

4 month – well child care

Arrival Time: _____

Household

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

Does your child attend daycare? Yes No

Development

Rolls over from stomach to back	Yes	No
Moves side to side when lying on stomach	Yes	No
Transfers toys from one hand to the other	Yes	No
Picks up object with one hand	Yes	No
Holds bottle	Yes	No
Laughs out loud	Yes	No
Turns head toward voice	Yes	No
Recognizes other familiar adults	Yes	No
Responds to own image in mirror	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

Well water or city water? Well City

Bowel habits

How many stools a day?

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

Sleep pattern

Sleeping through night? Yes No

Safety

Is car seat in the back 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

Any questions or concerns about your baby? 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.

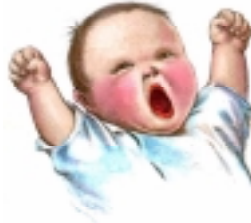
5,000 copies of this brochure were printed by the South Dakota Department of Health at a cost of \$0.12 per copy.



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.

STARTING SOLIDS

Solids do not help young infants to sleep through the night. Starting solids too soon can:

- cause choking
- be hard for baby to digest
- cause food allergies
- prevent baby from getting enough breastmilk or formula

BABIES ARE READY FOR SOLIDS WHEN THEY CAN:

- Hold his/her neck steady
- Sit without support
- Open mouth when food is offered
- Draw in lower lip when spoon is removed from mouth
- Keep food in mouth and swallow it
- Reaches for food showing they want some

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.

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DEPARTMENT OF HEALTH



STEPS TO INFANT FEEDING

GENERAL TIPS



Feeding baby in the first year can be both exciting and challenging. It is important to relax and enjoy feeding time. You will learn what baby does to say "I'm hungry" or "I'm full". Learn to be flexible. It will help you to know:

- Baby will eat different amounts of food at different times. Babies will each have their own pattern.
- Baby may show hunger by:
 - sucking on hands
 - making sucking movements
 - holding tight fist over stomach.
- When baby is full, he/she might:
 - spit out the nipple or food
 - fall asleep
 - play with or bite the nipple
 - play with the food
 - lie quiet and suck once in awhile
- Baby knows how much to eat. Do not force baby to eat it all.
- When baby cries, it does not always mean hunger. Baby might need a diaper change or to be held or cuddled. Learn which cry means hunger.



- Babies have growth spurts. They will eat more often when growing. Common times for growth spurts are:
 - 2 to 4 weeks
 - 3 months
 - 6 months
- It is a myth that cereal will help baby to sleep all night. Don't start cereal or other solid food too early.
- Throw out leftover formula after each feeding. It should not be reheated and used. It may make baby sick.
- Always hold baby when feeding. Baby will feel more loved and secure. Propping the bottle can cause ear infections, promote tooth decay and make it easier for baby to choke.
- Honey should not be used during the first year. It can contain botulism, a deadly food poison.
- A little spitting up is normal. If you are concerned, ask your doctor, nurse or other health professional.
- To prevent tooth decay after baby's teeth come in, try not to feed baby breastmilk or formula right before naptime or bedtime. After baby eats, be sure baby swallows to clear mouth of breastmilk or formula.

