Longwood PEDIATRICS, LLP

FOUR MONTHS

Name _____ **Date** _____

Weight _____ **Length** _____ **Head Circumference** _____

Immunizations: (note: your child's doctor may modify the immunization schedule at times)

1. Diphtheria/Tetanus/Pertussis (DTaP) - protects against diphtheria, tetanus, pertussis (whooping cough)
2. Polio (IPV) – protects against polio virus
3. Haemophilus influenza B (HIB) – protects against a bacteria that causes meningitis, blood, and throat infections
4. Hepatitis B—protects against infection with hepatitis B virus
5. Pneumococcal Conjugate—protects against a type of meningitis and blood infection, and some ear infections
6. Rotavirus—protects against a virus which causes severe vomiting and diarrhea

After immunizations some infants may experience discomfort or fever. Treat any local reactions at the site of the immunizations (for example, redness or swelling) with a cool compress for ten minutes at a time every few hours. You may give your child acetaminophen as needed. Reactions from the immunizations should be gone in 48-72 hours, although a small firm non-tender lump under the skin may remain for up to two months. If the baby has a fever of 101° F (38.3° C) or higher or appears very sick after the immunizations, contact the office.

Feeding:

Your baby should continue on breast milk or formula. If most of her milk is breast milk, she should take either:

- Vitamin D drops (400 IU once a day) PLUS Fer-in-sol drops (0.75 mL once a day)

OR

- Poly-Vi-Sol with iron (1 mL once a day)
- If your baby drinks less than 32 oz of formula per day they should take Vitamin D drops (400 IU once a day).

Office Hours and Telephone Coverage: We are available 24 hours a day, 365 days a year!

- Monday-Friday: 8:30am-5:30 pm (later as needed to accommodate urgent visits)
- Saturdays and Holidays: 9am-12pm (later as needed to accommodate urgent visits) – Urgent visits only
- Sundays: Mornings (office times vary); Call starting at 8am – Urgent visits only
- After regular business hours: After hour calls are answered by well-trained pediatric nurses who follow protocols approved by Longwood Pediatrics. Please restrict calls to urgent medical issues only.

Please ALWAYS call us before going to any emergency room.

Appointment Scheduling:

- Well Visit/Checkups: Our schedules are open one year in advance for routine well visit appointments. **Schedule your next well visit today!**
- Sick Visits: It is best to call the office early in the day to schedule an appointment. You can make an appointment by pressing option 2 for the receptionist. If you are not sure that your child needs to be seen, you may leave a message for our nursing staff and a nurse will call you back within the same day.

Communication:

We encourage all families to use MyChart, our patient portal. With MyChart you are able to communicate with your child's provider through messaging, book appointments, see your child's medical history and more. Sign up at the front desk today!

Like us on Facebook

Next Visit:

The next visit will be at age six months. At that time she will receive the following immunizations: Diphtheria/Tetanus/Pertussis (DTaP), Polio (IPV), Haemophilus influenza B (HIB), Hepatitis B, Pneumococcal Conjugate, and Rotavirus.

Updated 01/14/2021

BRIGHT FUTURES HANDOUT ▶ **PARENT**

4 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.

HOW YOUR FAMILY IS DOING

- Learn if your home or drinking water has lead and take steps to get rid of it. Lead is toxic for everyone.
- Take time for yourself and with your partner. Spend time with family and friends.
- Choose a mature, trained, and responsible babysitter or caregiver.
- You can talk with us about your child care choices.

FEEDING YOUR BABY

- For babies at 4 months of age, breast milk or iron-fortified formula remains the best food. Solid foods are discouraged until about 6 months of age.
- Avoid feeding your baby too much by following the baby's signs of fullness, such as
  - Leaning back
  - Turning away

If Breastfeeding

- Providing only breast milk for your baby for about the first 6 months after birth provides ideal nutrition. It supports the best possible growth and development.
- Be proud of yourself if you are still breastfeeding. Continue as long as you and your baby want.
- Know that babies this age go through growth spurts. They may want to breastfeed more often and that is normal.
- If you pump, be sure to store your milk properly so it stays safe for your baby. We can give you more information.
- Give your baby vitamin D drops (400 IU a day).
- Tell us if you are taking any medications, supplements, or herbal preparations.

