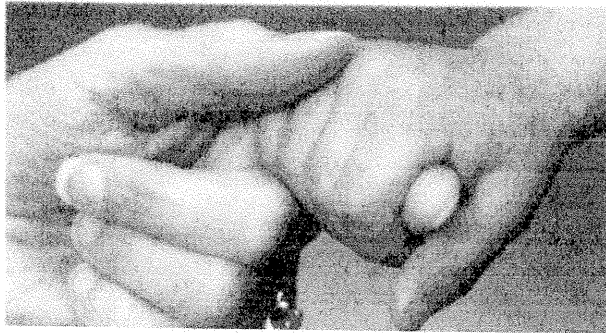


CELEBRATING 30 YEARS



M.D. PEDIATRIC CENTER

OMAR SAWLANI, M.D.  
4400 W. 95<sup>th</sup> STREET  
SUITE 104  
OAK LAWN, IL 60453  
708-425-2880

ANTICIPATORY  
PARENTING  
GUIDE

FOR AGE: 6 Months

# M.D. PEDIATRIC CENTER OMAR SAWLANI, MD

## SCHEDULED PREVENTATIVE CARE

AGE		SCREENING	IMMUNIZATIONS
0-2 Wks			Hep B
1 Mos.	Check-up	Edenburg	
2 Mos.	Check-up		DTaP; IPV; Prevnar; HIB/Hep B
4 Mos.	Check-up	Edenburg	DTaP; IPV; Prevnar; HIB/Hep B
6 Mos.	Check-up	ASQ	DTaP; Prevnar; HIB/Hep B
9 Mos.	Check-up	Denver II; hemoglobin; Lead Screen; Sickie Cell	
12 Mos.	Check-up	ASQ-SE; PPD	Varivax; Prevnar
15 Mos.	Check-up	Denver II	HIB; MMR
18 Mos.	Check-up	ASQ-SE	DTaP; IPV
24 Mos.	Check-up	ASQ-SE	
30 Mos.	Check-up	ELM	
3 Yrs.	Check-up	ASQ	
4 Yrs.	Check-up	Hearing; Vision	DTaP; IPV
5 Yrs.	Check-up	Hgb; UA; Vision	MMR
6-13 Yrs.	Annual Check-up (Around birthday)		
11 Yrs.	Check-up		Meningitis
14 Yrs.	Check-up		Td
15-18 Yrs.	Annual Check-up (Around birthday)		

## Topics In This Guide:

- Anticipatory Guidance
- Night Terrors
- Early Morning Riser
- Stubborn Toddlers
- Discipline Basics
- Spoiled Children, Prevention Of
- DTaP Vaccination Information
- Hep B Vaccination Information
- HIB Vaccination Information
- Prevnar Vaccination Information

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**ANTICIPATORY GUIDE - 6 MONTHS**

**INJURY PREVENTION**

- Check your home for all accident hazards, sharp objects, table edges, medicines and household poisons. The last 2 items should be kept out of your child's reach or in locked cabinets.
- Get down on your hands and knees and see what things your infant can see to get into.
- Avoid using appliances with dangling electric cords.
- The baby may pull down tablecloths, lamps and drawers as he starts to stand.
- Try not to use a walker, which usually hinders the process of learning to walk. They easily tip over when a child bumps into an obstacle such as a small toy or throw rug. Children in walkers are also more likely to fall downstairs.
- Use gates on stairs.
- Insert plastic plugs into electrical outlets.
- Keep plastic wrappers, plastic bags, and balloons out of your child's reach.
- Never leave your baby unattended in a tub of water. Children can drown in 2 inches of water.
- Keep Syrup of Ipecac at home and have Poison Control's number in an easy to find place. If your child swallows something, always call Poison Control first. Never administer Syrup of Ipecac without talking to your doctor or Poison Control.

**NUTRITION**

Don't place your infant in bed with a bottle. Falling asleep with a bottle can cause early tooth decay. Don't use a bottle of juice or milk as a pacifier. Begin to offer a cup of milk or juice at this time.

**SLEEP**

Your infant may resist going to sleep due to separation anxiety. A favorite toy or possession may prove helpful. It is not unusual for children to awaken during the night at this age. See sheet on Prevention of Sleep Problems.

**TEETHING**

Teething usually starts between 3 to 7 months. See attached sheet on Teething.

## DEFINITION

Parents want their children to go to bed without resistance and to sleep through the night. They look forward to a time when they can again have 7 or 8 hours of uninterrupted sleep. Newborns, however, have a limit to how many hours they can sleep (usually 4 or 5 hours). By 2 months of age, some 50% of infants can sleep through the night. By 4 months, most infants have acquired this capacity. It may not develop, however, unless you have a plan. Consider the following guidelines if you want to teach your baby that nighttime is a special time for sleeping, that her crib is where she stays at night, and that she can put herself back to sleep. It is far easier to prevent sleep problems before 6 months of age than it is to treat them later.

## Newborns

1. Place your baby in the crib when he is drowsy but awake. This step is very important. Without it, the other preventive measures will fail. Your baby's last waking memory should be of the crib, not of you or of being fed. He must learn to put himself to sleep without you. Don't expect him to go to sleep as soon as you lay him down. It often takes 20 minutes of restlessness for a baby to go to sleep. If he is crying, rock him and cuddle him; but when he settles down, try to place him in the crib before he falls asleep. Handle naps in the same way. This is how your child will learn to put himself back to sleep after normal awakenings. Don't help your infant when he doesn't need any help.