SUGGESTED DAILY FEEDING SCHEDULE

AGE	FOOD	AMOUNT DAILY	FEEDING HINTS BY AGE GROUP
Newborn to 4 weeks	BREAST-MILK OR Iron Fortified Formula	8–12 feedings or on demand	<ul style="list-style-type: none"> — Liquids are best because baby eats by suckling — Baby cannot swallow solid food — Baby should gain weight — Baby should have 6—8 wet diapers in 24 hours
1–2 months	BREAST-MILK OR Iron Fortified Formula	6-8 feedings or on demand OR 6–7 feedings of 2–4 oz. each	
3–4 months	BREAST-MILK OR Iron Fortified Formula	5–6 feedings or on demand OR 5–6 feedings of 4–7 oz. each	
5 – 6 months	BREAST-MILK OR Iron Fortified Formula	4–5 feedings or on demand OR 4–5 feedings of 6–8 oz. each	
4 – 6 months	Infant cereal Infant Juice	4–8 Tbsp. mixed, rice cereal 2–4 oz or 1/4 to 1/2 cup (from cup only)	<ul style="list-style-type: none"> — Teething is starting. — Start when baby is ready for solids — Feed solids from spoon — Give all juice from cup only — Use 100% infant juice
6 months	Meat Fruits/ vegetables	1-2 Tbsp. 2–4 Tbsp. Two times a day	<ul style="list-style-type: none"> — Use plain strained meats, one at a time — Offer one fruit or vegetable at a time, don't mix
7 – 8 months	BREAST-MILK OR Iron Fortified Formula Infant cereal Infant Juice Fruit Vegetable Meats Finger food	3–5 feedings or on demand OR 3–5 feedings 6–8 oz. Each 4–6 Tbsp. 2–4 Oz. (from cup only) 1–2 Tbsp. 5–7 Tbsp. 1–2 Tbsp. 1 small serving	<ul style="list-style-type: none"> — Baby can chew. Try new flavors and food with more texture. — Start giving some breast—milk or iron fortified formula cup — Use plain, strained fruits and vegetables. — Avoid fruit desserts and combination meat and vegetable dinners. — Use plain, strained meats. Avoid combination or high protein dinners. — Finger food ideas: toast, crackers, teething biscuits, small dry cereals, banana, cooked carrots. Do not use bran cereals.
9 – 10 months	BREAST-MILK OR Iron Fortified Formula Infant cereal Infant Juice Fruit Vegetable Meats Finger food	3–4 feedings or on demand OR 3–4 feedings 6–8 oz. Each 4–6 Tbsp. 4 Oz. (from cup only) 6–8 Tbsp. 6–8 Tbsp. 4–6 Tbsp. small serving	<ul style="list-style-type: none"> — Baby can bite and chew well. — Use foods with more texture, ie: chopped, diced, small chunks — Use cup often. — Offer water as desired. — Finger foods should be soft, well cooked, bite size pieces of table foods. — Avoid foods that can cause choking such as hot dogs, grapes, raw fruit, etc.
11 – 12 months	BREAST-MILK OR Iron Fortified Formula Infant cereal Infant Juice Fruits Vegetables Meats	3–4 feedings, or on demand OR 24–32 oz. Total per day 4–6 Tbsp. 4 oz. (from cup only) 1/2 cup or 8 Tbsp. 1/2 cup or 8 Tbsp. 1/2 cup or 2 oz.	<ul style="list-style-type: none"> — Use the cup more and the bottle less. — Baby can use hands to feed self. — Baby can chew better so whole pieces of soft table foods can be offered. — Avoid foods that can cause choking such as hot dogs, grapes, raw fruit, etc.

Note: For solids, homemade or purchased baby foods may be used.

Starting Solid Foods

Adapted from *Caring for Your Baby and Young Child: Birth to Age 5*



Until now, your baby's diet has been made up of breast milk and/or formula. But once your child reaches 4 to 6 months of age, you can begin adding solid foods. This brochure has been developed by the American Academy of Pediatrics to give parents information on how to introduce solid foods to their infants. The information in this brochure is based on the Academy's parenting manual *Caring for Your Baby and Young Child: Birth to Age 5*.

When can my baby eat solid foods?

Most babies are ready to eat solid foods at 4 to 6 months of age. Before this age, most babies do not have enough control over their tongues and mouth muscles. Instead of swallowing the food, they push their tongues against the spoon or the food. This tongue-pushing reflex helps babies when they are nursing or drinking from a bottle. Most babies lose this reflex at about 4 months of age. Energy needs of babies increase around this age as well, making this an ideal time to introduce solids.

You may start solid foods at any feeding. At first you may want to pick a time when you do not have many distractions. However, keep in mind that as your child gets older, she will want to eat with the rest of the family.

Feeding your baby solid foods

To prevent choking, make sure your baby is sitting up when you introduce solid foods. If your baby cries or turns away when you give him the food, do not force the issue. It is more important that you both enjoy mealtimes than for your baby to start solids by a specific date. Go back to nursing or bottle-feeding exclusively for a week or two, then try again.

It is important for your baby to get used to the process of eating — sitting up, taking bites from a spoon, resting between bites, and stopping when full. Always use a spoon to feed your baby solid foods. Some parents try putting solid foods in a bottle or infant feeder with a nipple. This is not a good idea. Feeding your baby this way can cause choking. It also greatly increases the amount of food your baby eats and can cause your baby to gain too much weight. These early experiences will help your child learn good eating habits throughout life.

How to start

Start with half a spoonful or less and talk to your baby through the process ("Mmm, see how good this is!"). Your baby may not know what to do at first. She may look confused or insulted, wrinkle her nose, roll the food around her mouth, or reject it altogether. This is a normal reaction, because her feedings have been so different up to this point.