If Formula Feeding

- Make sure to prepare, heat, and store the formula safely.
- Feed on demand. Expect him to eat about 30 to 32 oz daily.
- Hold your baby so you can look at each other when you feed him.
- Always hold the bottle. Never prop it.
- Don't give your baby a bottle while he is in a crib.

YOUR CHANGING BABY

- Create routines for feeding, nap time, and bedtime.
- Calm your baby with soothing and gentle touches when she is fussy.
- Make time for quiet play.
  - Hold your baby and talk with her.
  - Read to your baby often.
- Encourage active play.
  - Offer floor gyms and colorful toys to hold.
  - Put your baby on her tummy for playtime. Don't leave her alone during tummy time or allow her to sleep on her tummy.
- Don't have a TV on in the background or use a TV or other digital media to calm your baby.

HEALTHY TEETH

- Go to your own dentist twice yearly. It is important to keep your teeth healthy so you don't pass bacteria that cause cavities on to your baby.
- Don't share spoons with your baby or use your mouth to clean the baby's pacifier.
- Use a cold teething ring if your baby's gums are sore from teething.
- Don't put your baby in a crib with a bottle.
- Clean your baby's gums and teeth (as soon as you see the first tooth) 2 times per day with a soft cloth or soft toothbrush and a small smear of fluoride toothpaste (no more than a grain of rice).

Helpful Resources:

Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

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4 MONTH VISIT—PARENT

SAFETY

- Use a rear-facing–only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Always put your baby to sleep on her back in her own crib, not in your bed.
  - Your baby should sleep in your room until she is at least 6 months of age.
  - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
  - Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and toys in the crib.
- Drop-side cribs should not be used.
- Lower the crib mattress.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Prevent tap water burns. Set the water heater so the temperature at the faucet is at or below 120°F /49°C.
- Prevent scalds or burns. Don't drink hot drinks when holding your baby.
- Keep a hand on your baby on any surface from which she might fall and get hurt, such as a changing table, couch, or bed.
- Never leave your baby alone in bathwater, even in a bath seat or ring.
- Keep small objects, small toys, and latex balloons away from your baby.
- Don't use a baby walker.

WHAT TO EXPECT AT YOUR BABY'S 6 MONTH VISIT

We will talk about

- Caring for your baby, your family, and yourself
- Teaching and playing with your baby
- Brushing your baby's teeth
- Introducing solid food
- Keeping your baby safe at home, outside, and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 4th Edition

For more information, go to https://brightfutures.aap.org.

The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

Inclusion in this handout 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 handout. Web site addresses are as current as possible but may change at any time.

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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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Birth to 6 Months

tipp®
THE INJURY PREVENTION PROGRAM
A program of the American Academy of Pediatrics



BIRTH TO 6 MONTHS

Safety for Your Child

Did you know that hundreds of children younger than 1 year die every year in the United States because of injuries—most of which could be prevented?

Often, injuries happen because parents are not aware of what their children can do. Children *learn quickly,* and before you know it, your child will be *wiggling* off a bed or *reaching* for your cup of hot coffee.

Car Injuries

Car crashes are a great threat to your child's life and health. Most injuries and deaths from car crashes **can be prevented** by the use of car safety seats. Your child, besides being much safer in a car safety seat, will behave better, so you can pay attention to your driving. Make your newborn's first ride home from the hospital a safe one—in a car safety seat. Your infant should ride in the back seat in a rear-facing car safety seat.



