age use drugs, but I can’t let you continue to behave this way.”
• “We’ll do anything we can to help you. If tobacco, alcohol, or other drugs are part of the problem, we must talk about it right away.”
• “If you are sad, upset, or mad, we want to help you. But our family will not permit any use of tobacco, alcohol, or other drugs.”

Don’t be critical (avoid these statements):

• “There’s only one reason you could be acting this way—you must be on drugs.”
• “Don’t think you are fooling me. I know what you are doing.”
• “How could you be so stupid as to start using drugs and alcohol?”
• “How could you do this to our family?”
• “Where did I go wrong? What did I do to make you start using tobacco, alcohol, and other drugs?”

Remember, if your child is using drugs, she needs your help. Don’t be afraid to be a strong parent! However, the problem could become too much for you to handle alone. Don’t hesitate to seek professional help, such as your pediatrician, a counselor, support group, or treatment program.

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Alcohol: Your Child and Drugs

Children are challenged at younger ages than ever before to try drugs. Use of tobacco, marijuana, and cocaine are serious problems. However, one of the most abused drugs in our society is alcohol. Alcohol is a drug because it acts as a depressant on the nervous system and is very addictive. Though it's illegal for people under age 21 to drink, we all know that most teenagers are no strangers to alcohol. Many of them are introduced to alcohol during childhood.

Why parents should worry
- About 1 out of 5 fifth graders have been drunk.
- Four out of 10 sixth graders say there is pressure from other students to drink.
- Nearly 80% of high school seniors report having used alcohol.

Alcohol is often the first drug that young people try. Some parents may breathe a sigh of relief when they find out their teen is “only” drinking alcohol. Since alcohol is legal and found in most American homes, parents may think it isn’t dangerous. Not true. Alcohol can be very harmful.

Childhood drinking begins early, often between 11 and 13 years of age, and sometimes even younger. When young people like the feeling they get from alcohol, they may be interested in trying other drugs later. This can lead to multiple drug use, which is very dangerous. The use of alcohol, by itself or with other drugs, can harm your child’s normal growth and development.

Even if a teenager only drinks occasionally, intoxicated behavior can be lethal. Just one drink can impair decision making and slow down reaction time in any situation. Alcohol is linked with a variety of risky behaviors, such as:
- Crime and serious violence.
- Early sexual activity, multiple partners, sexually transmitted diseases including AIDS, and unintended teenage pregnancy.
- Fetal Alcohol Syndrome. Drinking during pregnancy can cause a baby to be born with major birth defects. No one knows exactly how much alcohol is too much during pregnancy, but the more a mother drinks, the greater the risk to her baby.
- Drunk driving. It is the leading cause of death for young adults, aged 15 to 24 years. In one study, an estimated 6% to 14% of drivers under 21 years of age who were stopped at roadside checkpoints had been drinking. This age-group makes up only one fifth of the licensed drivers in the United States, yet they are involved in almost half of all fatal car crashes.

Why young people drink
Young people drink alcohol for a variety of reasons.
1. Curiosity. They have heard that getting drunk is fun and they want to find out for themselves.
2. They see drinking as a “rite of passage”—something to be experienced on the way to adulthood.
3. To get drunk. This explains why they often drink until they are out of control. Binge drinking (consuming five or more drinks in a row for males, four for females) is alarmingly common. Sixteen percent of 8th graders, 25% of 10th graders, and 30% of seniors have reported binge drinking.
4. To fit in with friends who are already using alcohol.
5. To feel relaxed and to boost self-confidence.
6. To escape problems, such as depression, family conflict, trouble in school or with a boyfriend or girlfriend.

Stages of alcohol use
The same pattern of use and abuse exists for alcohol as with other drugs such as marijuana or cocaine. Experts have noted the following stages of alcohol use:

Stage 1: Experimenting with alcohol. There may be strong peer pressure to use alcohol “just for fun” and to be part of the group. Most use happens on weekends. There often is no change in behavior between uses.

Stage 2: Actively seeking alcohol. Alcohol is used to produce good feelings during times of stress. Usage occurs during the week. Schoolwork may suffer. Changes in behavior may include:
- an increase in time spent alone
- a decline in communication with family members, frequent arguing, and a high level of secretiveness
- changes in dress and grooming
- changes in choice of friends
- repeated or unexplained injuries or fights
- poor sleeping habits and a lack of energy
- irregular eating habits
- bloodshot eyes
- mood changes, including irritability and depression
- running away from home
- attempting suicide

Keep in mind that some of these symptoms occur from time to time in normal, nonalcohol-using teens, and none alone is proof of alcohol or drug use. However, a combination of any of the above symptoms may signal a problem.

Stage 3: Preoccupation with alcohol. There is an almost total loss of control over the use of alcohol. Attempts to limit alcohol use at this stage can cause withdrawal symptoms of depression, moodiness, and irritability. Alcoholic beverages may disappear from the home. There is a danger of turning to other drugs or stronger forms of liquor. Family possessions may also disappear as the alcohol user seeks money to support his habit. There may be trouble with the law for these same reasons.
Parents who drink

Parents who choose to use alcohol must be careful how it is used in the home. Having a drink should never be shown as a way to cope with problems. Don’t drink in unsafe conditions—driving the car, mowing the lawn, using the stove, etc. Don’t encourage your child to drink or to join you in having a drink. Never make jokes about getting drunk; make sure that your children understand that it is neither funny nor acceptable. Show your children that there are many ways to have fun without alcohol. Happy occasions and special events don’t have to include drinking.

The good news

Most adolescents never move beyond the first stage of alcohol use. Whether they do or not depends on the most part on their personality, their family, and their community. For those who do move to the advanced stages, the entire process can take months or years. Many young people and adults receive help too late. This is why early detection is so important.

How to prevent alcohol use and abuse

As with any disease, prevention is the best treatment. Parents must learn the facts about teen alcohol use and abuse to help their children remain alcohol free.