2. Hold your baby for all fussy crying during the first 3 months. All new babies cry some during the day and night. If your baby cries excessively, the cause is probably colic. Always respond to a crying baby. Gentle rocking and cuddling seem to help the most. Babies can't be spoiled during the first 3 or 4 months of life, but even colicky babies have a few times each day when they are drowsy and not crying. On these occasions, place the baby in his crib and let him learn to self-comfort and self-induce sleep.

3. Carry your baby for at least 3 hours each day when he isn't crying. This practice will reduce fussy crying.

4. Do not let your baby sleep for more than 3 consecutive hours during the day. Attempt to awaken him gently and entertain him. In this way, the time when your infant sleeps the longest will occur during the night. (NOTE: Many newborns can sleep 5 consecutive hours and you can teach your baby to take this longer period of sleep at night.)

5. Keep daytime feeding intervals to at least 2 hours for newborns. More frequent daytime feedings (such as hourly) lead to frequent awakenings for small feedings at night. Crying is the only form of communication newborns have. Crying does not always mean your baby is hungry. He may be tired, bored, lonely, or too hot. Hold your baby at these times or put him to bed. Don't let feeding become a pacifier. For every time you nurse your

baby, there should be four or five times that you snuggle your baby *without* nursing. Don't let him get into the bad habit of eating every time you hold him. That's called "grazing."

6. Make middle-of-the-night feedings brief and boring. You want your baby to think of nighttime as a special time for sleeping. When he awakens at night for feedings, don't turn on the lights, talk to him, or rock him. Feed him quickly and quietly. Provide extra rocking and playtime during the day. This approach will lead to longer periods of sleep at night.

7. Don't awaken your infant to change diapers during the night. The exceptions to this rule are soiled diapers or times when you are treating a bad diaper rash. If you must change your child, use as little light as possible (for example, a flashlight), do it quietly, and don't provide any entertainment.

8. Don't let your baby sleep in your bed. Once your baby is used to sleeping with you, a move to his own bed will be extremely difficult. Although it's not harmful for your child to sleep with you, you probably won't get a restful night's sleep. So why not teach your child to prefer his own bed? For the first 2 or 3 months, you can keep your baby in a crib or box next to your bed.

9. Give the last feeding at your bedtime (10 or 11 PM). Try to keep your baby awake for the 2 hours before this last feeding. Going to bed at the same time every night helps your baby develop good sleeping habits.

## Two-Month-Old Babies

1. Move your baby's crib to a separate room. By 3 months of age, your baby should be sleeping in a separate room. This will help parents who are light sleepers sleep better. Also, your baby may forget that her parents are available if she can't see them when she awakens. If separate rooms are impractical, at least put up a screen or cover the crib railing with a blanket so that your baby cannot see your bed.

2. Try to delay middle-of-the-night feedings. By now, your baby should be down to one feeding during the night. Before preparing a bottle, try holding your baby briefly to see if that will satisfy her. If you must feed her, give 1 or 2 ounces less formula than you would during the day. If you are breast-feeding, nurse for less time at night. As your baby gets close to 4 months of age, try nursing on just one side at night. Never awaken your baby at night for a feeding except at your bedtime.

## Four-Month-Old Babies

1. Try to discontinue the 2:00 AM feeding before it becomes a habit. By 4 months of age, your bottle-fed baby does not need to be fed more than four times per day. Breast-fed babies do not need more than five nursing sessions per day. If you do not eliminate the night feeding at this time, it will become more difficult to stop as your child gets older. Remember to give the last feeding at 10 or 11 AM. If your child cries during the night, comfort him with a back rub and some soothing words instead of

(Continued on the reverse side)

with a feeding. **NOTE:** Some breast-fed babies who are not gaining well may need to have formula or cereal supplements several times during the day to help them go without nighttime nursing.

2. Don't allow your baby to hold his bottle or take it to bed with him. Babies should think that the bottle belongs to the parents. A bottle in bed leads to middle-of-the-night crying because your baby will inevitably reach for the bottle and find it empty or on the floor.

3. Make any middle-of-the-night contacts brief and boring. Comfort your child as little as possible between 10 PM and 6 AM. All children have four or five partial awakenings each night. They need to learn how to go back to sleep on their own. If your baby cries for more than 5 minutes, visit him but don't turn on the light, play with him, or take him out of his crib. Comfort him with a few soothing words and stay for less than 1 minute. This brief contact usually will not be enough to encourage your baby to keep waking you up every night. If your child is standing in the crib, don't try to make him lie down. He can do this himself. If the crying continues, you can check your baby every 15 to 20 minutes, but do not take him out of the crib nor stay in the room until he goes to sleep. (**EXCEPTIONS:** You feel your baby is sick or afraid.)

### Six-Month-Old Children

1. Provide a friendly soft toy for your child to hold in her crib. At the age of 6 months, children start to be anxious about separation from their parents. A stuffed animal, doll, or blanket can be a security object that will give comfort to your child when she wakes up during the night.

2. Leave the door open to your child's room. Children can become frightened when they are in a closed space and are not sure that their parents are still nearby.

3. During the day, respond to separation fears by holding and reassuring your child. This lessens nighttime fears and is especially important for mothers who work outside the home.

4. For middle-of-the-night fears, make contacts prompt and reassuring. For mild nighttime fears, check on your child promptly and be reassuring, but keep the

interaction as brief as possible. If your child panics when you leave or vomits with crying, stay in your child's room until she is either calm or goes to sleep. Do not take her out of the crib but provide whatever else she needs for comfort, keeping the light off and not talking too much. At most, sit next to the crib with your hand on her.