Make certain that your baby's car safety seat is installed correctly. Read and follow the instructions that come with the car safety seat and the sections in the owners' manual of your car on using car safety seats correctly. Use the car safety seat EVERY time your child is in the car.

NEVER put an infant in the front seat of a car with a passenger airbag.

Falls

Babies *wiggle* and *move* and *push* against things with their feet soon after they are born. Even these very first movements can result in a fall. As your baby grows and is able to roll over, he or she may fall off of things unless protected. **Do not leave your baby alone** on changing tables, beds, sofas, or chairs. **Put your baby in a safe place** such as a crib or playpen when you cannot hold him or her.



Your baby may be able to crawl as early as 6 months. **Use gates on stairways and close doors** to keep your baby out of rooms where he or she might get hurt. **Install operable window guards** on all windows above the first floor.

Do not use a baby walker. Your baby may tip the walker over, fall out of it, or fall down stairs and seriously injure his or her head. Baby walkers let children get to places where they can pull heavy objects or hot food on themselves. A better choice is a stationary activity center with no wheels.

If your child has a serious fall or does not act normally after a fall, call your doctor.

(over)

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Burns

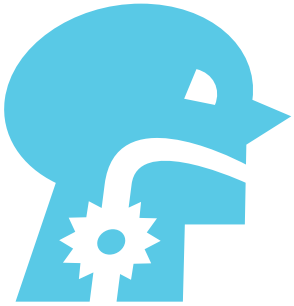


At 3 to 5 months, babies will wave their fists and grab at things. **NEVER carry your baby and hot liquids, such as coffee, or foods at the same time.** You can't handle both. Your baby can get burned! To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120˚F. In many cases you can adjust your water heater.

If your baby gets burned, immediately put the burned area in cold water. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth and call your doctor.

To protect your baby from house fires, be sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.

Choking and Suffocation



Babies explore their environment by putting anything and everything into their mouths. **NEVER leave small objects in your baby's reach, even for a moment.** NEVER feed your baby hard pieces of food such as chunks of raw carrots, apples, hot dogs, grapes, peanuts, and popcorn. Cut all the foods you feed your baby into thin pieces to prevent choking. **Be prepared if your baby starts to choke. Ask your doctor to recommend the steps you need to know. Learn how to save the life of a choking child.**

To prevent possible suffocation and reduce the risk of sudden infant death syndrome (SIDS), **your baby should always sleep on his or her back. Your baby should have his or her own crib or bassinet with no pillows, stuffed toys, bumpers, or loose bedding. NEVER put your baby on a waterbed, beanbag, or anything that is soft enough to cover the face and block air to the nose and mouth.**

Plastic wrappers and bags form a tight seal if placed over the mouth and nose and may suffocate your child. Keep them away from your baby.

From Your Doctor

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

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Starting Solid Foods

Rice, oatmeal, or barley? What infant cereal or other food will be on the menu for your baby's first solid meal? Have you set a date?

At this point, you may have a plan or are confused because you have received too much advice from family and friends with different opinions.

Here is information from the American Academy of Pediatrics to help you prepare for your baby's transition to solid foods.

When can my baby begin solid foods?

Here are guidelines from the AAP book *Nutrition: What Every Parent Needs to Know.* Remember that each child's readiness depends on his own rate of development.

> **Can he hold his head up?** Your baby should be able to sit in a high chair, a feeding seat, or an infant seat with good head control.
>
> **Does he open his mouth when food comes his way?** Babies may be ready if they watch you eating, reach for your food, and seem eager to be fed.
>
> **Can he move food from a spoon into his throat?** If you offer a spoon of rice cereal, he pushes it out of his mouth, and it dribbles onto his chin, he may not have the ability to move it to the back of his mouth to swallow it. That's normal. Remember, he's never had anything thicker than breast milk or formula before, and this may take some getting used to. Try diluting it the first few times; then, gradually thicken the texture. You may also want to wait a week or two and try again.
>
> **Is he big enough?** Generally, when infants double their birth weight (typically at about 4 months of age) and weigh about 13 pounds or more, they may be ready for solid foods.