Parents should set a good example at home by limiting their own use of alcohol and other drugs. Parents who don’t drink should be aware that this alone will not guarantee their children and teenagers won’t use alcohol. Parents who are alcoholics or problem drinkers place their children at increased risk of alcohol dependence. Studies suggest that alcoholism may run in the family. One out of 5 young adults with an alcoholic parent is likely to become an alcoholic too.

Education about alcohol should begin early. Parents can help their children resist alcohol use in these ways:

- **Give your child a sense of confidence.** This is the best defense against peer pressure. Build your child’s self-esteem with praise and avoid frequent criticism.
- **Listen** to what your child says. Pay attention, and be helpful during periods of loneliness or doubt.

Alcohol and the media

Young people today are surrounded by messages in the media that drinking alcohol is normal, desirable, and harmless. Alcohol companies spend billions of dollars every year on advertising and promoting their products on TV, in movies and magazines, on billboards, and at sporting events. In fact, alcohol products are among the most advertised products in the nation. Young people are the primary targets of many of these ads.

Alcohol companies and advertisers never mention the dangers of alcoholism, drinking and driving, or Fetal Alcohol Syndrome. Most ads show drinkers as healthy, energetic, sexy, and successful. Help your teenager understand the difference between these misleading messages in advertising and the truth about the dangers of drinking.

- **Know who your child’s friends are** and make a point to get to know them.
- **Provide parental supervision.** Don’t allow your teen to attend parties where alcohol is being served. Insist that a parent be present at parties to supervise. Contact other parents to arrange alcohol-free social events.
- **Offer a “free call home.”** Drinking and driving may lead to death. Make sure your child knows not to ride with a driver who has been drinking. Let him know that he can call home without fear of consequences that night. Discuss the incident the next day.
- **Help your child learn to handle strong emotions and feelings.** Model ways to control stress, pain, or tension.
- **Talk about things that are important issues for your child,** including alcohol, drugs, and the need for peer-group acceptance.
- **Encourage enjoyable and worthwhile outside things to do;** avoid turning leisure time into chores.
- **Join your child in learning all you can about preventing alcohol abuse.** Programs offered in schools, churches, and youth groups can help you both learn more about alcohol abuse.

**What parents can do:**

- Talk about ads with your child and help them to understand the real messages being conveyed.
- Teach your kids to be careful, questioning consumers.
- Make sure the TV shows and movies your child watches do not glamorize the use of alcohol.
- Do not allow your child to wear T-shirts, jackets, or hats that promote alcohol products.
- Talk to administrators at your teen’s school about starting a media education program.

Your pediatrician understands that good communication between parents and children is one of the best ways to prevent alcohol use. If talking with your teenager about alcohol is difficult, your pediatrician may be able to help open the lines of communication. If you suspect your child is using alcohol or any other drug, ask your pediatrician for advice and help.

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*From your doctor*
Are you thinking about having sex?
Is anyone trying to talk you into having sex? Does it seem like all your friends are having sex?

Before you make any decisions, or even if you have had sex but are unsure if you should again, read on for some important information about how to stay healthy. (And remember, if anyone has ever forced you to have sex, this is WRONG and not your fault! Tell someone you trust as soon as possible.)

It’s OK to say NO Way!
Not everyone is having sex. Half of all teens say “no” to sex. There’s nothing wrong if you decide to wait; in fact, it’s a great idea. If you decide to wait, stick with your decision. Plan ahead how you are going to say “no” so that you are clearly understood. Stay away from situations that can lead to sex. Too many young people have sex without meaning to when they drink alcohol or use drugs. Not using alcohol and drugs will help you make clearer choices about sex. Whether you decide to have sex, it’s important that you know the facts about birth control, diseases, and emotions.

Why wait?
• Sex can lead to pregnancy. Are you ready to be pregnant or a teen parent? It’s an awesome responsibility—will your baby have food, clothes, and a safe place to live?
• Sex has health risks. You could become infected with one or more sexually transmitted diseases (STDs) like herpes, Trichomonas, or human immunodeficiency virus (HIV) (the virus that causes acquired immunodeficiency syndrome [AIDS]). One type of disease called human papillomavirus (HPV) may cause cancer.
• You may feel sad or angry if you let someone pressure you into having sex when you’re not really ready.
• You also may feel sad or angry if you chose to have sex and then your partner leaves you. He may even tell other people that you had sex with him. Can you handle that?

If you don’t want to get an STD, use condoms
If you’re going to have sexual intercourse, using condoms is the best way to avoid getting STDs. Remember that nothing will ever be 100% effective in preventing diseases except abstinence (no sex). Use a latex condom every time you have sex—no matter what other type of birth control you and your partner also might use. To protect against getting a disease from having oral sex, use a condom, a dental dam, or non-microwavable plastic wrap. Your pediatrician can explain all these things to you. To make sure you stay healthy, get regular medical checkups, urine testing for STDs, and a pelvic exam (if you’re female).

Condoms are easy to use. They work best when you use them the right way. Here is what you need to know.
• Use only latex or polyurethane condoms. You also have a choice between a male condom or female condom. Never use these 2 types of condoms at the same time; they might tear. When buying male condoms, get the kind with a reservoir (nipple) at the tip to catch semen.
• Follow the instructions on the package to make sure you are using them the right way. Also, check the expiration date on the package. Don’t buy or use expired condoms.
• You can carry condoms with you at all times, but do not store them where they will get hot (like in the glove compartment of a car). Heat can damage the condom. Also, you can carry them in a purse or wallet, but not for too long—this shortens their life.

If you don’t want to get pregnant...
You need a reliable form of birth control!
• Condoms used the right way have a 90% chance of preventing pregnancy.
• “The pill” is the most popular type of birth control used by women. There are many brands of the birth control pill. For the pill to work, a woman must take it every day. When used correctly, the pill is 99% effective at preventing pregnancy.
• The birth control patch is similar to the pill and looks like an adhesive strip. The patch is placed on the skin and changed every week for 3 weeks. Side effects are similar to the pill.
• Depo-Provera is a shot that you get every 3 months. It is a popular choice for women who have trouble remembering to take the pill.
There may be minor side effects when using the pill, patch, or Depo-Provera like mild irregular bleeding, nausea, sore breasts, or weight gain. Your pediatrician will talk to you in detail about what to expect.