These measures will calm even a severely upset infant.

### One-Year-Old Children

1. Establish a pleasant and predictable bedtime ritual. Bedtime rituals, which can start in the early months, become very important to a child by 1 year of age. Children need a familiar routine. Both parents can be involved at bedtime, taking turns with reading or making up stories. Both parents should kiss and hug the child "good night." Be sure that your child's security objects are nearby. Finish the bedtime ritual before your child falls asleep.

2. Once put to bed, your child should stay there. Some older infants have temper tantrums at bedtime. They may protest about bedtime or even refuse to lie down. You should ignore these protests and leave the room. You can ignore any ongoing questions or demands your child makes and enforce the rule that your child can't leave the bedroom. If your child comes out, return him quickly to the bedroom and avoid any conversation. If you respond to his protests in this way every time, he will learn not to try to prolong bedtime.

3. If your child has nightmares or bedtime fears, reassure him. Never ignore your child's fears or punish him for having fears. Everyone has four or five dreams every night. Some of these are bad dreams. If nightmares become frequent, try to determine what might be causing them, such as something your child might have seen on television.

4. Don't worry about the amount of sleep your child is getting. Different people need different amounts of sleep at different ages. The best way you can know that your child is getting enough sleep is that he is not tired during the day. Naps are important to young children but keep them less than 2 hours long. Children stop taking morning naps between 18 months and 2 years of age and give up their afternoon naps between 3 and 6 years of age.

The first goal of discipline is to protect your child from danger. Another important goal is to teach your child an understanding of right from wrong. Reasonable limit setting keeps us from raising a "spoiled" child. To teach respect for the rights of others, first teach your child to respect your rights. Begin *external* controls by 6 months of age. Children don't start to develop *internal* controls (self-control) until 3 or 4 years of age. They continue to need external controls, in gradually decreasing amounts, through adolescence.

## GUIDELINES FOR SETTING RULES

1. Begin discipline after 6 months of age. Young infants don't need any discipline. By the time they crawl, all children need rules for their safety.
2. Express each misbehavior as a clear and concrete rule. Examples of clear rules are "Don't push your brother" and "Don't interrupt me on the telephone."
3. Also state the acceptable or appropriate behavior. Your child needs to know what is expected of him or her. Examples are "Play with your brother," "Look at books when I'm on the telephone," or "Walk, don't run."
4. Ignore unimportant or irrelevant misbehavior. Avoid constant criticism. Behavior such as swinging the legs, poor table manners, or normal negativism is unimportant during the early years.
5. Use rules that are fair and attainable. A child should not be punished for behavior that is part of normal emotional development, such as thumb sucking, fears of being separated from the parents, and toilet-training accidents.
6. Concentrate on two or three rules initially. Give highest priority to issues of safety, such as not running into the street, and to the prevention of harm to others. Of next importance is behavior that damages property. Then come all the annoying behavior traits that wear you down (such as tantrums or whining).
7. Avoid trying to change "no-win" behavior through punishment. Examples are wetting pants, pulling their own hair, thumb sucking, body rocking, masturbation, not eating enough, not going to sleep, and refusal to complete schoolwork. The first step in resolving such a power struggle is to withdraw from the conflict and stop punishing your child for the misbehavior. Then give your child positive feedback when he or she behaves as you'd like.
8. Apply the rules consistently. After the parents agree on the rules, it may be helpful to write them down and post them.

## DISCIPLINE TECHNIQUES (INCLUDING CONSEQUENCES)

1. Techniques to use for different ages are summarized here. The techniques mentioned here are further described after this list.
- From birth to 6 months: no discipline necessary

- From 6 months to 3 years: structuring the home environment, distracting, ignoring, verbal and non-verbal disapproval, physically moving or escorting, and temporary time-out
- From 3 years to 5 years: the preceding techniques (especially temporary time-out) plus natural consequences, restricting places where the child can misbehave, and logical consequences
- From 5 years to adolescence: the preceding techniques plus delay of a privilege, "I" messages, and negotiation via family conferences
- Adolescence: logical consequences, "I" messages, and family conferences about house rules; time-out and manual guidance can be discontinued

2. Structure the home environment. You can change your child's surroundings so that an object or situation that could cause a problem is eliminated. Examples are gates, locks, and fences.

3. Distracting your child from misbehavior. Distracting a young child from temptation by attracting his or her attention to something else is especially helpful when the child is in someone else's house or a store (for example, distract with toys, food, or games).

4. Ignore the misbehavior. Ignoring helps to stop unacceptable behavior that is harmless—such as tantrums, sulking, whining, quarreling, or interrupting.

5. Use verbal and nonverbal disapproval. Mild disapproval is often all that is required to stop a young child's misbehavior. Get close to your child, get eye contact, look stern, and give a brief "no" or "stop."

6. Physically move or escort ("manual guidance"). "Manual guidance" means that you move a child from one place to another (for example, to bed, bath, car, or time-out chair) against his will and help him as much as needed (for example, carrying).

7. Use temporary time-out or social isolation. Time-out is the most effective discipline technique available to parents. Time-out is used to interrupt unacceptable behavior by removing the child from the scene to a boring place, such as a playpen, corner of a room, chair, or bedroom. Time-outs should last about 1 minute per year of age and not more than 5 minutes.

8. Restrict places where a child can misbehave. This technique is especially helpful for behavior problems that can't be eliminated. Allowing nose picking and masturbation in your child's room prevents an unnecessary power struggle.