NOTE: The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months. You can continue to breastfeed after 12 months if you and your baby desire. Check with your child's doctor about the recommendations for vitamin D and iron supplements during the first year.

How do I feed my baby?

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, wrinkle her nose, roll the food around inside her mouth, or reject it altogether.
One way to make eating solids for the first time easier is to give your baby a little breast milk, formula, or both first; then switch to very small half-spoonfuls of food; and finish with more breast milk or formula. 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.

Do not make your baby eat if she cries or turns away when you feed her. Go back to breastfeeding or bottle-feeding exclusively for a time before trying again. Remember that starting solid foods is a gradual process; at first, your baby will still be getting most of her nutrition from breast milk, formula, or both. Also, each baby is different, so readiness to start solid foods will vary.

NOTE: Do not put baby cereal in a bottle because your baby could choke. It may also increase the amount of food your baby eats and can cause your baby to gain too much weight. However, cereal in a bottle may be recommended if your baby has reflux. Check with your child’s doctor.

Which food should I give my baby first?

Your baby’s first foods are your choice. Whether you decide to make your own baby food or buy premade baby food, you have many options. However, keep the following in mind:

Foods should be soft or pureed to prevent choking.

Introduce one “single-ingredient” new food from any food group every 3 to 5 days. Look out for any reactions.

There is no evidence that waiting to introduce baby-safe (soft) foods, such as eggs, dairy, soy, peanut products, or fish, beyond 4 to 6 months of age prevents food allergy. However, testing for peanut allergy is recommended for babies with severe eczema and/or egg allergy. We recommend starting peanut products (like Bamba) by 6 months of age.

There is no evidence that your baby will develop a dislike for vegetables if fruit is given first.

Be sure to include foods that provide iron and zinc, such as baby food made with meat or iron-fortified cereals.

If you feed your baby premade cereal, make sure it is made for babies and is iron fortified. Baby cereals are available premixed in individual containers or dry, to which you can add breast milk, formula, or water.

Within a few months of starting solid foods, your baby's daily diet should include a variety of foods, such as breast milk, formula, or both; meats; cereal; vegetables; fruits; eggs; and fish.

When can I give my baby 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 prevent choking, make sure anything you give your baby is soft, easy to swallow, and cut into small pieces. Some examples include small pieces of banana, wafer-type cookies, or crackers; scrambled eggs; well-cooked pasta; well-cooked, finely chopped chicken; and well-cooked, cut-up potatoes or peas.

At each of your baby's daily meals, she should be eating about 4 ounces, or the amount in one small jar of strained baby food. Limit giving your baby processed foods that are made for adults and older children. These foods often contain more salt and other 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. Although you can feed your baby raw bananas (mashed), most other fruits and vegetables should be cooked until they are soft. Refrigerate any 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.

NOTE: Do not give your baby any food that requires chewing at this age. Do not give your baby any food that can be a choking hazard, including hot dogs (including meat sticks, or baby food "hot dogs"); nuts and seeds; chunks of meat or cheese; whole grapes; popcorn; chunks of peanut butter; raw vegetables; fruit chunks, such as apple chunks; and hard, gooey, or sticky candy.

What changes can I expect after my baby starts solids?

When your baby starts eating solid foods, his stools will become more solid and variable in color. Because of 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 baby'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 introduce them more slowly. If the stools continue to be loose, watery, or full of mucus, consult your child's doctor to find the reason.

Should I give my baby juice?

Babies do not need juice. To help prevent tooth decay, do not put your child to bed with a bottle. If you do, make sure it contains only water. Juice reduces the appetite for other, more nutritious, foods, including breast milk, formula, or both. Too much juice can also cause diaper rash, diarrhea, or excessive weight gain.

Does my baby need water?