Other types of birth control
The following are NOT recommended for young people:
• Withdrawal (when the male “pulls out” of the female before he ejaculates or “cums”) does not prevent pregnancy. If even a small amount of sperm enters a woman, pregnancy can occur.
• Norplant. It’s no longer approved.
Diaphragms and spermicides. These require some planning. The teen pregnancy rate using these methods is very high.

The "rhythm method." This is when you avoid having sex during certain times of your monthly cycle. This method is not very effective at preventing pregnancy.

The intrauterine device (IUD), unless you have had a baby and are at a low risk for STDs. The choice to become sexually active is your choice. Choosing not to have sex is the only way to avoid all STDs and getting pregnant.

It’s your choice!

Talk with your pediatrician about birth control—how safe and effective these methods are, what side effects they can cause, and how much they cost.

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Talking With Your Teen About Sex

Children are exposed to sexual messages every day—on TV, on the Internet, in movies, in magazines, and in music. Sex in the media is so common that you might think that teens today already know all they need to know about sex. They may even claim to know it all, so sex is something you just don’t talk about. Unfortunately, only a small amount of what is seen in the media shows responsible sexual behavior or gives correct information.

Your teen needs a reliable, honest source to turn to for answers—the best source is you. You may feel uneasy talking with your teen about sex, but your guidance is important. Beyond the basic facts about sex, your teen needs to hear from you about your family values and beliefs. This needs to be an ongoing discussion and not just one “big talk.” The following information may help you talk with your teen about this important and sensitive subject.

Why should I talk to my teen about sex?
When it comes to something as important as sex and sexuality, nothing can replace your influence. You are the best person to teach your teen about relationships, love, commitment, and respect in what you say and by your own example.

Talk about sex should begin when your child first asks questions like “Where do babies come from?” If you wait until your children are teens to talk about sex, they will probably learn their first lessons about sex from other sources. Studies show that children who learn about sex from friends or through a program at school instead of their parents are more likely to have sex before marriage. Teens who talk with their parents about sex are sexually active at a later age than those who don’t.

What should I tell my teen about sex?
Communication between parents and teens is very important. Your teen may not share the same values as you but that shouldn’t stop you from talking about sex and sexuality.

Before your children reach their early teens, girls and boys should know about the following:
- Correct body names and functions of male and female sex organs
- Puberty and how the body changes
- Menstruation (periods)
- Sexual intercourse and the risk of getting pregnant and/or getting an STD, including HIV (the virus that causes AIDS)
- Your family values regarding dating, sexual activity, cigarettes, alcohol, and drugs

During the teen years, your talks about sex should focus more on the social and emotional aspects of sex, and your values. Be ready to answer questions like
- When can I start dating?
- When is it OK to kiss a boy (or a girl)?
- How far is too far?

Sex and the media

Media entertains, educates, and informs. But some messages may not be what we want children to learn.

American media today often portrays sexual images and suggestive sexual content. In fact, the average young viewer is exposed to more than 14,000 sexual references each year. Only a small amount of what is seen in the media shows responsible sexual behavior or gives correct information about abstinence (not having sex), birth control, or the risks of pregnancy and sexually transmitted diseases (STDs).

Media in any format can have a positive or negative effect on your teen. This makes it important for you to know what your teen is listening to or watching. Watch TV with your teen—it can be a great starting point for your next talk about sex.

- How will I know when I’m ready to have sex?
- Won’t having sex help me keep my boyfriend (or girlfriend)?
- Do you think I should have sex before marriage?
- Is oral sex really sex?
- How do I say “No”?
- What do I do if someone tries to force me to have sex?

Answer your teen’s questions based on your values—even if you think your values are old-fashioned. If you feel strongly that sex before marriage is wrong, share this with your teen and explain why you feel that way. If you explain the reasons for your beliefs, your teen is more likely to understand and adopt your values.

Other concerns include the following:

- **Peer pressure.** Teens face a lot of peer pressure to have sex. If they aren’t ready to have sex, they may feel left out. But more than 50% of teens wait until after high school to have sex, and there are benefits of waiting. Abstinence from sex (oral, vaginal, and anal) provides 100% protection against STDs and pregnancy, and less emotional stress if there’s a breakup.

- **STDs.** Teens need to know that having sex exposes them to the risk of STDs. Common STDs include chlamydia, gonorrhea, human papillomavirus, herpes, and trichomoniasis. AIDS is usually transmitted during sex and is a leading cause of death in young people aged 15 to 24. These young people were probably infected with HIV when they were teens.

- **Prevention.** The only sure way to prevent STDs is not to have sex.

- **Reducing the risk.** Condoms (male or female) are the safest method to prevent most STDs and should always be used. Also, postponing sex until later teen years or adulthood reduces the risk. If both partners are abstinent before marriage or a long-term, mature relationship, have never had an STD, and have sex with each other only, the risk is eliminated.
• **Birth control.** Girls and boys need to know about birth control whether they decide to have sex or not. If your teen doesn’t know about birth control, an unplanned pregnancy might result. Ten percent of teen girls in the United States get pregnant each year. By the age of 20, 4 out of 10 girls become pregnant. Birth control pills, shots (trade name: Depo-Provera), and contraceptive patches only prevent pregnancy—they don’t protect against STDs, including HIV/AIDS. Condoms and another reliable birth control method need to be used each time to help reduce the risk of STDs and pregnancy.

• **Date rape.** Date (or acquaintance) rape is a serious problem for teens. It happens when a person your teen knows (for example, a date, friend, or neighbor) forces her (or him) to have sex. Make sure your teen understands that “no always means no.” Also, dating in groups instead of alone and avoiding drugs and alcohol may make date rape less likely to happen.

