

2 month – well child care

Arrival Time: _____

Please circle either yes or no as it pertains to your child

Household

Who lives in the home (e.g. Father, mother, brother, etc.)? _____

Does your child attend daycare? Yes No

Development

Holds head steady when held Yes No

While on stomach lifts head/chest 20 degrees Yes No

Follows object with eyes Yes No

Holds objects put in hands Yes No

Alerts to sound Yes No

Reacts to the sight of bottle or breast Yes No

Coos Yes No

Smiles Yes No

Recognizes primary care giver Yes No

Nutrition

How is the baby fed? (circle one) Breast Fed Formula Fed

If Formula Fed, what is the name of the formula? _____

How much and how frequent? _____

If breastfeeding, is the child on a
vitamin D supplement (e.g. trivisol)? Yes No

Wakes for feeds overnight? Yes No

Bowel habits

How many stools a day?

What do the stools look like (soft, seedy, loose)? _____

Sleep Pattern

Sleeps on back? Yes No

How many hours a day? _____

Safety

Is car seat in the back seat and rear facing? Yes No

Any smokers at home? Yes No

Any guns in the house? Yes No

Is water temperature less than 120 degrees? Yes No

Miscellaneous

Who cares for the child at home most of the time? _____

Who else helps you care for your baby? _____

Any concerns about your child? Yes No

If yes, what are they?



STEPS TO INFANT FEEDING

INFANT 0-4 MONTHS



WHAT FOODS ARE BEST?

Breastmilk or iron fortified formula are the only foods recommended for the first four months of life.

A breastfed baby should be fed on demand.

An average infant fed iron fortified formula should drink about 2.5 ounces per pound of weight. For example: a 10 pound baby should eat about 25 ounces of formula in 24 hours.

$$10 \text{ pounds} \times 2.5 \text{ ounces} = 25 \text{ ounces}$$

Babies will have times when they are growing and will eat more. The growth spurts may occur at 2 to 4 weeks, 3 months, and 6 months and may last one to two days.



AGE	BREASTMILK	FORMULA
1-2 MONTHS	6-8 feedings/or on demand	6-7 feedings of 2-4 oz. each
3-4 MONTHS	5-6 feedings/or on demand	5-6 feedings of 4-7 oz. each



NO SOLIDS UNTIL BABY IS READY!!

Between 4 and 6 months baby may be ready for solids. Baby is ready when:

- Holds neck steady
- Sits without support
- Opens mouth when food is offered
- Draws in lower lip when spoon is removed from mouth
- Keeps food in mouth and swallows it
- Reaches for food showing they want some

DO NOT GIVE COW'S MILK, HONEY, SYRUP, KOOL-AID OR POP TO BABY!!!

BREAST-MILK OR IRON FORTIFIED FORMULA IS BEST.

State (SDCL 20-13) and Federal (Title VI of Civil Rights Act of 1964, the Rehabilitation Act of 1973, as amended, and the American's with Disabilities Act of 1990) law require that the S.D. Department of Health provide services to all persons without regard to race, color, creed, religion, sex, disability, ancestry or national origin.

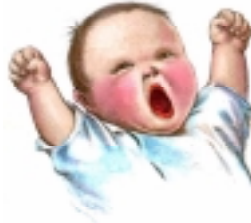
5,000 copies of this brochure were printed by the South Dakota Department of Health at a cost of \$0.12 per copy.



DEPARTMENT OF HEALTH

What Are My Choices?

BREAST-FEEDING	IRON-FORTIFIED FORMULA
BREAST-MILK is the BEST choice because:	Iron-fortified formula is the next best choice because:
<ul style="list-style-type: none"> • It is easy to digest. • It contains disease fighters. • It is less likely to cause allergies. • It helps Mom and baby have a special closeness. • It helps baby's jaw to develop. • It is always ready to go and cheaper. • It has been found to help reduce infant obesity, respiratory infections and diarrhea. 	<ul style="list-style-type: none"> • It is made to be as close to breast—milk as possible. • It helps to prevent anemia.