9. Use natural consequences. Your child can learn good behavior from the natural laws of the physical world; for example, not dressing properly for the weather means your child will be cold or wet, or breaking a toy means it isn't fun to play with anymore.

10. Use logical consequences. These should be logically related to the misbehavior, making your child accountable for his or her problems and decisions. Many logical consequences are simply the temporary removal of a possession or privilege if your child has misused the object or right.

11. Delay a privilege. Examples of work before play are "After you clean your room, you can go out and play"

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or "When you finish your homework, you can watch television."

12. Use "I" messages. When your child misbehaves, tell your child how you feel. Say, "I am upset when you do such and such." Your child is more likely to listen to this than a message that starts with "you." "You" messages usually trigger a defensive reaction.

13. Negotiate and hold family conferences. As children become older they need more communication and discussion with their parents about problems. A parent can begin such a conversation by saying, "We need to change these things. What are some ways we could handle this? What do you think would be fair?"

14. Temporarily discontinue any physical punishment. Most out-of-control children are already too aggressive. Physical punishment teaches them that it's acceptable to be aggressive (for example, hit or hurt someone else) to solve problems.

15. Discontinue any yelling. Yelling and screaming teach your child to yell back; you are thereby legitimizing shouting matches. Your child will respond better in the long run to a pleasant tone of voice and words of diplomacy.

16. Don't forget to reward acceptable (desired) behaviors. Don't take good behavior for granted. Watch for behavior you like, and then praise your child. At these times, move close to your child, look at him or her, smile, and be affectionate. A parent's attention is the favorite reward of most children.

## GUIDELINES FOR GIVING CONSEQUENCES (PUNISHMENTS)

1. Be unambivalent. Mean what you say and follow through.

2. Correct with love. Talk to your child the way you want people to talk to you. Avoid yelling or using a disrespectful tone of voice. Correct your child in a kind way. Sometimes begin your correction with "I'm sorry I can't let you . . ."

3. Apply the consequence immediately. Delayed punishments are less effective because young children forget why they are being punished. Punishment should occur very soon after the misbehavior and be administered by the adult who witnessed the misdeed.

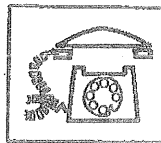
4. Make a one-sentence comment about the rule when you punish your child. Also restate the preferred behavior, but avoid making a long speech.

5. Ignore your child's arguments while you are correcting him or her. This is the child's way of delaying punishment. Have a discussion with your child at a later more pleasant time.

6. Make the punishment brief. Take toys out of circulation for no more than 1 or 2 days. Time-outs should last no longer than 1 minute per year of the child's age and 5 minutes maximum.

7. Follow the consequence with love and trust. Welcome your child back into the family circle and do not comment upon the previous misbehavior or require an apology for it.

8. Direct the punishment against the misbehavior, not the person. Avoid degrading comments such as "You never do anything right."



## CALL OUR OFFICE

During regular hours if

- Your child's misbehavior is dangerous.
- The instances of misbehavior seem too numerous to count.
- Your child is also having behavior problems at school.
- Your child doesn't seem to have many good points.
- Your child seems depressed.
- The parents can't agree on discipline.
- You can't give up physical punishment. (NOTE: Call immediately if you are afraid you might hurt your child.)
- The misbehavior does not improve after 1 month of using this approach.

## RECOMMENDED READING

1. Edward R. Christophersen: *Little People*. Westport Publishers, Kansas City, Mo., 1988.
2. Don Dinkmeyer and Gary D. McKay: *Parenting Young Children*. American Guidance Service, Circle Pines, Minn., 1989.
3. Michael Popkin: *Active Parenting*. Harper and Row Publishers, San Francisco, 1987.
4. Jerry Wyckoff and Barbara C. Unell: *Discipline Without Spanking or Shouting*. Meadowbrook, Deephaven, Minn., 1984.

## DEFINITION

A spoiled child is undisciplined, manipulative, and unpleasant to be with much of the time. He has many of the following behaviors by age 2 or 3:

- Doesn't follow rules or cooperate with suggestions
- Doesn't respond to "no," "stop," or other commands
- Protests everything
- Doesn't know difference between his needs and wants
- Insists on having his own way
- Makes unfair or excessive demands on others
- Doesn't respect other people's rights
- Tries to control other people
- Has a low frustration tolerance
- Frequently whines or throws tantrums
- Constantly complains about being bored

## Causes

The main cause of spoiled children is a lenient, permissive parent who doesn't set limits and gives in to tantrums and whining. If the parent gives the child too much power, he will become more self-centered. Such parents also rescue the child from normal frustrations (such as waiting and sharing). Occasionally, the child of working parents is left with a nanny or baby-sitter who spoils the child by providing constant entertainment and giving in to unrealistic demands.

The reason some parents are overly lenient is that they confuse the child's needs (for example, for demand feeding) with the child's wants or whims (for example, for demand play). They do not want to hurt their child's feelings or to cause any crying. In the process, they may take the short-term solution of doing whatever prevents crying, which in the long run causes more crying. The child's ability to deliberately cry and fuss to get something usually doesn't begin before 5 or 6 months of age. There may be a small epidemic of spoiling in the United States because some working parents come home feeling guilty about not having enough total time for their children and so spend their free time together trying to avoid any friction or limit setting.

Confusion exists about the differences between giving attention to children and spoiling children. In general, attention is good for children. Indeed, it is essential for normal development. Attention can become harmful if it is excessive, given at the wrong time, or always given immediately. Attention from you is excessive if it interferes with your child's learning to do things for himself and deal with life's frustrations. An example of giving attention at the wrong time is when you are busy and your child is demanding attention. Another wrong time is when a child has just misbehaved and needs to be ignored. If attention is always given immediately, your child won't learn to wait.