• **Sexuality.** This is a difficult topic for many parents, but your teen probably has many questions about heterosexuality, homosexuality, and bisexuality. Many young people go through a stage when they wonder “Am I gay?” It often happens when a teen is attracted to a friend of the same sex, or has a crush on a teacher of the same sex. This is common and doesn’t necessarily mean your teen is gay, lesbian, or bisexual. Sexual identity may not be firmly set until adulthood. If your teen is gay, lesbian, or bisexual, your love and acceptance is important.

• **Masturbation.** Masturbation is a topic few people feel comfortable talking about. It’s a normal and healthy part of human sexuality and shouldn’t be discouraged. Discuss this in terms of your values. Talk with your pediatrician if your child can’t limit masturbation to a private place (for example, bedroom or bathroom).

### How do I talk with my teen?

Sex is a very personal and private matter. Many parents find it difficult to talk with their children about sex. Teens may be too embarrassed, not trust their parent’s advice, or prefer not to talk with their parents about it. But sex is an important topic to talk about.

- **Be prepared.** Read about the subject so your own questions are answered before talking with your teen. Practice what you plan to say with your spouse or partner, a friend, or another parent. This may make it easier to talk with your teen when the time comes. Speak calmly and clearly.

- **Be honest.** Let your teen know that talking about sex isn’t easy for you but that you think it’s important that information about sex comes from you. And even though you would prefer that your values be accepted, ultimately decisions about sex are up to your teen. If your teen disagrees with you or gets angry, take heart, you have been heard. These talks will help your teen develop a solid value system, even if it’s different from your own.

- **Listen.** Give your teen a chance to talk and ask questions. It’s important that you give your full attention.

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**“Won’t talking about sex with my children make them want to try it?”**

Parents often fear that if they talk about sex, their children may want to try it. Teens are curious about sex, whether you talk to them about it or not. Studies show that teens whose parents talk openly about sex are actually more responsible in their sexual behavior.

Your guidance is important. It will help your teen make better-informed decisions about sex. Teens who don’t have the facts about sex and look to friends and the media for answers are the most likely to get into trouble (such as getting STDs or becoming pregnant).

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**Try to strike a balance.** While teens need privacy, they also need information and guidance from parents. If your teen doesn’t want to talk with you about sex and tells you that it’s none of your business, be firm and say that it is your business. Your teen should know that you’re asking out of love and concern, especially because there are potentially harmful situations. If your teen is quiet when you try to talk about sex, say what you have to say anyway. Your message may get through.

**Ask for help.** If you just can’t talk to your teen about sex, ask your pediatrician; a trusted aunt or uncle; or a minister, priest, or rabbi for help. Also, many parents find it useful to give their teens a book on human sexuality and say, “Take a look at this, and let’s talk.”

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**From your doctor**

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No matter what you’ve heard, read, or seen, not everyone your age is having sex, including oral sex and intercourse. In fact, more than half of all teens choose to wait until they’re older to have sex. If you have already had sex but are unsure if you should again, then wait before having sex again.

New feelings
Being physically attracted to another person and trying to figure out how to deal with these feelings is perfectly normal. Kissing and hugging are often accompanied by really intense sexual feelings. These feelings may tempt you to “go all the way.”

Before things go too far, try asking yourself the following questions:
- Do I really want to have sex?
- Is this person pressuring me to have sex?
- Am I ready to have sex?
- What will happen after I have sex with this person?

Remember, you can show how you feel about someone without having sex (being abstinent) with him or her.

Can you be sexual without having sex?
Yes. Being sexual can mean
- Spending romantic time together
- Holding hands, kissing, or cuddling

Are you ready?
Ask yourself the following questions:
- How do you feel when you are with this person?
- Is this person kind and caring?
- Does this person respect you and your opinions?
- Have you talked together about whether to have sex?
- Have you talked together about condoms and other birth control?
- Will you stay together even if one of you does not want to have sex?
- Do you know if your partner has ever had sex with other people?
- Do you feel pressured to have sex just to please your partner?

If you and your partner find it hard to talk about sex, it might be a sign that you are not ready to have sex. Open and honest communication is important in any relationship, especially one that involves sex.

Know the risks
It’s normal for teens to be curious about sex, but deciding to have sex is a big step.
Sex does increase your chances of becoming pregnant, becoming a teen parent, and getting a sexually transmitted disease (STD), and it may affect the way you feel about yourself or how others feel about you.

Some things to think about before you have sex are
- What would your parents say if you had sex?
- Are you ready to be a parent?
- Could you handle being told that you have an STD?
- Do you know where to go for birth control methods?
- How would you feel if your partner tells you it’s over after you have sex?
- How would you feel if your partner tells people at school the two of you had sex?
- How would you handle feeling guilty, scared, or sad because you had sex?

Set your limits
If you don’t want to have sex, set limits before things get too serious. Never let anyone talk you into doing something you don’t want to do. Boys and girls need to understand that forcing someone to have sex is wrong.

Stick by your decision
If you don’t know what to say, here are some suggestions
- “I like you a lot, but I’m just not ready to have sex.”
- “You’re really fun to be with, and I wouldn’t want to ruin our relationship with sex.”
- “You’re a great person, but sex isn’t how I prove I like someone.”
- “I’d like to wait until I’m older before I make the decision to have sex.”
Remember, “no” means “no”—no matter how far you go. If you feel things are going too far sexually, tell your partner to stop.

**Better safe than sorry**

If you choose to wait to have sex, try to avoid

- **Being alone with your date too often.** Spending time with your other friends is important too.
- **Giving your date the wrong idea.** Stick to your limits. It’s also not a good idea for you and your date to “make out” or go too far sexually if you don’t really want to have sex.
- **Using alcohol or drugs.** Both of these affect your judgment, which may make it hard to stick to your decision not to have sex.
- **Giving in to the pressure.** It may be tempting to keep up with the crowd, but keep in mind that they may not be telling the truth.