WHY NOT COW'S MILK?	WHY NOT LOW IRON FORMULA?
Cow's milk is not for infants because:	Low iron formula is not recommended for infants because:
<ul style="list-style-type: none"> • It has too much protein. • It is hard for baby to digest. • It has too many minerals so can be hard on baby's kidneys. • It is low in Vitamin C, Vitamin E, iron and copper which are important to baby for growth. 	<ul style="list-style-type: none"> • It does not contain enough iron to prevent anemia (low iron in blood). • It is not a treatment for constipation.

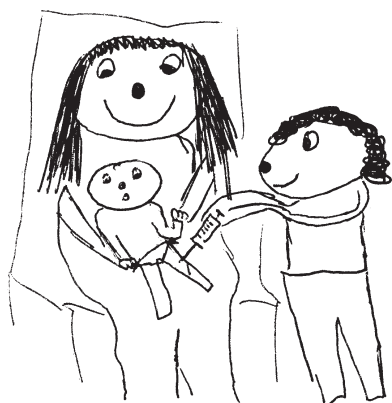


What Can I Expect?

BREAST-FEEDING	IRON-FORTIFIED FORMULA
<ul style="list-style-type: none"> • BREAST-FEEDING is a supply and demand way to feed. The more often a baby nurses the more milk mom will produce. • A newborn breast—fed baby will nurse an average of 8 to 12 times in 24 hours. • From 5 weeks to 3 months, baby will nurse less, approximately 6 to 10 times in 24 hours. • A breast—fed baby will nurse an average of 20-30 minutes. The length of time will decrease as the baby gets older. • During growth spurts, baby may need to breast—feed more often. This does not mean that mom's milk supply has decreased. • A breast—fed baby should have 6 to 8 wet diapers in 24 hours. • A breast-fed baby may have a bowel movement once per day or once with each feeding. Each baby will have its own schedule. During times of growth, baby may go several days to a week without, this is not constipation if the stool is soft. • Breast milk should not be heated in the microwave because it destroys nutrients and can cause hot spots that may burn baby. 	<ul style="list-style-type: none"> • Everything must be kept clean. Wash the top of the formula can before opening. Wash bottles and nipples in hot, sudsy water. Rinse well with hot water. • Mix formula carefully, following the directions on the label. • Use one can of formula before opening another. An opened can of liquid formula is safe for up to 48 hours when tightly covered and refrigerated. • Formula prepared for feeding should be refrigerated and used within 24 hours. • Formula should not be heated in the microwave because it can cause hot spots that may burn baby. • Formula should not be frozen. • If not able to keep formula cold, use powdered formula and mix when needed. • Baby should have 6 to 8 wet diapers in 24 hours. • Formula fed babies will develop their own pattern of soiled diapers. Watch for your babies pattern. • During growth spurts, baby may need to eat more often.

After the Shots . . .

What to do if your child has discomfort



Shots may hurt a little . . .
but the disease can hurt a lot!

Call the clinic if you answer "yes" to any of the following questions:

- Does your child have a rectal temperature of 105°F or higher?
(Remember, a temperature taken under the arm or by mouth usually registers lower than a rectal temperature. You should call the clinic if you are concerned about these temperatures.)
- Is your child pale or limp?
- Has your child been crying for over 3 hours and just won't quit?
- Does your child have a strange cry that isn't normal (a high-pitched cry)?
- Is your child's body shaking, twitching, or jerking?

Your child may need extra love and care after getting immunized. Many of the shots that protect children from serious diseases can also cause discomfort for a while. Here are answers to questions many parents have about the fussiness, fever, and pain their children may experience after they have been immunized. If you don't find the answers to your questions, call the clinic!

My clinic phone number:

My child has been fussy since you immunized him/her. What should I do?

After immunization, children may be fussy due to pain and/or fever. You may want to give your child acetaminophen, a medicine that helps to reduce pain and fever. Some examples of acetaminophen are Tylenol, Panadol, and Tempra. **DO NOT GIVE ASPIRIN.** See chart below. If the fussiness lasts for more than 24 hours, you should call the clinic.