Healthy babies do not need extra water. Breast milk, formula, or both provide all the fluids they need. However, it's OK to offer a little water when you begin to give your baby solid foods. Use an open, sippy, or strawed cup and limit water to no more than 1 cup (8 ounces) each day. Also, a small amount of water may be needed in very hot weather. If you live in an area where the water is fluoridated, drinking water will also help prevent future tooth decay.

Good eating habits start early

It is important for your baby to get used to the process of eating—sitting up, taking food from a spoon, resting between bites, and stopping when full. These early experiences will help your child learn good eating habits throughout life.

Encourage family meals from the first feeding. When you can, the whole family should eat together. Research suggests that having dinner together, as a family, on a regular basis has positive effects on the development of children.

Remember to offer a good variety of healthy foods that are rich in the nutrients your child needs. Watch your child for cues that he has had enough to eat. Do not overfeed!

If you have any questions about your child's nutrition, including concerns about your child eating too much or too little, talk with your child's doctor.

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A Parent's Guide to Introducing Peanut Products to Their Infant



Following American Academy of Pediatrics (AAP) Guidelines

Recent data supports that parents can start introducing peanut products to their infant at 4 to 6 months of age, which can reduce the risk of your child developing a peanut allergy later in life.

Foods containing peanut can be introduced to infants in a safe location such as home or in a doctor's office. Parents should ensure that their infant is healthy at this time and not experiencing a cough, fever, or other signs of illness. You should allow time (2 hours) after introducing the food to watch for signs of allergic reactions.

Signs of an allergic reaction include: rash, hives, trouble breathing, vomiting/diarrhea, coughing or wheezing, swelling of the lips, tongue or face, sudden tiredness or body becoming limp, or a change in skin color (becoming pale or blue).

If any of these signs occur, stop giving the peanut product and contact your pediatrician or call 911.

Step by Step Instructions

1. Prepare one of the recipes below. Give your baby a small portion on the tip of a spoon.
2. Wait 10 minutes between this first taste and any additional taste you plan to give.
3. If you do not see an allergic reaction after 10 minutes, you can slowly give the rest of the serving you have prepared.
4. Continue to offer peanut foods at least 3 times a week.
5. After 3 weeks, you may start to offer other single nut butters one at a time as well.

Peanut Product Recipes

In order to prevent choking, never give your infant whole pieces of peanut or anything containing whole or partial pieces of peanut. Peanut foods should be smooth, creamy, or thinned out with water. Each of the following recipes contains a 2 gram serving of peanut protein.

Item	How Much	How To	Tips
Smooth Peanut Butter	Two teaspoons of smooth peanut butter.	Thin out the peanut butter to reach the desired consistency by mixing it with either: 2-3 teaspoons of warm water or 2-3 tablespoons of fruit or vegetable puree	Be sure that fruit or vegetable puree you chose has already been eaten by your infant with no reaction.
 Peanut Puffs	Two grams of peanut protein, equivalent to about 2-3 puffs.	If your infant cannot eat dissolvable solid foods yet, combine puffs with water to soften them. Feed infant one puff at a time.	Peanut puffs can be found at Trader Joe's Wegmans, and Star Market.
Peanut Flour or Peanut Butter Powder	Two teaspoons of peanut flour or peanut butter powder.	Stir in two tablespoons of a fruit or vegetable puree that your infant likes. Combine the flour/powder together to reach desired consistency.	Parents can create a consistency that their infant prefers by adding more puree

CAUTION!

- Nuts, whole grapes, spoonfuls of peanut butter, round slices of hot dog, hard raw vegetables, popcorn, hard candies, and ice are all **choking hazards** and should not be given to your child until at least 4 years old. All foods you give younger children should be soft and in small pieces.

- Do not give your baby honey until he is over 1 year old (honey can carry botulism spores that are dangerous for a young baby but not for older children or adults).