One way to make eating solids for the first time easier is to give your baby a little milk first, then switch to very small half-spoonfuls of food, and finish with more milk. This will prevent your baby from getting frustrated when she is very hungry.

Do not be surprised if most of the first few solid-food feedings wind up on your baby's face, hands, and bib. Increase the amount of food gradually, with just a teaspoonful or two to start. This allows your baby time to learn how to swallow solids.

What kinds of foods should my baby eat?

For most babies it does not matter what the first solid foods are. Many pediatricians recommend cereals first. The first cereals usually are offered in this order:

- Rice cereal
- Oatmeal cereal
- Barley cereal

It is a good idea to give your baby wheat and mixed cereals last, because they may cause allergic reactions in very young babies.

You can use premixed baby cereals in a jar or dry cereals to which you add breast milk, formula, or water. The premixed foods may be easier to use, but the dry ones are richer in iron and allow you to control the thickness of the cereal. Whichever type of cereal you choose, make sure that it is made for babies. Only baby foods contain the extra nutrients your child needs at this age.

Once your baby learns to eat one food, gradually give him other foods such as

- Infant cereals
- Fruit
- Strained vegetables
- Meat

Give your baby eggs last, because they occasionally cause allergic reactions. Babies are born with a preference for sweets. The order of introducing foods does not change this.

Give your baby one new food at a time, and wait at least 2 to 3 days before starting another. After each new food, watch for any allergic reactions such as diarrhea, rash, or vomiting. If any of these occur, stop using the new food and talk with your pediatrician.

Within 2 or 3 months of starting solid foods, your baby's daily diet should include the following foods each day:

- Breast milk or formula
- Cereal
- Vegetables
- Meats
- Fruits

Finger foods

Once your baby can sit up and bring her hands or other objects to her mouth, you can give her finger foods to help her learn to feed herself. To avoid choking, make sure anything you give your child is soft, easy to swallow, and cut into small pieces. Some examples include small pieces of banana, wafer-type cookies, or crackers; and well-cooked and cut-up yellow squash, peas, and potatoes. Do not give your baby any food that requires chewing at this age.

At each of your child's daily meals, she should be eating about 4 ounces, or the amount in one small jar of strained baby food. (Do not give your child foods that are made for adults. These foods often have added salt and preservatives.)

If you want to give your baby fresh food, use a blender or food processor, or just mash softer foods with a fork. All fresh foods should be cooked with no added salt or seasoning. Though you can feed your baby raw bananas (mashed), most other fruits and vegetables should be cooked until they are soft. Refrigerate any

Warning: do not home-prepare beets, turnips, carrots, spinach, or collard greens

In some parts of the country, these vegetables have large amounts of nitrates, chemicals that can cause an unusual type of anemia (low blood count) in young infants. Baby food companies are aware of this problem and screen the produce they buy for nitrates. They also avoid buying these vegetables in parts of the country where nitrates have been found. Because you cannot test for this chemical yourself, it is safer to use commercially prepared forms of these foods, especially while your child is an infant. If you choose to prepare them at home anyway, serve them fresh and do not store them. Storage of these foods may actually increase the amount of nitrates in them.

food you do not use and look for any signs of spoilage before giving it to your baby. Fresh foods are not bacteria-free, so they will spoil more quickly than food from a can or jar.

What can I expect after my baby starts solids?

When your child starts eating solid foods, his stools will become more solid and variable in color. Due to the added sugars and fats, they will have a much stronger odor too. Peas and other green vegetables may turn the stool a deep-green color; beets may make it red. (Beets sometimes make urine red as well.) If your baby's meals are not strained, his stools may contain undigested pieces of food, especially hulls of peas or corn, and the skin of tomatoes or other vegetables. All of this is normal. Your child's digestive system is still immature and needs time before it can fully process these new foods. If the stools are extremely loose, watery, or full of mucus, however, it may mean the digestive tract is irritated. In this case, reduce the amount of solids and let him build a tolerance for them a little more slowly. If the stools continue to be loose, watery, or full of mucus, consult your pediatrician to see if your child has a digestive problem.

Should I give my baby juice?

Babies do not need juice. Babies less than 6 months of age should not be given juice. However, if you choose to give your baby juice, do so only after she is 6 months of age and offer it only in a cup, not in a bottle. Limit juice intake to no more than 4 ounces a day and offer it only with a meal or snack. Any more than this can fill up your baby, giving her less of an appetite for other, more nutritious foods, including breast milk or formula. Too much juice also can cause diaper rash, diarrhea, or excessive weight gain. To help prevent tooth decay, avoid putting your child to bed with a bottle.