**Why wait?**

People who wait until they are older to have sex usually find out that it’s

- More **special**
- More **satisfying**
- Less **risky** to their health
- **Easier** to act responsibly and take precautions to avoid infections and pregnancy
- More **accepted** by others

**Be patient.** At some point, you will be ready for sex. **Move at your own pace, not someone else’s.**

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From your doctor

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Pelvic exams are an important way to take care of your health. You should get a pelvic exam if you have ever had sex (even one time) or are having any problems with your periods.

Most women have questions and concerns about their first pelvic exam, but knowing what to expect can help you to feel more at ease. The pelvic exam only takes about 5 minutes, and your pediatrician will talk you through it and answer any questions you may have.

Why do I need a pelvic exam?

“Is a pelvic exam right for me now? If not now, when?” These are good questions to ask your pediatrician.

Basically, a pelvic exam is the best way for your pediatrician to check your reproductive system, which includes your vulva, vagina, cervix, ovaries, fallopian tubes, and uterus. The exam also includes lab tests that can check for problems like diseases that are easily treated if found early. Sometimes the pelvic exam includes tests for sexually transmitted diseases (STDs). However, for many patients with no symptoms a simple urine test can determine if you have 2 common STDs: chlamydia or gonorrhea.

It’s also a great time to talk with your pediatrician about things you may be thinking about, such as

- Changes in your body
- Your breasts
- Your periods (menstruation)
- Sex
- Pregnancy and birth control
- STDs
- Vaginal discharge
- Anything that hurts or bothers you

First a mini-checkup

Before the exam, your pediatrician may check your height, weight, blood pressure, lungs, heart, breasts, and stomach. You may be asked to give a small sample of urine and to empty your bladder so the pelvic exam is more comfortable.

There are 2 main parts of your exam: the interview and the pelvic exam.

Part 1—The interview

Before the pelvic exam, your pediatrician will ask you questions about your health and your periods. So don’t be surprised if you’re asked questions like

- When did you get your first period?
- When was your last period?
- Do you have your periods regularly? How often?
- How long do they last?
- Do you have any pain, cramps, headaches, or mood swings with your periods?
- Do you use tampons, pads, or both?
- Have you ever had vaginal itching, discharge, or problems urinating?
- Do you douche? If yes, how often?

Don’t be surprised if your pediatrician asks you about sex. You may be embarrassed or feel like your sex life is nobody else’s business, but your pediatrician needs to know these things to help you protect your health. So be honest! And don’t forget, whatever you say to your pediatrician is confidential and won’t be discussed with anyone else without your permission (unless it’s something life threatening, of course). These questions may include

Have you ever had any type of sexual intercourse (oral, anal, or vaginal)? If yes,

- When was the first time you had sex?
- Did you want to have sex, or were you forced to have sex?
- Have you had sex with more than 1 person? If yes, how many people?
- Have you had sex with men, women, or both men and women?
- How old were the people you had sex with?
- Do you use condoms or other types of birth control?

Remember, you can ask questions too. In fact, this is a great time to ask any questions you may have about your period, tampon use, sex, and other stuff. Your pediatrician has lots of good information and can give you advice on making good decisions, the benefits of not having sex (abstinence), and preventing pregnancy and diseases.

So don’t be afraid to ask!
Part 2—The pelvic exam

OK, so now it’s time for the pelvic exam. You’ll be left alone to undress and put on a gown. There will also be an extra sheet that you can use to cover yourself. Remember, the entire exam only takes about 5 minutes. Some girls think that having a pelvic exam will mean they are no longer virgins, but that’s not true. The pelvic exam doesn’t change whether you are a virgin. It’s also not true that the pelvic exam is a “test” to see if you are a virgin. The exam can be done even if you have never had sexual intercourse, because the opening to your vagina is large enough to allow for the exam.

3 simple steps

Your pediatrician will describe each step of the exam. If you have any questions or feel uncomfortable, let your pediatrician know. Your pediatrician will have a nurse or assistant in the room during the exam. You can ask your mom, sister, or friend to join you if it makes you more at ease—it’s up to you.

Step 1: The vulva (outside of your vagina and surrounding areas)

Your pediatrician will begin by looking at the outside of your vagina and surrounding areas to make sure everything looks normal.

Step 2: Inside your vagina

Then your pediatrician will use an instrument called a speculum to look inside your vagina. Specula are about the size of a tampon, made of disposable plastic or sterilized metal, and have no sharp edges.

• The speculum will be gently inserted into your vagina. You will feel some pressure, but it shouldn’t hurt. Take deep breaths and try to relax. This will help relax your vaginal muscles and make this part of the test easier.
• Once the speculum is inside the vagina, it is opened so that your pediatrician can see your cervix.
• Then your pediatrician will use a cotton-tipped swab or a plastic brush to take a small sample of cells from your cervix. Samples are sent for tests, such as the Pap smear, which tests for abnormalities of the cervix. You may also be checked for diseases like gonorrhea and chlamydia with a second cotton swab.
• Once everything is collected, the speculum is gently removed. It’s normal to have a little bit of spotting after the Pap smear.

Step 3: Uterus and ovaries

The last step of the exam checks your uterus and ovaries. Your pediatrician will gently insert 1 or 2 gloved fingers into your vagina and press on the outside of your abdomen with the other hand. It’s quick and may feel a little funny, but shouldn’t hurt.

That’s it! Most women are surprised when their pelvic exam is over because it really is that quick.

Your sexual health

The following are 4 important things concerning your sexual health:

• Having sexual feelings is normal. Whether you decide to have sex is your choice. Talk with your partner about how you feel.
• Not everyone your age is having sex, including oral sex and intercourse. More than half of all teens choose to wait until they’re older to have sex. Abstinence (not having sex, including oral, anal, and vaginal sex) means you won’t become pregnant, become a teen parent, or get an STD.
• If you’re going to have sex, using condoms is the best way to avoid getting STDs or becoming pregnant.
• To make sure you stay healthy, get regular medical checkups, urine testing for STDs, and a pelvic exam.

Remember, the pelvic exam is an important part of taking care of your health. Ask your pediatrician if it’s right for you.