Feeding Suggestions For Your Baby

	Breastmilk or Formula	**Cereals/Grains**	**Vegetables**	**Fruits**	**Meats/Beans/Eggs /Other Proteins**
4-6 Months (solids 1 or 2 times a day)	5-6 times (24-36 ounces total)	Baby cereal 1-3 Tablespoons per serving mixed with breastmilk, formula, or water; start once a day and increase to twice a day	Start with 1 Tablespoon and increase gradually to about 2 ounces per serving; may use store-bought Stage 1 baby food vegetables or homemade cooked pureed vegetables	Start with 1 Tablespoon and increase gradually to about 2 ounces per serving; may use store-bought Stage 1 baby food fruits or homemade fresh, pureed fruits	Start with 1 Tablespoon and increase gradually up to about 2 ounces per serving; may use store-bought Stage 1 baby food meats or beans or homemade cooked pureed meats or beans
6-9 Months (solids 2 or 3 times a day)	5-6 times (24-36 ounces total)	2 servings baby cereal; may start biscuits or soft pieces of bread/toast when baby is sitting up well (NOTE: whole grain bread products are healthier than white bread products)	1-2 servings/day of 2-4 ounces each; may use store-bought Stage 1 or Stage 2 baby foods or homemade cooked, mashed vegetables	1-2 servings/day of 2-4 ounces each; may use store-bought Stage 1 or Stage 2 baby foods or homemade cooked, mashed vegetables	1-2 servings/day of 2-4 ounces each; may use store-bought Stage 1 or Stage 2 baby foods or homemade very soft shredded meats or beans
9-12 Months (solids 3 times a day)	4-5 times (16-24 ounces total)	2 servings/day baby cereal, oatmeal, Cheerios, soft breads, or pasta	1-2 servings/day of about 4 ounces each; may use store-bought baby foods or homemade soft, cooked vegetables	1-2 servings/day of about 4 ounces each; may use store-bought baby foods or homemade soft pieces of fruit	1-2 servings/day of meats, fish, beans, yogurt, cheese, eggs (maximum 3 eggs/week)

DTaP (Diphtheria, Tetanus, Pertussis) Vaccine: *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

DTaP vaccine can prevent **diphtheria, tetanus**, and **pertussis**.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **PERTUSSIS (aP)**, also known as "whooping cough," can cause uncontrollable, violent coughing which makes it hard to breathe, eat, or drink. Pertussis can be extremely serious in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2 DTaP vaccine

DTaP is only for children younger than 7 years old. Different vaccines against tetanus, diphtheria, and pertussis (Tdap and Td) are available for older children, adolescents, and adults.

It is recommended that children receive 5 doses of DTaP, usually at the following ages:

- 2 months
- 4 months
- 6 months
- 15–18 months
- 4–6 years

DTaP may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

DTaP may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any **severe, life-threatening allergies**.
- Has had **a coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**.
- Has **seizures or another nervous system problem**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**.

In some cases, your child's health care provider may decide to postpone DTaP vaccination to a future visit.

Children with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before getting DTaP.

Your child's health care provider can give you more information.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4 Risks of a vaccine reaction

- Soreness or swelling where the shot was given, fever, fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, the vaccine is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.
- Very rarely, long-term seizures, coma, lowered consciousness, or permanent brain damage may happen after DTaP vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

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The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
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Haemophilus influenzae type b (Hib) Vaccine: *What You Need to Know*

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Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Hib vaccine can prevent ***Haemophilus influenzae* type b (Hib) disease**.

Haemophilus influenzae type b can cause many different kinds of infections. These infections usually affect children under 5 years of age, but can also affect adults with certain medical conditions. Hib bacteria can cause mild illness, such as ear infections or bronchitis, or they can cause severe illness, such as infections of the bloodstream. Severe Hib infection, also called invasive Hib disease, requires treatment in a hospital and can sometimes result in death.