Give your child extra water if she seems to be thirsty between feedings. During the hot months when your child is losing fluid through sweat, offer water two or more times a day. If you live in an area where the water is fluoridated, these feedings also will help prevent future tooth decay.

Junior foods

When your child reaches about 8 months of age, you may want to introduce "junior" foods. These are slightly coarser than strained foods and are packaged in larger jars — usually 6 to 8 ounces. They require more chewing than baby foods. You also can expand your baby's diet to include soft foods such as puddings, mashed potatoes, yogurt, and gelatin. As always, introduce one food at a time, then wait 2 or 3 days before trying something else to be sure your child does not develop an allergic reaction.

As your baby's ability to use his hands improves, give him his own spoon and let him play with it at mealtimes. Once he has figured out how to hold the spoon, dip it in his food and let him try to feed himself. But do not expect much in the

beginning, when more food is bound to go on the floor and high chair than into his mouth. A plastic cloth under his chair will help minimize some of the cleanup.

Be patient, and resist the temptation to take the spoon away from him. For a while you may want to alternate bites from his spoon with bites from a spoon that you hold. Your child may not be able to use a spoon on his own until after his first birthday. Until then, you may want to fill the spoon for your child but leave the actual feeding to him. This can help decrease the mess and waste.

Good finger foods for babies include the following:

- Crunchy toast
- Well-cooked pasta
- Small pieces of chicken
- Scrambled egg
- Ready-to-eat cereals
- Small pieces of banana

Offer a variety of flavors, shapes, colors, and textures, but always watch your child for choking in case he bites off a piece that is too big to swallow.

Because children often swallow without chewing, do not offer children younger than 4 years of age the following foods:

- Chunks of peanut butter
- Nuts and seeds
- Popcorn
- Raw vegetables
- Hard, gooey, or sticky candy
- Raisins
- Chewing Gum

Other firm, round foods like grapes, cooked carrots, hot dogs, meat sticks (baby food "hot dogs"), or chunks of cheese or meat always should be cut into **very small** pieces. Before cutting a hot dog, remove the slippery peel.

Choosing a high chair

Select a chair with a wide base, so it cannot be tipped over if someone bumps against it.

If the chair folds, be sure it is locked each time you set it up.

Whenever your child sits in the chair, use the safety straps. This will prevent your child from slipping down and causing serious injury or even death. Never allow your child to stand in the high chair.

Do not place the high chair near a counter or table. Your child may be able to push hard enough against these surfaces to tip the chair over.

Never leave a young child alone in a high chair and do not allow older children to climb or play on it, as this could tip it over.

A high chair that hooks on to a table is not a good substitute for a more solid one. If you plan to use this type of chair when you eat out or when you travel, look for one that locks on to the table. Be sure the table is heavy enough to support your child's weight without tipping. Also, check to see whether your child's feet can touch a table support. If your child pushes against the table, it may dislodge the seat.

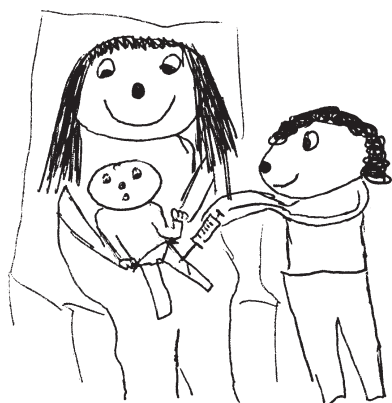
Good eating habits start early

Babies and small children do not know what foods they need to eat. Your job as a parent is to offer a good variety of healthy foods. Watch your child for cues that she has had enough to eat. Do not overfeed!

Begin to build good eating habits. Usually eating five to six times a day (three meals and two to three snacks) is a good way to meet toddlers' energy needs. Children who "graze," or eat constantly, may never really feel hungry. They can have problems from eating too much or too little.

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.

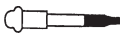








Here are some things you can do to reduce fever:

- 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 dropperful infant drops*	2 chewable (80mg) tablets*	3 chewable (80 mg) tablets*
				
	or	or	or	or
	1/2 teaspoon children's liquid*	3/4 teaspoon children's liquid*	1 teaspoon* children's liquid	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
1573 Selby Avenue, St. Paul, MN 55104
(651) 647-9009
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.
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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.