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The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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Know the Facts About HIV and AIDS

HIV (human immunodeficiency virus) is a virus that can lead to AIDS (acquired immunodeficiency syndrome). AIDS is a very serious and deadly disease that can affect people of any age. While there is no cure for HIV, early diagnosis and treatment are very effective at keeping people healthy and delaying progression to AIDS. In addition, there are things you can do to prevent getting HIV. Read on to learn more about HIV and AIDS and how to keep you and your children healthy.

What are HIV and AIDS?

HIV is a virus that causes damage to the body's immune system. The immune system is the body's way of fighting infections. When the immune system does not work well, the body cannot fight off many serious illnesses.

The damage caused by HIV can occur over months, as sometimes happens when infants have HIV. In adults with HIV, the damage can occur more slowly. People with HIV are said to have AIDS when their immune systems are severely damaged or when certain other infections or cancers occur.

Because it can take years for symptoms to develop, many people do not know they have HIV. During this time, they can unknowingly spread the virus to others. Most people with HIV look and act healthy. You cannot tell just by looking at people whether they have HIV. A blood test is the only way to be sure.

How is HIV spread?

HIV can be spread in the following ways:

- **By sexual intercourse (vaginal, anal, or oral) with a person who has HIV.** Both males and females can spread HIV.
- **Through contact with an HIV-infected person's blood.** This can happen when sharing syringes or needles, accidentally getting stuck by a needle with a person's blood on it, or contact with other body fluids containing blood.
- **To a baby by a mother with HIV** during pregnancy, labor, delivery, or breastfeeding.
- **Through blood or blood products from blood transfusions, organ transplants, or artificial insemination.** This is very rare because today donated blood, sperm, tissue, and organs are routinely screened and tested for HIV.

How is HIV not spread?

It is very important to know how HIV is not spread. You cannot get HIV by

- Shaking hands or hugging a person with HIV
- Sitting next to or playing with a person with HIV
- Eating food prepared by a person with HIV

Also, you cannot get HIV from

- The air
- Insect bites
- Giving blood
- Sharing bathrooms
- Swimming pools

What your children should know about HIV and AIDS

Teach your children the facts about HIV and AIDS, including how HIV is not spread (see previous section) and the following:

**Young children** will not be able to understand all of the information, but they should know

- To never touch anyone else's blood.
- To never touch needles or syringes. If they find one in the garbage or on the ground, they should tell an adult.

**Older children and teens** should know about

- **Abstinence.** The best way to protect themselves against HIV and other sexually transmitted infections (STIs) is to not have any type of sex (vaginal, anal, or oral). Let them know that many people want to have sex.
- **Condoms.** The best way to lower the risk of getting HIV and other STIs, if they are sexually active, is to use a latex condom and limit the number of sexual partners they have.
- **Teens** should also know about other types of birth control. However, make sure they know that other forms of birth control will not protect them from HIV or other STIs. If teens are sexually active, encourage them and their partners to be tested for HIV and STIs before sexual activity.
- **Drug use.** Drugs that are injected with needles are the riskiest because the needle or syringe can spread blood from one person to another. Using other drugs like alcohol or cocaine can also increase the risk of getting HIV. This is because drugs affect a person's judgment and can lead to risky behaviors, like having sex without a condom or with multiple partners.

Who should be tested for HIV?

Anyone involved in the risky behaviors listed previously should get an HIV test. Keep in mind, a negative test does not mean a person is safe if the risky behaviors took place only a few months before the test. This is because it can take several months for the HIV test to become positive. The following symptoms may suggest a need for HIV testing:

- Persistent fevers
- Loss of appetite
- Frequent diarrhea
- Poor weight gain or rapid weight loss
- Swelling of the lymph nodes (glands) that does not go away
- Extreme tiredness or lethargy that does not go away with rest
- White spots in the mouth
- Recurring or unusual infections
How is HIV treated?

There is no cure for HIV or AIDS. However, there are medicines that can help delay symptoms, prevent the virus from spreading to an unborn baby, and help prevent additional infections in people with HIV. Because starting treatment for an HIV infection early (before there are symptoms of AIDS) is most effective at preventing symptoms and keeping people healthy, it is important to get tested to know if you have an HIV infection. If you do, you can stay healthy for many years if you start medicines as early as needed and stay on them.

Remember

HIV and AIDS are important issues to think and talk about. Knowing the facts about HIV and AIDS is the best way to keep you and your family healthy. If you need more information, talk with your child’s doctor.
# Professional Dosing Information for Infants & Children

**Always ask your healthcare professional which product is right for your child.**

<table>
<thead>
<tr>
<th>Weight &amp; Age</th>
<th>6-11 lbs</th>
<th>12-17 lbs</th>
<th>18-23 lbs</th>
<th>24-35 lbs</th>
<th>36-47 lbs</th>
<th>48-59 lbs</th>
<th>60-71 lbs</th>
<th>72-95 lbs</th>
<th>95 lbs &amp; over</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 mos</td>
<td>0.4 mL</td>
<td>0.8 mL</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>4-11 mos</td>
<td>0.8 mL</td>
<td>0.8 mL</td>
<td>1 mL</td>
<td>1.2 mL</td>
<td>1.6 mL</td>
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<td>—</td>
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<td>—</td>
</tr>
<tr>
<td>12-23 mos</td>
<td>1.2 mL</td>
<td>0.8 mL + 0.4 mL</td>
<td>1.6 mL</td>
<td>0.8 mL + 0.8 mL</td>
<td>—</td>
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<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>2-3 yrs</td>
<td>1 mL</td>
<td>1.2 mL</td>
<td>1.5 mL</td>
<td>2 mL</td>
<td>2.5 mL</td>
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</tr>
<tr>
<td>3-5 yrs</td>
<td>1.2 mL</td>
<td>1.6 mL</td>
<td>2 mL</td>
<td>2.5 mL</td>
<td>3 mL</td>
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<td>—</td>
</tr>
<tr>
<td>4-5 yrs</td>
<td>1.5 mL</td>
<td>2 mL</td>
<td>2.5 mL</td>
<td>3 mL</td>
<td>3.5 mL</td>
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<td>5-6 yrs</td>
<td>2 mL</td>
<td>2.5 mL</td>
<td>3 mL</td>
<td>3.5 mL</td>
<td>4 mL</td>
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<td>—</td>
</tr>
<tr>
<td>6-8 yrs</td>
<td>2.5 mL</td>
<td>3 mL</td>
<td>3.5 mL</td>
<td>4 mL</td>
<td>4.5 mL</td>
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</tr>
<tr>
<td>9-11 yrs</td>
<td>3.5 mL</td>
<td>4 mL</td>
<td>4.5 mL</td>
<td>5 mL</td>
<td>5.5 mL</td>
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<td>—</td>
</tr>
<tr>
<td>11 yrs</td>
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<td>6 mL</td>
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</tbody>
</table>