Holding is a form of attention that some parents unnecessarily worry about. Holding babies is equivalent to loving them. People in many cultures hold their babies much more than we do. Lots of holding by the mother and father does not cause a spoiled infant or child.

## Expected Outcome

Without changes in child rearing, spoiled children run into trouble by school age. Other children do not like them because they are too bossy and selfish. Adults do not like them because they are rude and make excessive demands on them. Eventually they become hard for even the parent to love because of their behaviors. As a reaction to not getting along well with other children and adults, spoiled children eventually become unhappy. Spoiled children may show reduced motivation and perseverance in schoolwork. Because of poor self-control they may become involved with adolescent risk-taking behaviors, such as drug abuse. Overall, spoiling a child prepares that child poorly for life in the real world.

## HOW TO PREVENT A SPOILED CHILD

1. **Provide age-appropriate limits or rules for your child.** Parents have the right and responsibility to take charge and make rules. Adults must keep their child's environment safe. Age-appropriate discipline must begin by the age of crawling. Saying "no" occasionally is good for children. Children need external controls until they develop self-control and self-discipline. Your child will still love you after you say "no." If your children like you all the time, you are not being a good parent.

2. **Require cooperation with your important rules.** It is important that your child be in the habit of responding properly to your directions long before entering school. Important rules include staying in the car seat, not hitting other children, being ready to leave on time in the morning, going to bed, and so forth. These adult decisions are not open to negotiation. Do not give your child a choice when there is none.

Child decisions, however, involve such things as which cereal to eat, book to read, toys to take into the tub, and clothes to wear. Make sure that your child understands the difference between areas in which he has choices (control) and your rules. Try to keep your important rules to no more than 10 or 12 items and be willing to go to the mat about these. Also, be sure that all adult caretakers consistently enforce these rules.

3. **Expect your child to cry.** Distinguish between needs and wants. Needs include crying from pain, hunger, or fear. In these cases, respond immediately. Other crying is harmless. Crying usually relates to your child's wants or whims. Crying is a normal response to change or frustration. When the crying is part of a tantrum, ignore it. Don't punish him for crying, tell him he's a crybaby, or tell him he shouldn't cry. Although not denying your child his feelings, don't be moved by his crying. To compensate for the extra crying your child does during a time when you are tightening up on the rules, provide extra cuddling and enjoyable activities at a time when he is not crying or having a tantrum. There are times when it is necessary to temporarily withhold attention and comforting to help your child learn some-

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thing that is important (such as he can't pull on your earrings).

4. **Do not allow tantrums to work.** Children throw temper tantrums to get your attention, to wear you down, to change your mind, and to get their way. The crying is to change your "no" vote to a "yes" vote. Tantrums may include whining, complaining, crying, breath holding, pounding the floor, shouting, or slamming a door. As long as your child stays in one place and is not too disruptive or in a position to harm himself, you can leave him alone at these times. By all means, don't give in to tantrums.

5. **Don't overlook discipline during quality time.** If you are working parents, you will want to spend part of each evening with your child. This special time spent with your child needs to be enjoyable but also reality based. Don't ease up on the rules. If your child misbehaves, remind him of the existing limits. Even during fun activities, you occasionally need to be the parent.

6. **Don't start democratic child rearing until your child is 4 or 5 years old.** Don't give away your power as a parent. At 2 years of age, be careful not to talk too much with your toddler about the rules. Toddlers don't play by the rules. By 4 or 5 years of age, you can begin to reason with your child about discipline issues, but he still lacks the judgment necessary to make the rules. During the elementary school years, show a willingness to discuss the rules. By 14 to 16 years old, an adolescent can be negotiated with as an adult. At that time you can ask for his input about what rules or consequences would be fair (that is, rules become joint decisions).

The more democratic the parents are during the first 2 or 3 years, the more demanding the children tend to become. Generally, young children do not know what to do with power. Left to their own devices, they usually spoil themselves. If they are testing everything at age 3, it is abnormal. If you have given away your power, take it back (that is, set new limits and enforce them). You don't have to explain the reason for every rule. Sometimes it is just because "I said so."

7. **Teach your child to get himself unbored.** Your job is to provide toys, books, and art supplies. Your child's job is playing with them. Assuming you talk and play with your child several hours each day, you do not need to become your child's constant playmate, nor do you need to constantly provide him with an outside friend. When you're busy, expect your child to amuse himself. Even 1-year-olds can keep themselves occupied for 15-minute blocks of time. By 3 years, most children can entertain themselves half the time. Sending your child outside to "find something to do" is doing him a favor. Much good creative play, thinking, and daydreaming come out of solving boredom. If you can't seem to resign as social director, enroll your child in a preschool.

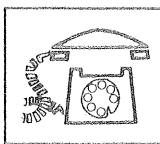
8. **Teach your child to wait.** Waiting helps children better deal with frustration. All jobs in the adult world carry some degree of frustration. Delaying immediate gratification is a trait your child must gradually learn and it takes practice. Don't feel guilty if you have to make your child wait a few minutes now and then (for example, don't allow your child to interrupt your conversations

with others in person or on the telephone). Waiting doesn't hurt him as long as he doesn't become overwhelmed or unglued by waiting. His perseverance and emotional fitness will be enhanced.

