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South Houston Intermediate School
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Choosing the right car seat for your child

Choosing a car seat for your child can be confusing, but a car seat is one of the most important things that you will buy because your child's life may depend on it. Below are some helpful tips to choose the right car seat for your child's age, height and weight.

Many parents choose an infant seat that has a base that will install in the car and a carrier piece that can be removed. Keep in mind that an infant seat usually only accommodates a baby up to 20 pounds, so it will be outgrown quickly.

If you are on a budget, consider purchasing a "convertible" car seat. A convertible car seat will accommodate an infant as well as a baby up to 40 pounds. Convertible seats can be used as a rear-facing seat or can be turned to face forward.

Rear-facing seats are required for all infants until they are at least 1 year old and weigh 20 pounds. Don't be in a hurry to have your baby in a forward-facing seat—babies are generally safer in rear-facing seats in car crashes than in forward-facing seats.

For children under 4 feet 9 inches tall, it is recommended that they ride in a booster seat. This will help the seat belt fit them correctly. Remember to always read the installation instructions carefully.

If you need help installing your car seat, or want to have it checked to make sure it's installed properly, please call the Texas Children's Center for Childhood Injury Prevention at 832-828-1312 to schedule a free car seat inspection. Inspections are held at locations across Houston.

It's allergy season—How do you tell if your child has an allergy or a cold?

Your child is sneezing and has a runny nose. Does he have an allergy, or is it a cold? Although allergies and colds share many symptoms, there are some differences that can help you tell the two apart. Knowing the difference between an allergy and a cold will help you decide how to make your child feel better.

Fever. If your child has a fever, even a low one, he is much more likely to have a cold than an allergy. Fever is not common with allergies.

Nonclear nasal discharge. When your child is dripping white, yellow or greenish mucus from his nose, he probably has a cold, not an allergy. A watery discharge is common for both colds and allergies, so it can be hard to tell which he has unless he's also running a fever.

Sore throat. Children can have itchy or scratchy throats with allergies, but if your

child complains of actual throat pain, he most likely has a cold.

Looking sick. Children with allergies may be a bit more tired than usual, but they usually don't look very sick. Children with colds can appear sick and listless.

Eye symptoms. Eye symptoms such as red, itchy, watery eyes are more often seen with allergies than colds.

Sneezing. Children with colds will sneeze occasionally, but repeated, prolonged spells of sneezing are much more likely to be caused by an allergy.

Cough. Both allergies and colds can cause coughs that can be worse at night, but the cough usually doesn't last as long with colds as with allergies.

Duration. Symptoms of colds usually subside within a couple of weeks. Allergy symptoms may last for many weeks or months.

Age. If your child is under two years old, he is more likely to have a cold than an allergy. Allergies don't usually appear in children until after two years of age.

Exposure to infection. Many people may suddenly develop allergy symptoms when the weather changes, but when everyone seems to be coming down with something, it usually is a cold. Allergies aren't contagious.

Family history. A strong family history of allergies might lead you to suspect your child has allergies, too.

Seasonality. Although allergies and colds can happen anytime, allergies are much more common in the spring, early and late summer, and fall. Colds strike most often during the winter.

Allergies in children are very common and are one of the top reasons that children miss school. If you think your child has allergies, contact your child's doctor for an allergy test.

The importance of exercising during pregnancy

Exercise benefits both you and your baby. Exercising during your pregnancy can help you:

- Feel better.
- Look better.
- Sleep better.
- Have more energy.
- Avoid extra weight gain.
- Reduce pregnancy-related problems like constipation, back pain and swelling.
- Prepare for labor.
- Lessen your recovery time.

A safe exercise plan depends on when you start and whether your pregnancy is complicated. Whatever your fitness level, you should talk to your doctor about

exercising while you are pregnant.

Most doctors recommend that pregnant women avoid weight training and sit-ups after the first trimester, especially women who are at risk for early labor. Discuss any concerns you have with your doctor.

Remember to:

- Always listen to your body.
- Start gradually at five minutes a day if you have not exercised for a long time.
- Dress comfortably in loose-fitting clothes and wear a supportive bra.
- Walk in an air-conditioned mall on hot or humid days.
- Drink plenty of water to avoid overheating and dehydration.

- Skip your exercise if you are sick.

Check with your doctor if you experience any of these warning signs during exercise:

- Pain in your pelvis, back, or unusual pain
- Fatigue
- Shortness of breath
- Heart palpitations (your heart pounding in your chest) or chest pain
- Dizziness or lightheadedness
- Vaginal bleeding
- Uterine contractions
- Your water breaks (fluid leaking)

Sources: Childbirth Graphics. The Nemours Foundation

Keep your children safe on the walk to school with these rules for safe pedestrians

Do your children walk to school? Do they have to cross busy streets? Do you want to teach them how to walk to school safely? Here are rules for being a safe pedestrian.

Always walk on the sidewalk. When there aren't any sidewalks, walk along the side of the road facing traffic. This way you can see if a car is coming.

Always cross the street at the corner. Walk in the crosswalk—the area between the two white lines. Follow the signals. Remember to “walk with the man, stop with the hand.”

Always look left, then right and then left again for cars before entering the street. Wait for the cars to go before you enter the street. Walk—don't run—across the street.

Hold your young child's hand when crossing the street. If you are not with your child, encourage your child to walk with other children. Children should not walk by themselves at night.

Wear bright clothing, especially at night. You can also put some reflective tape on their clothes so cars can see them.

Safe sleeping: Preventing Sudden Infant Death Syndrome (SIDS)

Sudden Infant Death Syndrome is the sudden, unexpected death of an apparently healthy infant. SIDS is the leading cause of death in infants between one to 12 months old. Most SIDS deaths occur when a baby is between two and four months of age. The risk of SIDS diminishes during the first year of life.

The cause of SIDS is still unknown and there is currently no way of predicting which newborns will die of SIDS. However, there are a few measures parents can take to lower the risk of their child dying from SIDS.

Back sleeping. Placing babies on their backs to sleep—even for naps—is the single most important step that parents and caregivers can take to reduce the risk of SIDS. Infants who fall asleep on their stomachs should be turned onto their backs. Side sleeping is not

safe either. Babies that roll from their side to their tummy are 18 times more likely to die of SIDS.

Bedding. Babies should sleep on a firm, flat mattress in a crib that meets current safety standards. Avoid using soft, fluffy or loose bedding in the crib. Use a sleeper or other sleep clothing instead of blankets. If you use a blanket, place baby's feet at the foot of the crib. Tuck a large, thin blanket around the crib mattress, reaching to the baby's chest.

Bed sharing. Infants under one year of age should not be placed to sleep on an adult bed, waterbed, sofa or with stuffed toys or pillows. Also, adults and older children should not share a sleep surface with babies.

Pacifiers. Pacifiers can significantly reduce a baby's risk for SIDS. Give your baby a

pacifier every time they go to sleep.

Smoking. Mothers who smoke during pregnancy are three times more likely to have a baby die of SIDS. Exposure to secondhand smoke doubles the risk of SIDS.

Room temperature. Keep the temperature in the baby's room at a level that is comfortable to a lightly clothed adult. Avoid overdressing the baby.

Prenatal care. Good prenatal care might help prevent a baby's risk for SIDS.

Breastfeeding. Breastfeeding builds babies' immunity, and has many other benefits. Mothers are encouraged to breastfeed.

Sources: Texas Children's Center for Childhood Injury Prevention. First Candle www.firstcandle.org