My child's arm (or leg) is swollen, hot, and red. What should I do?

- A clean, cool washcloth may be applied over the sore area as needed for comfort.
- If there is increasing redness or tenderness after 24 hours, call the clinic.
- For pain, give acetaminophen. See chart below. **DO NOT GIVE ASPIRIN.**

I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. The most accurate way to do this is by taking a rectal temperature. (Be sure to use a lubricant, such as petroleum jelly, when doing so.) If your child's fever is 105°F or higher by rectum, you need to call the clinic.

If you take the temperature by mouth (for an older child) or under the arm, these temperatures are generally lower and may be less accurate. Call your clinic if you are concerned about these temperatures.

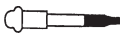








Here are some things you can do to reduce fever:

- Give your child plenty to drink.
- Clothe your child lightly. Do not cover or wrap your child tightly!
- Give your child acetaminophen. **DO NOT USE ASPIRIN.**
- Sponge your child in a few inches of lukewarm (not cold!) bath water.

My child seems really sick. Should I call the doctor?

If you are worried AT ALL about how your child looks or feels, please call the clinic!

How much fever-reducing medicine (acetaminophen) should I give my child?

Dose of acetaminophen to be given every 4–6 hours, by age or by weight				
1–3 months 6–11 lbs.	4–11 months 12–17 lbs.	12–23 months 18–23 lbs.	2–3 years 24–35 lbs.	4–5 years 36–47 lbs.
1/2 dropperful infant drops*	1 dropperful infant drops*	1 1/2 droppersful infant drops*	2 chewable (80mg) tablets*	3 chewable (80 mg) tablets*
				
	or 1/2 teaspoon children's liquid*	or 3/4 teaspoon children's liquid*	or 1 teaspoon* children's liquid	or 1 1/2 teaspoons children's liquid*
				

*Consult your pharmacist to be sure you choose the correct dose and formula for your child.

Adapted from the State of California,
Immunization Branch
by the Immunization Action Coalition
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www.immunize.org

YOUR BABY'S FIRST VACCINES

WHAT YOU NEED TO KNOW

Babies get six vaccines between birth and 6 months of age.

These vaccines protect your baby from 8 serious diseases (see the next page).



Your baby will get vaccines today that prevent these diseases:

- Hepatitis B Polio Pneumococcal Disease
 Diphtheria, Tetanus & Pertussis Rotavirus Hib

(Provider: Check appropriate boxes)

These vaccines may be given separately, or some might be given together in the same shot (for example, Hepatitis B and Hib can be given together, and so can DTaP, Polio and Hepatitis B).

These “combination vaccines” are as safe and effective as the individual vaccines, and mean fewer shots for your baby.

***These vaccines may all be given at the same visit.
Getting several vaccines at the same time will not harm your baby.***

This *Vaccine Information Statement (VIS)* tells you about the benefits and risks of these vaccines. It also contains information about reporting an adverse reaction, the National Vaccine Injury Compensation Program, and how to get more information about childhood diseases and vaccines.

Please read this VIS before your child gets his or her immunizations, and take it home with you afterward. Ask your doctor, nurse, or other healthcare provider if you have questions.

Individual Vaccine Information Statements are also available for these vaccines. Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**



Vaccine Information Statement
42 U.S.C. § 300aa-26
1/30/2008

Vaccine Benefits: Why get vaccinated?

Your children's first vaccines protect them from **8 serious diseases**, caused by viruses and bacteria. These diseases have injured and killed many children (and adults) over the years. **Polio** paralyzed about 37,000 people and killed about 1,700 each year in the 1950s before there was a vaccine. In the 1980s, **Hib disease** was the leading cause of bacterial meningitis in children under 5 years of age. About 15,000 people a year died from **diphtheria** before there was a vaccine. Most children have had at least one rotavirus infection by their 5th birthday.

None of these diseases has completely disappeared. Without vaccination, they will come back. This has happened in other parts of the world.

8 Diseases Prevented by Childhood Vaccines

DIPHTHERIA

Bacteria

You can get it from contact with an infected person.