Before Hib vaccine, Hib disease was the leading cause of bacterial meningitis among children under 5 years old in the United States. Meningitis is an infection of the lining of the brain and spinal cord. It can lead to brain damage and deafness.

Hib infection can also cause:
- pneumonia,
- severe swelling in the throat, making it hard to breathe,
- infections of the blood, joints, bones, and covering of the heart,
- death.

2 Hib vaccine

Hib vaccine is usually given as 3 or 4 doses (depending on brand). Hib vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Infants will usually get their first dose of Hib vaccine at 2 months of age, and will usually complete the series at 12-15 months of age.

Children between 12-15 months and 5 years of age who have not previously been completely vaccinated against Hib may need 1 or more doses of Hib vaccine.

Children over 5 years old and adults usually do not receive Hib vaccine, but it might be recommended for older children or adults with asplenia or sickle cell disease, before surgery to remove the spleen, or following a bone marrow transplant. Hib vaccine may also be recommended for people 5 to 18 years old with HIV.

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

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:
- Has had an **allergic reaction after a previous dose of Hib vaccine**, or has any **severe, life-threatening allergies**.

In some cases, your health care provider may decide to postpone Hib vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting Hib vaccine.

Your health care provider can give you more information.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4 Risks of a vaccine reaction

- Redness, warmth, and swelling where shot is given, and fever can happen after Hib vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

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Polio Vaccine:
What You Need to Know

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1 Why get vaccinated?

Polio vaccine can prevent **polio**.

Polio (or poliomyelitis) is a disabling and life-threatening disease caused by poliovirus, which can infect a person's spinal cord, leading to paralysis.

Most people infected with poliovirus have no symptoms, and many recover without complications. Some people will experience sore throat, fever, tiredness, nausea, headache, or stomach pain.

A smaller group of people will develop more serious symptoms that affect the brain and spinal cord:
- Paresthesia (feeling of pins and needles in the legs),
- Meningitis (infection of the covering of the spinal cord and/or brain), or
- Paralysis (can't move parts of the body) or weakness in the arms, legs, or both.

Paralysis is the most severe symptom associated with polio because it can lead to permanent disability and death.

Improvements in limb paralysis can occur, but in some people new muscle pain and weakness may develop 15 to 40 years later. This is called post-polio syndrome.

Polio has been eliminated from the United States, but it still occurs in other parts of the world. The best way to protect yourself and keep the United States polio-free is to maintain high immunity (protection) in the population against polio through vaccination.

2 Polio vaccine

Children should usually get 4 doses of polio vaccine, at 2 months, 4 months, 6–18 months, and 4–6 years of age.

Most **adults** do not need polio vaccine because they were already vaccinated against polio as children. Some adults are at higher risk and should consider polio vaccination, including:
- people traveling to certain parts of the world,
- laboratory workers who might handle poliovirus, and
- health care workers treating patients who could have polio.

Polio vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

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

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:
- Has had an **allergic reaction after a previous dose of polio vaccine, or has any severe, life-threatening allergies**.

In some cases, your health care provider may decide to postpone polio vaccination to a future visit.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting polio vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- A sore spot with redness, swelling, or pain where the shot is given can happen after polio vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

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Pneumococcal Conjugate Vaccine (PCV13): *What You Need to Know*

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Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Pneumococcal conjugate vaccine (PCV13) can prevent **pneumococcal disease**.

Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Pneumococcal bacteria are one of the most common causes of pneumonia.

Besides pneumonia, pneumococcal bacteria can also cause:
- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (bloodstream infection)

Anyone can get pneumococcal disease, but children under 2 years of age, people with certain medical conditions, adults 65 years or older, and cigarette smokers are at the highest risk.

Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

2 PCV13

PCV13 protects against 13 types of bacteria that cause pneumococcal disease.

Infants and young children usually need 4 doses of pneumococcal conjugate vaccine, at 2, 4, 6, and 12–15 months of age. In some cases, a child might need fewer than 4 doses to complete PCV13 vaccination.