9. **Don't rescue your child from normal life challenges.** Changes such as moving and starting school are normal life stressors. These are opportunities for learning and problem solving. Always be available and supportive, but don't help your child if he can handle it for himself. Overall, make your child's life as realistic as he can tolerate for his age, rather than going out of your way to make it as pleasant as possible. His coping skills and self-confidence will benefit from this practice.

10. **Don't overpraise your child.** Children need praise, but it can be overdone. Praise your child for good behavior and following the rules. Encourage him to try new things and work on difficult tasks, but teach him to do things for his own reasons too. Self-confidence and a sense of accomplishment come from doing and completing things that he is proud of. Praising your child while he is in the process of doing something may make him stop at each step and want more praise. Giving your child constant attention can make him "praise dependent" and demanding. Avoid the tendency (so common with the first born) to overpraise your child's normal development.

11. **Teach your child to respect parents' rights and time together.** The needs of your children for love, food, clothing, safety, and security obviously come first. However, your needs should come next. Your children's wants (for example, for play) and whims (for example, for an extra bedtime story) should come after your needs are met and as time is available on that day. This is especially important for working parents where family time is limited. It is both the quality and quantity of time that you spend with your children that are important. Quality time is time that is enjoyable, interactive, and focused on your child. Children need some quality time with their parents every day. Spending every free moment of every evening and weekend with your child is not good for your child or your marriage. You need a balance to preserve your mental health. Scheduled nights out with your mate will not only nurture your marriage but also help you to return to parenting with more to give. Your child needs to learn to trust other adults and that he can survive separations from you. If your child isn't taught to respect your rights, he may not respect the rights of other adults.



## CALL OUR OFFICE

During regular hours if

- You feel your child is becoming spoiled.
- You and your spouse often disagree on discipline.
- Your child doesn't improve after 2 months of tightening up on limit setting.
- You have other questions or concerns.

# CHOOSING BOOKS

## IDEAS FOR PARENTS

### What Book for What Age? Choosing Books for Toddlers

#### Infants 6–12 months like:

- Board books with photos of other babies
- Small chunky board books to touch and taste!
- Books with photos of familiar objects like balls and bottles

#### Toddlers 12–24 months like:

- Sturdy board books that they can carry
- Books with photos of children doing familiar things like sleeping or playing
- Goodnight books for bedtime
- Books about saying good-bye and hello
- Books with only a few words on each page
- Books with simple rhymes or predictable text
- Animal books

#### Preschoolers 2–5 years like:

- Books that tell stories
- Books about kids that look and live like them
- Books about making friends
- Books about going to school or to the doctor
- Books about having brothers or sisters
- Books that have simple texts that they can memorize or read!

*(adapted from Reach Out and Read, 1995)*

## DEFINITION

Teething is the normal process of new teeth working their way through the gums. Your baby's first tooth may appear any time between the ages of 3 months to 1 year old. Most children have completely painless teething. The only symptoms are increased saliva, drooling, and a desire to chew on things. It occasionally causes some mild gum pain, but it doesn't interfere with sleep. The degree of discomfort varies from child to child, but your child won't be miserable. When the back teeth (molars) come through (age 6 to 12 years), the overlying gum may become bruised and swollen. This is harmless and temporary.

Since teeth erupt continuously from 6 months to 2 years of age, many unrelated illnesses are blamed on teething. Fevers are also common during this time because after 6 months infants lose the natural protection provided by their mother's antibodies.

## DEVELOPMENT OF BABY TEETH

Your baby's teeth will usually erupt in the following order:

1. Two lower incisors
2. Four upper incisors
3. Two lower incisors and all four first molars
4. Four canines
5. Four second molars

## HOME CARE

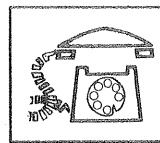
**Gum Massage.** Find the irritated or swollen gum. Vigorously massage it with your finger for 2 minutes. Do this as often as necessary. If you wish, you may use a piece of ice to massage the gum.

**Teething Rings.** Your baby's way of massaging his gums is to chew on a smooth, hard object. Solid teething rings and ones with liquid in the center (as long as it's purified water) are fine. Most children like them cold. A wet washcloth placed in the freezer for 30 minutes will please many infants. He may also like some ice, Popsicle, frozen banana, or a frozen bagel. Avoid hard foods that your baby might choke on (such as raw carrots), but teething biscuits are fine.

**Diet.** Avoid salty or acid foods. Your baby probably will enjoy sucking on a nipple, but if he complains, use a cup for fluids temporarily. A few babies may need acetaminophen for pain relief for a few days.

### Common Mistakes in Treating Teething

- Teething does not cause fever, sleep problems, diarrhea, diaper rash, or lowered resistance to any infection. It probably doesn't cause crying. If your baby develops fever while teething, the fever is due to something else.
- Special teething gels are unnecessary. Since many contain benzocaine, there is a risk that they may cause choking by numbing the throat or may cause a drug reaction.
- Don't tie the teething ring around the neck. It could catch on something and strangle your child. Attach it to clothing with a "catch-it" clip.



## CALL OUR OFFICE

During regular hours if

- You have other questions or concerns.

# DTaP Vaccine

## What You Need to Know

(Diphtheria,  
Tetanus and  
Pertussis)

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)  
Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

**Diphtheria, tetanus, and pertussis are serious diseases caused by bacteria.** Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds.

**DIPHTHERIA** causes a thick covering in the back of the throat.

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

**TETANUS (Lockjaw)** causes painful tightening of the muscles, usually all over the body.

- It can lead to “locking” of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in up to 2 out of 10 cases.

**PERTUSSIS (Whooping Cough)** causes coughing spells so bad that it is hard for infants 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.