Signs and symptoms include a thick covering in the back of the throat that can make it hard to breathe.

It can lead to breathing problems, heart failure, and death.

TETANUS (Lockjaw)

Bacteria

You can get it from a cut or wound. It does not spread from person to person.

Signs and symptoms include painful tightening of the muscles, usually all over the body.

It can lead to stiffness of the jaw, so the victim can't open his mouth or swallow. It leads to death in about 1 case out of 5.

PERTUSSIS (Whooping Cough)

Bacteria

You can get it from contact with an infected person.

Signs and symptoms include violent coughing spells that can make it hard for an infant to eat, drink, or breathe. These spells can last for weeks.

It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

HIB (*Haemophilus influenzae* type b)

Bacteria

You can get it from contact with an infected person.

Signs and symptoms. There may be no signs or symptoms in mild cases.

It can lead to meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the blood, joints, bones, and covering of the heart; brain damage; deafness; and death.

HEPATITIS B

Virus

You can get it from contact with blood or body fluids of an infected person. Babies can get it at birth if the mother is infected, or through a cut or wound. Adults can get it from unprotected sex, sharing needles, or other exposures to blood.

Signs and symptoms include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach.

It can lead to liver damage, liver cancer, and death.

POLIO

Virus

You can get it from close contact with an infected person. It enters the body through the mouth.

Signs and symptoms can include a cold-like illness, or there may be no signs or symptoms at all.

It can lead to paralysis (can't move arm or leg), or death (by paralyzing breathing muscles).

PNEUMOCOCCAL

Bacteria

You can get it from contact with an infected person.

Signs and symptoms include fever, chills, cough, and chest pain.

It can lead to meningitis (infection of the brain and spinal cord coverings), blood infections, ear infections, pneumonia, deafness, brain damage, and death.

ROTAVIRUS

Virus

You can get it from contact with other children who are infected.

Signs and symptoms include severe diarrhea, vomiting and fever.

It can lead to dehydration, hospitalization (up to about 70,000 a year), and death.

How Vaccines Work

Immunity from Disease: When a child gets sick with one of these diseases, her immune system produces immunity, which keeps her from getting the same disease again. But getting sick is unpleasant, and can be dangerous.

Immunity from Vaccines: Vaccines are made with the same bacteria or viruses that cause a disease, but they have been weakened or killed to make them safe. A child's immune system responds to a vaccine the same way it would if the child had the disease. This means he will develop immunity without having to get sick first.

Routine Childhood Vaccines

Six vaccines are recommended for children between birth and 6 months of age. They can prevent the 8 diseases described on the previous page. Children will also get at least one “booster” dose of most of these vaccines when they are older.

- **DTaP** (Diphtheria, Tetanus & Pertussis) Vaccine: 5 doses – 2 months, 4 months, 6 months, 15-18 months, 4-6 years. Some children should not get pertussis vaccine. These children can get a vaccine called **DT**, which does not contain pertussis.
 - **Hepatitis B** Vaccine: 3 doses – Birth, 1-2 months, 6-18 months.
 - **Polio** Vaccine: 4 doses – 2 months, 4 months, 6-18 months, 4-6 years.
 - **Hib** (*Haemophilus influenzae* type b) Vaccine: 4 doses – 2 months, 4 months, 6 months, 12-15 months. Several Hib vaccines are available. With one type, the 6-month dose is not needed.
 - **Pneumococcal** Vaccine: 4 doses – 2 months, 4 months, 6 months, 12-15 months. Older children with certain diseases may also need this vaccine.
 - **Rotavirus** Vaccine: 3 doses – 2 months, 4 months, 6 months. Rotavirus is an oral (swallowed) vaccine, not a shot.
-

Vaccine Risks

Vaccines can cause side effects, like any other medicine. Mostly these are mild “local” reactions such as **tenderness**, **redness** or **swelling** where the shot is given, or a **mild fever**. They happen in up to 1 child out of 4 with most childhood vaccines. They appear soon after the shot is given and go away within a day or two.