**Note:** If possible, use weight to dose, otherwise use age. To arrive at the correct dose, weigh your child before giving TYLENOL®. A healthcare professional should be consulted for dosing in children under the age of two years.

**Important Instructions for Proper Use**
- Read and follow the label instructions on all TYLENOL® products.
- Do not exceed more than 5 doses in 24 hours.
- Do NOT use any other product containing acetaminophen.
- Keep all medicines out of the reach of children.
- Do NOT administer adult medicines to children.
- Use only the dosing device that comes with a specific product.

- Concentrated TYLENOL® Infants’ Drops are more concentrated than Children’s TYLENOL® Liquids. The Concentrated Infants’ Drops have been specifically designed for use with enclosed dropper.
- Children’s TYLENOL® Liquids are less concentrated than Concentrated TYLENOL® Infants’ Drops. The Children’s TYLENOL® Liquids have been specifically designed for use with the enclosed measuring cup.
- Children’s TYLENOL® Meltaway Tablets are not the same concentration as Jr. Strength TYLENOL® Meltaway Tablets. Jr. TYLENOL® Meltaway Tablets contain 160mg of acetaminophen while Children’s TYLENOL® Meltaway Tablets contain 80mg of acetaminophen.
- If you have any questions, contact your healthcare professional or call 1-877-895-3665.

**Professional Dosing Information for Infants & Children**

Always ask your healthcare professional which product is right for your child.

**Note:** If possible, use weight to dose, otherwise use age. To arrive at the correct dose, weigh your child before giving MOTRIN®. A healthcare professional should be consulted for dosing in children under the age of six months.

<table>
<thead>
<tr>
<th>Weight</th>
<th>0-5 mos</th>
<th>6-11 mos</th>
<th>12-23 mos</th>
<th>2-3 yrs</th>
<th>4-5 yrs</th>
<th>6-8 yrs</th>
<th>60-71 lbs</th>
<th>9-10 yrs</th>
<th>72-95 lbs</th>
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<tbody>
<tr>
<td>Age</td>
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<tr>
<td>6-11 lbs</td>
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<td>1.25mL</td>
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<td>1.875mL</td>
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<tr>
<td>18-23 lbs</td>
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<td>24-35 lbs</td>
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<td>36-47 lbs</td>
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<td>48-59 lbs</td>
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<td>60-71 lbs</td>
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<td>9-10 yrs</td>
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<tr>
<td>72-95 lbs</td>
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</tbody>
</table>

**Take every 6-8 hours as needed. Do not exceed more than 4 doses in 24 hours.**

**Important Instructions for Proper Use**

- Read and follow the label instructions on all MOTRIN® products.
- Take every 6-8 hours as needed.
- Do not exceed more than 4 doses in 24 hours.
- Do NOT administer longer than 10 days, unless directed by a doctor.
- Ask a doctor or pharmacist before use if the child is taking any other drug containing an NSAID (prescription or non-prescription).
- MOTRIN® contains ibuprofen.
- Keep all medicines out of the reach of children.

- Use only the dosing device that comes with a specific product.
- Household items such as measuring spoons are less accurate.
- Do NOT administer adult medicines to children.
- Concentrated MOTRIN® Infants' Drops are more concentrated than Children's MOTRIN® Liquids. The Concentrated Infants' Drops have been specifically designed for use with enclosed dosing device.
- Children's MOTRIN® Liquids are less concentrated than Concentrated MOTRIN® Infants' Drops. The Children's MOTRIN® Liquids have been specifically designed for use with the enclosed measuring cup.
- The OTC dosing: the recommended dose is 7.5mg/kg every 6-8 hours. The recommended daily dose is 30mg/kg.
- If you have any questions, contact your healthcare professional or call 1-877-895-3665.
**1 What is HPV?**

Genital human papillomavirus (HPV) is the most common sexually transmitted virus in the United States.

There are about 40 types of HPV. About 20 million people in the U.S. are infected, and about 6.2 million more get infected each year. HPV is spread through sexual contact.

Most HPV infections don’t cause any symptoms, and go away on their own. But HPV is important mainly because it can cause **cervical cancer** in women. Every year in the U.S. about 10,000 women get cervical cancer and 3,700 die from it. It is the 2nd leading cause of cancer deaths among women around the world.

HPV is also associated with several less common types of cancer in both men and women. It can also cause genital warts and warts in the upper respiratory tract.

More than 50% of sexually active men and women are infected with HPV at sometime in their lives.

There is no treatment for HPV infection, but the conditions it causes can be treated.

**2 HPV Vaccine - Why get vaccinated?**

HPV vaccine is an inactivated (not live) vaccine which protects against 4 major types of HPV.

These include 2 types that cause about 70% of cervical cancer and 2 types that cause about 90% of genital warts. **HPV vaccine can prevent most genital warts and most cases of cervical cancer.**

Protection from HPV vaccine is expected to be long-lasting. But vaccinated women still need cervical cancer screening because the vaccine does not protect against all HPV types that cause cervical cancer.

**3 Who should get HPV vaccine and when?**

**Routine Vaccination**

- HPV vaccine is routinely recommended for girls **11-12 years of age**. Doctors may give it to girls as young as 9 years.