**Diphtheria, tetanus, and pertussis vaccine (DTaP) can help prevent these diseases.** Most children who are vaccinated with DTaP will be protected throughout childhood. Many more children would get these diseases if we stopped vaccinating.

DTaP is a safer version of an older vaccine called DTP. DTP is no longer used in the United States.

### 2 Who should get DTaP vaccine and when?

**Children** should get 5 doses of DTaP vaccine, one dose at each of the following ages:

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

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

### 3 Some children should not get DTaP vaccine or should wait

- Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.
- Any child who had a life-threatening allergic reaction after a dose of DTaP should not get another dose.
- Any child who suffered a brain or nervous system disease within 7 days after a dose of DTaP should not get another dose.
- Talk with your doctor if your child:
  - had a seizure or collapsed after a dose of DTaP,
  - cried non-stop for 3 hours or more after a dose of DTaP,
  - had a fever over 105°F after a dose of DTaP.

Ask your doctor for more information. Some of these children should not get another dose of pertussis vaccine, but may get a vaccine without pertussis, called **DT**.

### 4 Older children and adults

DTaP is not licensed for adolescents, adults, or children 7 years of age and older.

But older people still need protection. A vaccine called **Tdap** is similar to DTaP. A single dose of Tdap is recommended for people 11 through 64 years of age. Another vaccine, called **Td**, protects against tetanus and diphtheria, but not pertussis. It is recommended every 10 years. There are separate Vaccine Information Statements for these vaccines.



## 5

**What are the risks from DTaP vaccine?**

Getting diphtheria, tetanus, or pertussis disease is much riskier than getting DTaP vaccine.

However, a vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of DTaP vaccine causing serious harm, or death, is extremely small.

**Mild problems (common)**

- Fever (up to about 1 child in 4)
- Redness or swelling where the shot was given (up to about 1 child in 4)
- Soreness or tenderness where the shot was given (up to about 1 child in 4)

These problems occur more often after the 4th and 5th doses of the DTaP series than after earlier doses. Sometimes the 4th or 5th dose of DTaP vaccine is followed by swelling of the entire arm or leg in which the shot was given, lasting 1–7 days (up to about 1 child in 30).

**Other mild problems include:**

- Fussiness (up to about 1 child in 3)
- Tiredness or poor appetite (up to about 1 child in 10)
- Vomiting (up to about 1 child in 50)

These problems generally occur 1–3 days after the shot.

**Moderate problems (uncommon)**

- Seizure (jerking or staring) (about 1 child out of 14,000)
- Non-stop crying, for 3 hours or more (up to about 1 child out of 1,000)
- High fever, over 105°F (about 1 child out of 16,000)

**Severe problems (very rare)**

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after DTaP vaccine. These include:
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage.

These are so rare it is hard to tell if they are caused by the vaccine.

Controlling fever is especially important for children who have had seizures, for any reason. It is also important if another family member has had seizures. You can reduce fever and pain by giving your child an *aspirin-free* pain reliever when the shot is given, and for the next 24 hours, following the package instructions.

## 6

**What if there is a serious reaction?****What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS is only for reporting reactions. They do not give medical advice.*

## 7

**The National Vaccine Injury Compensation Program**

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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 8

**How can I learn more?**

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

**Vaccine Information Statement  
DTaP Vaccine**

5/17/2007

42 U.S.C. § 300aa-26

Office Use Only



# Hepatitis B Vaccine

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 What is hepatitis B?

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus.

- In 2009, about 38,000 people became infected with hepatitis B.
- Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B.

Hepatitis B can cause:

**Acute (short-term) illness.** This can lead to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness, with symptoms, is more common among adults. Children who become infected usually do not have symptoms.

**Chronic (long-term) infection.** Some people go on to develop chronic hepatitis B infection. Most of them do not have symptoms, but the infection is still very serious, and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are chronically infected can spread hepatitis B virus to others, even if they don't look or feel sick. Up to 1.4 million people in the United States may have chronic hepatitis B infection.

Hepatitis B virus is easily spread through contact with the blood or other body fluids of an infected person. People can also be infected from contact with a contaminated object, where the virus can live for up to 7 days.

- A baby whose mother is infected can be infected at birth;
- Children, adolescents, and adults can become infected by:
  - contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
  - contact with objects that have blood or body fluids on them such as toothbrushes, razors, or monitoring and treatment devices for diabetes;
  - having unprotected sex with an infected person;
  - sharing needles when injecting drugs;
  - being stuck with a used needle.

### 2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis.

Hepatitis B vaccine may be given by itself or in the same shot with other vaccines.

Routine hepatitis B vaccination was recommended for some U.S. adults and children beginning in 1982, and for all children in 1991. Since 1990, new hepatitis B infections among children and adolescents have dropped by more than 95%—and by 75% in other age groups.

Vaccination gives long-term protection from hepatitis B infection, possibly lifelong.

### 3 Who should get hepatitis B vaccine and when?

#### Children and adolescents

- Babies normally get 3 doses of hepatitis B vaccine:

1st Dose:	Birth
2nd Dose:	1-2 months of age
3rd Dose:	6-18 months of age

Some babies might get 4 doses, for example, if a combination vaccine containing hepatitis B is used. (This is a single shot containing several vaccines.) The extra dose is not harmful.

- Anyone through 18 years of age who didn't get the vaccine when they were younger should also be vaccinated.