More severe reactions can also occur, but this happens much less often. Some of these reactions are so uncommon that experts can’t tell whether they are caused by vaccines or not.

Among the most serious reactions to vaccines are **severe allergic reactions** to a substance in a vaccine. These reactions happen very rarely – less than once in a million shots. They usually happen very soon after the shot is given. Doctor’s office or clinic staff are trained to deal with them.

The risk of *any* vaccine causing serious harm, or death, is extremely small. Getting a disease is much more likely to harm a child than getting a vaccine.

Other Reactions

The following conditions have been associated with routine childhood vaccines. By “associated” we mean that they appear more often in children who have been recently vaccinated than in those who have not. An association doesn’t *prove* that a vaccine caused a reaction, but does mean it is probable.

DTaP Vaccine

Mild Problems: Fussiness (up to 1 child in 3); tiredness or poor appetite (up to 1 child in 10); vomiting (up to 1 child in 50); swelling of the entire arm or leg for 1-7 days (up to 1 child in 30) – usually after the 4th or 5th dose.

Moderate Problems: Seizure (jerking or staring)(1 child in 14,000); non-stop crying for 3 hours or more (up to 1 child in 1,000); fever over 105°F (1 child in 16,000).

Serious Problems: Long-term seizures, coma, lowered consciousness, and permanent brain damage have been reported very rarely after DTaP vaccine. They are so rare we can’t be sure they are caused by the vaccine.

Polio Vaccine / Hepatitis B Vaccine / Hib Vaccine

These vaccines have not been associated with mild problems other than local reactions, or with moderate or serious problems.

Pneumococcal Vaccine

Mild Problems: During studies of the vaccine, some children became fussy or drowsy or lost their appetite.

Rotavirus Vaccine

Mild Problems: Children who get rotavirus vaccine are slightly more likely than other children to have mild, temporary diarrhea or vomiting. This happens within the first week after getting a dose of vaccine. No moderate or serious problems have been associated with the vaccine.

Precautions

If your child is sick on the date vaccinations are scheduled, your provider *may* want to put them off until she recovers. A child with a mild cold or a low fever can usually be vaccinated that day. But for a more serious illness, it may be better to wait.

Some children should **not get certain vaccines**. Talk with your provider if your child had a serious reaction after a previous dose of a vaccine, or has any life-threatening allergies. (These reactions and allergies are rare.)

- If your child had any of these reactions to a previous dose of DTaP:

- A brain or nervous system disease within 7 days
- Non-stop crying for 3 or more hours
- A seizure or collapse
- A fever over 105°F

Talk to your provider before getting **DTaP Vaccine**.

- If your child has:

- A life-threatening allergy to the antibiotics neomycin, streptomycin, or polymyxin B

Talk to your provider before getting **Polio Vaccine**.

- If your child has:

- A life-threatening allergy to yeast

Talk to your provider before getting **Hepatitis B Vaccine**.

- If your child has:

- A weakened immune system
- Ongoing digestive problems
- Recently gotten a blood transfusion or other blood product
- Ever had intussusception (an uncommon type of intestinal obstruction)

Talk to your provider before getting **Rotavirus Vaccine**.

What if my child has a moderate or severe reaction?

What should I look for?

Look for any unusual condition, such as a serious allergic reaction, high fever, weakness, or unusual behavior.

Serious allergic reactions are extremely rare with any vaccine. If one were to happen, it would most likely come within a few minutes to a few hours after the shot.

Signs of a serious allergic reaction can include:

- difficulty breathing
- hoarseness or wheezing
- swelling of the throat
- weakness
- dizziness
- fast heart beat
- hives
- paleness

What should I do?

Call a doctor, or get the child to a doctor right away.

Tell your doctor what happened, the date and time it happened, and when the shot was given.

Ask your healthcare provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report yourself through the VAERS website at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at www.hrsa.gov/vaccinecompensation.

For More Information

Ask your healthcare provider. 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) at **1-800-232-4636 (1-800-CDC-INFO)**.

Visit CDC websites at www.cdc.gov/vaccines and www.cdc.gov/ncidod/diseases/hepatitis.