  **Why is HPV vaccine given to girls at this age?** It is important for girls to get HPV vaccine **before** their first sexual contact – because they have not been exposed to HPV. For these girls, the vaccine can prevent almost 100% of disease caused by the 4 types of HPV targeted by the vaccine.

  However, if a girl or woman is already infected with a type of HPV, the vaccine will not prevent disease from that type.

**Catch-Up Vaccination**

- The vaccine is also recommended for girls and women **13-26 years of age** who did not receive it when they were younger.

  HPV vaccine is given as a 3-dose series:

  1st Dose: Now
  2nd Dose: 2 months after Dose 1
  3rd Dose: 6 months after Dose 1

  Additional (booster) doses are not recommended.

HPV vaccine may be given at the same time as other vaccines.

**4 Some girls or women should not get HPV vaccine or should wait**

- Anyone who has ever had a life-threatening allergic reaction to yeast, to any other component of HPV vaccine, or to a previous dose of HPV vaccine should not get the vaccine. Tell your doctor if the person getting the vaccine has any severe allergies.
• **Pregnant women** should not get the vaccine. The vaccine appears to be safe for both the mother and the unborn baby, but it is still being studied. Receiving HPV vaccine when pregnant is **not** a reason to consider terminating the pregnancy. Women who are breast feeding may safely get the vaccine.

![Box: HPV vaccine in pregnancy registry](image)

- Any woman who learns that she was pregnant when she got HPV vaccine is encouraged to call the **HPV vaccine in pregnancy registry** at 800-986-8999.
- Information from this registry will help us learn how pregnant women respond to the vaccine.

• People who are mildly ill when the shot is scheduled can still get HPV vaccine. People with **moderate or severe illnesses** should wait until they recover.

## 5 What are the risks from HPV vaccine?

HPV vaccine does not appear to cause any serious side effects.

However, a vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of **any** vaccine causing serious harm, or death, is extremely small.

Several **mild problems** may occur with HPV vaccine:

- Pain at the injection site (about 8 people in 10)
- Redness or swelling at the injection site (about 1 person in 4)
- Mild fever (100°F) (about 1 person in 10)
- Itching at the injection site (about 1 person in 30)
- Moderate fever (102°F) (about 1 person in 65)

These symptoms do not last long and go away on their own.

Life-threatening allergic reactions from vaccines are very rare. If they do occur, it would be within a few minutes to a few hours after the vaccination.

Like all vaccines, HPV vaccine will continue to be monitored for unusual or severe problems.

## 6 What if there is a severe reaction?

### What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

**VAERS does not provide medical advice.**

## 7 How can I learn more?

- **Ask** your doctor or nurse. They can show you the vaccine package insert or suggest other sources of information.
- **Call** your local or state health department.
- **Contact** the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)**
  - Visit CDC’s website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).
AFTER YOUR CHILD’S IMMUNIZATIONS...

EXPECTED SYMPTOMS: may occur from 1-3 days after shots

☑️ Soreness or redness at the injection site
☑️ Small, red, hard nodule lasting a week or more
☑️ Fussy, tired, fever to 101-102 F

To help your child with these symptoms, use Tylenol® every four hours and try an ice pack at the injection site.

UNEXPECTED AND SERIOUS SYMPTOMS:

✘ Allergic reactions
  Trouble breathing
  Rapid heart rate
  Hoarseness
  Dizziness
  Wheezing
  Throat swelling
  Hives

✘ Systemic symptoms
  Fever of 105 F
  Weakness
  Extreme fatigue
  Pale skin

✘ Changes in child’s behavior
  Seizures
  Trouble waking up
  Non-stop crying (more than 3 hours)

If your child is having any of the unexpected/serious symptoms, record the date and time of the event, and call the office to report it and obtain medical advice.
## Tooth Arrival Chart

Use this chart to identify the number and location of teeth at a given age. Baby teeth are shaded in blue and permanent teeth are shown in white.

<table>
<thead>
<tr>
<th>When?</th>
<th>How many?</th>
<th>Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-12 months</td>
<td>4 baby teeth, 0 permanent teeth</td>
<td>upper, lower</td>
</tr>
<tr>
<td>8-13 months</td>
<td>6 baby teeth, 0 permanent teeth</td>
<td>upper, lower</td>
</tr>
<tr>
<td>13-19 months</td>
<td>12 baby teeth, 0 permanent teeth</td>
<td>upper, lower</td>
</tr>
<tr>
<td>16-23 months</td>
<td>16 baby teeth, 0 permanent teeth</td>
<td>upper, lower</td>
</tr>
<tr>
<td>2-3 1/2 years</td>
<td>20 baby teeth, 4 permanent teeth</td>
<td>upper, lower</td>
</tr>
<tr>
<td>6-7 years</td>
<td>16 baby teeth, 8 permanent teeth</td>
<td>upper, lower</td>
</tr>
<tr>
<td>9-11 years</td>
<td>12 baby teeth, 12 permanent teeth</td>
<td>upper, lower</td>
</tr>
<tr>
<td>10-12 years</td>
<td>8 baby teeth, 16 permanent teeth</td>
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<tr>
<td>11-12 years</td>
<td>4 baby teeth, 20 permanent teeth</td>
<td>upper, lower</td>
</tr>
<tr>
<td>12-13 years</td>
<td>0 baby teeth, 24 permanent teeth</td>
<td>upper, lower</td>
</tr>
<tr>
<td>17-22 years</td>
<td>0 baby teeth, 32 permanent teeth</td>
<td>upper, lower</td>
</tr>
</tbody>
</table>

### Your teeth and what they do

Each of your teeth is different because they perform different functions to help you eat.

- **Incisors (front teeth)**: have sharp, thin edges for cutting food.
- **Canines/Cuspids (corner teeth)**: designed for cutting and tearing food.
- **Premolars/bicuspids (back teeth)**: have cups for grinding and tearing food.
- **Molars (back teeth)**: have flat, blunt cups for grinding solid food.