A dose of PCV13 vaccine is also recommended for anyone **2 years or older** with certain medical conditions if they did not already receive PCV13.

This vaccine may be given to **adults 65 years or older** based on discussions between the patient and health care provider.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:
- Has had an **allergic reaction after a previous dose of PCV13, to an earlier pneumococcal conjugate vaccine known as PCV7, or to any vaccine containing diphtheria toxoid** (for example, DTaP), or has any **severe, life-threatening allergies**.
- In some cases, your health care provider may decide to postpone PCV13 vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting PCV13.

Your health care provider can give you more information.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4 Risks of a vaccine reaction

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after PCV13.

Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

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Rotavirus Vaccine:
What You Need to Know

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1 Why get vaccinated?

Rotavirus vaccine can prevent **rotavirus disease**.

Rotavirus causes diarrhea, mostly in babies and young children. The diarrhea can be severe, and lead to dehydration. Vomiting and fever are also common in babies with rotavirus.

2 Rotavirus vaccine

Rotavirus vaccine is administered by putting drops in the child's mouth. Babies should get 2 or 3 doses of rotavirus vaccine, depending on the brand of vaccine used.

- The first dose must be administered before 15 weeks of age.
- The last dose must be administered by 8 months of age.

Almost all babies who get rotavirus vaccine will be protected from severe rotavirus diarrhea.

Another virus called porcine circovirus (or parts of it) can be found in rotavirus vaccine. This virus does not infect people, and there is no known safety risk. For more information, see **http://wayback.archive-it.org/7993/20170406124518/https:/www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm212140.htm**.

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

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of rotavirus vaccine**, or has any severe, life-threatening allergies.
- Has a **weakened immune system**.
- Has **severe combined immunodeficiency** (SCID).
- Has had a type of bowel blockage called **intussusception**.

In some cases, your child's health care provider may decide to postpone rotavirus vaccination to a future visit.

Infants with minor illnesses, such as a cold, may be vaccinated. Infants who are moderately or severely ill should usually wait until they recover before getting rotavirus vaccine.

Your child's health care provider can give you more information.

4 Risks of a vaccine reaction

- Irritability or mild, temporary diarrhea or vomiting can happen after rotavirus vaccine.

Intussusception is a type of bowel blockage that is treated in a hospital and could require surgery. It happens naturally in some infants every year in the United States, and usually there is no known reason for it. There is also a small risk of intussusception from rotavirus vaccination, usually within a week after the first or second vaccine dose. This additional risk is estimated to range from about 1 in 20,000 US infants to 1 in 100,000 US infants who get rotavirus vaccine. Your health care provider can give you more information.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

5 What if there is a serious problem?

For intussusception, look for signs of stomach pain along with severe crying. Early on, these episodes could last just a few minutes and come and go several times in an hour. Babies might pull their legs up to their chest. Your baby might also vomit several times or have blood in the stool, or could appear weak or very irritable. These signs would usually happen during the first week after the first or second dose of rotavirus vaccine, but look for them any time after vaccination. If you think your baby has intussusception, contact a health care provider right away. If you can't reach your health care provider, take your baby to a hospital. Tell them when your baby got rotavirus vaccine.

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

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Hepatitis B Vaccine:
What You Need to Know

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1 Why get vaccinated?

Hepatitis B vaccine can prevent **hepatitis B.** Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B infection** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B infection** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a mother has hepatitis B, her baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2 Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age (sometimes it will take longer than 6 months to complete the series).

Children and adolescents younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is also recommended for certain **unvaccinated adults:**

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, infection with hepatitis C, or diabetes
- Anyone who wants to be protected from hepatitis B

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

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**.

In some cases, your health care provider may decide to postpone hepatitis B vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- Soreness where the shot is given or fever can happen after hepatitis B vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

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