



Date: _____ Height: _____ Weight: _____ OFC: _____

The following comments are designed to help you enjoy your new baby and develop confidence in yourself as a parent. They are not intended as a substitute for well-baby visits. Remember no two babies have exactly the same makeup or the same needs. Your baby is an individual with his or her own special growth pattern. Comparing the growth and development of your baby with other children is not a good idea and usually causes needless worry. Never hesitate to ask for guidance concerning specific problems. This is the reason for regular well-baby checkups.

PARENTING AND BEHAVIORAL

- Over the next few months, your baby will become more and more fun. Babies this age are happy to see people, yet they do not demand a lot of attention nor can they get up and crawl around to get into things. Your child will become responsive when you talk to him/her and will begin to blossom into a “real” person
- Continue to hold, cuddle, talk to, sing to, and rock your baby as much as you can. Every interaction with your child stimulates brain development.
- Encourage your baby to “speak” by talking to him/her during dressing, bathing, feeding, playing, walking, and driving. Stimulate your child with age-appropriate toys. Hang a rattle, mobile or some other bright object across the crib so that your infant can begin watching and reaching for it.
- Parents should continue to make sure they get adequate rest. A lot of moms still need a nap, so take one when baby naps. Go for a daily walk with the baby for fresh air. Mothers should have had a postpartum checkup by now.

DEVELOPMENT

- Have you noticed that your baby’s smile has improved, especially when he/she sees you? Infants at this age begin to show pleasure in their interactions with their parents.
- Before long, the neck muscles will begin to develop, allowing your baby to gain more head control. Until this happens, however, be prepared to give extra head support.
- Your baby will begin to grasp a rattle or tightly hold on to your finger.
- Between now and the 4-month checkup, most babies will start to lift their head, neck and upper chest on their forearms when placed on their tummies, craning their necks like a turtle to see what is going on. They will also straighten out their legs when you let them sit on your lap, and they may try to stand with support. This will not cause them to become bow-legged.

FEEDING

- **Breast fed babies should continue the Tri-Vi-Sol or D-Vi-Sol vitamins.**
- Remember, “spitting up” is common and as long as your baby is thriving, the spitting is a “nuisance” rather than a “problem.”
- Infant feeding demands will continue to vary from day to day. By 10 weeks of age, some babies are feeding only four to five times a day (breast or bottle) while others require more frequent feeding times. This is normal. Do not put cereal in a bottle unless instructed to do so by the doctor.
- Do not use a microwave oven to heat breast milk or formula.

- Never put your baby to bed with a bottle propped in his/her mouth.
- Between now and the next checkup, many babies begin to drool. This is quite common and does not indicate early teething. It is due to an increase in saliva production and will gradually improve as the baby learns to swallow better.

SLEEP

- **Always put your baby to sleep on his/her back.** Alternate the end of the crib where you place the baby’s head so he/she is not always sleeping on the same side of his/her head. This will minimize flattening.
- Begin to establish a bedtime routine and other habits to discourage night awakening.
- Daytime sleep patterns vary from baby to baby. Many babies still have that “fussy” period during the late afternoon or early evening. It is OK for moms and dads to give themselves a break from that time by getting assistance from relatives and friends.
- Most babies do not sleep through the night at this age. To help move towards sleeping for longer periods, many babies need encouragement. Put the infant to bed when he/she is drowsy but awake. Avoid rocking or holding your baby until he/she falls asleep. Your baby needs to learn to fall asleep on his/her own. Try to ignore minor squirming and whimpering but do not allow your baby to “cry it out” at this young age.

IMMUNIZATIONS

Influenza vaccine is recommended for household contacts and out-of-home caregivers of infants during the fall or pre-flu season. Minor reactions to immunizations (such as slight fever, redness, knots at the site of the shot) are sometimes seen.

Since immunization schedules vary from doctor to doctor, and new vaccines may have been introduced, it is always best to seek the advice of your child’s health care provider concerning your child’s vaccine schedule.

SAFETY

- Continue to use an infant car seat that is properly secured and rear facing at all times.
- Never leave the baby alone or with a young sibling or pet.
- Do not leave your baby alone in a tub of water or on high places such as changing tables, beds, sofas or chairs.
- Be aware that even babies at this age can surprise themselves (and you) by rolling over unexpectedly.
- Continue to insist that the baby’s environment is free of tobacco.

- Never shake or jiggle the baby's head vigorously.
- Never leave the infant alone in the house or car, even for a minute.
- Do not place strings or necklaces about a baby's neck or use a string to attach a pacifier.
- Never hold your baby while drinking a hot liquid.
- If your home uses gas appliances, install and maintain carbon monoxide detectors.
- Test smoke detectors regularly. Install new batteries with the time changes in the spring and fall.

ELIMINATIONS

- Your baby will have his or her own frequency of bowel movements. It is possible for breast fed babies to begin to have loose stools as infrequently as once a week. As long as stools are soft, this is normal and does not indicate constipation.
- Most babies strain, grunt and fuss when they have bowel movements. This does not mean they are constipated.

WHEN TO CALL THE DOCTOR

- Fever. (temp > or = to 100.4 degrees rectally)
- Not gaining weight.
- Excessive vomiting, especially if it is forceful and goes across the room.
- Uninterested in eating.
- Irritability or lethargy.
- Unusual skin rashes.
- Your baby seems very stiff or very floppy.



AFTER HOURS

Emergencies after 5:00 p.m. should be directed to our answering service by dialing 859-276-2594. A highly trained nurse will return your call and address your problems or concerns. If the situation is warranted, the physician on call will be contacted. Non-emergency questions should wait until the following morning. Please check our website FAQs for answers before calling after-hours: www.paalex.com.

RESOURCES

- **Poison Control 1-800-222-1222**
- **American Academy of Pediatrics: www.aap.org**
- **www.kidsgrowth.com**
- **www.paalex.com**

This information is for educational purposes only and it should be used only as a guide.



PEDIATRIC &
ADOLESCENT
ASSOCIATES, P.S.C.

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 Polio Pneumococcal Disease
 Diphtheria Tetanus & Pertussis Rotavirus Hib

(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
(Interim)
42 U.S.C. § 300aa-26
9/18/2008

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.



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.

ROUTINE CHILDHOOD VACCINES

- **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: **3 or 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: **2 or 3 doses - 2 months, 4 months, 6 months.** Rotavirus is an oral (swallowed) vaccine, not a shot. Two rotavirus vaccines are available. With one type, the 6 month dose is not needed.

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 be irritable or to have mild, temporary diarrhea or vomiting. This happens within the first week after getting a dose of vaccine. Rotavirus vaccine does not appear to cause any serious side effects.

PRECAUTIONS

If your child is sick on the date vaccinations are scheduled, your provider may want to put them off until he or 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**.

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**.

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

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**.

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