#### Adults

- All unvaccinated adults at risk for hepatitis B infection should be vaccinated. This includes:
  - sex partners of people infected with hepatitis B,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people under 60 years of age with diabetes,
  - people with jobs that expose them to human blood or other body fluids,



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- household contacts of people infected with hepatitis B,
- residents and staff in institutions for the developmentally disabled,
- kidney dialysis patients,
- people who travel to countries where hepatitis B is common,
- people with HIV infection.
- Other people may be encouraged by their doctor to get hepatitis B vaccine; for example, adults 60 and older with diabetes. Anyone else who wants to be protected from hepatitis B infection may get the vaccine.
- Pregnant women who are at risk for one of the reasons stated above should be vaccinated. Other pregnant women who want protection may be vaccinated.

Adults getting hepatitis B vaccine should get 3 doses—with the second dose given 4 weeks after the first and the third dose 5 months after the second. Your doctor can tell you about other dosing schedules that might be used in certain circumstances.

#### 4 Who should not get hepatitis B vaccine?

- Anyone with a life-threatening allergy to yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your doctor if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.
- Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your doctor can give you more information about these precautions.

Note: You might be asked to wait 28 days before donating blood after getting hepatitis B vaccine. This is because the screening test could mistake vaccine in the bloodstream (which is not infectious) for hepatitis B infection.

#### 5 What are the risks from hepatitis B vaccine?

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The vaccine contains non-infectious material, and cannot cause hepatitis B infection.

Some mild problems have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people in the United States have been vaccinated with hepatitis B vaccine.

#### 6 What if there is a serious reaction?

##### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

##### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS is only for reporting reactions. They do not give medical advice.*

#### 7 The National Vaccine Injury Compensation Program

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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

#### 8 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

### Vaccine Information Statement (Interim) Hepatitis B Vaccine

2/2/2012

42 U.S.C. § 300aa-26

Office Use Only



# Polio Vaccine

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 What is polio?

Polio is a disease caused by a virus. It enters the body through the mouth. Usually it does not cause serious illness. But sometimes it causes paralysis (can't move arm or leg), and it can cause meningitis (irritation of the lining of the brain). It can kill people who get it, usually by paralyzing the muscles that help them breathe.

Polio used to be very common in the United States. It paralyzed and killed thousands of people a year before we had a vaccine.

### 2 Why get vaccinated?

**Inactivated Polio Vaccine (IPV) can prevent polio.**

**History:** A 1916 polio epidemic in the United States killed 6,000 people and paralyzed 27,000 more. In the early 1950's there were more than 25,000 cases of polio reported each year. Polio vaccination was begun in 1955. By 1960 the number of reported cases had dropped to about 3,000, and by 1979 there were only about 10. The success of polio vaccination in the U.S. and other countries has sparked a world-wide effort to eliminate polio.

**Today:** Polio has been eliminated from the United States. But the disease is still common in some parts of the world. It would only take one person infected with polio virus coming from another country to bring the disease back here if we were not protected by vaccine. If the effort to eliminate the disease from the world is successful, some day we won't need polio vaccine. Until then, we need to keep getting our children vaccinated.

### 3 Who should get polio vaccine and when?

IPV is a shot, given in the leg or arm, depending on age. It may be given at the same time as other vaccines.

#### Children

Children get 4 doses of IPV, at these ages:

- A dose at 2 months
- A dose at 4 months
- A dose at 6-18 months
- A booster dose at 4-6 years

Some "combination" vaccines (several different vaccines in the same shot) contain IPV.

Children getting these vaccines may get one more (5th) dose of polio vaccine. This is not a problem.

#### Adults

Most adults 18 and older do not need polio vaccine because they were vaccinated as children. But some adults are at higher risk and should consider polio vaccination:

- people traveling to areas of the world where polio is common,
- laboratory workers who might handle polio virus, and
- health care workers treating patients who could have polio.

Adults in these three groups:

- who have **never been vaccinated against polio** should get 3 doses of IPV:
  - Two doses separated by 1 to 2 months, and
  - A third dose 6 to 12 months after the second.
- who have had **1 or 2 doses** of polio vaccine in the past should get the remaining 1 or 2 doses. It doesn't matter how long it has been since the earlier dose(s).
- who have had **3 or more doses** of polio vaccine in the past may get a booster dose of IPV.

Your doctor can give you more information.



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**4****Some people should not get IPV or should wait.****These people should not get IPV:**

- Anyone with a life-threatening allergy to any component of IPV, including the antibiotics neomycin, streptomycin or polymyxin B, should not get polio vaccine. Tell your doctor if you have any severe allergies.
- Anyone who had a severe allergic reaction to a previous polio shot should not get another one.

**These people should wait:**

- Anyone who is moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting polio vaccine. People with minor illnesses, such as a cold, may be vaccinated.

Ask your doctor for more information.

**5****What are the risks from IPV?**

Some people who get IPV get a sore spot where the shot was given. IPV has not been known to cause serious problems, and most people don't have any problems at all with it.

However, any medicine could cause a serious side effect, such as a severe allergic reaction or even death. The risk of polio vaccine causing serious harm is extremely small.

**6****What if there is a serious reaction?****What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They do not give medical advice.*

**7****The National Vaccine Injury Compensation Program**

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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**.

**8****How can I learn more?**

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at **www.cdc.gov/vaccines**

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**Vaccine Information Statement (Interim)**  
**Polio Vaccine**

11/8/2011

42 U.S.C. § 300aa-26

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## VACCINE INFORMATION STATEMENT

# Hib Vaccine

## What You Need to Know

(*Haemophilus  
Influenzae* Type b)

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 What is Hib disease?

***Haemophilus influenzae* type b (Hib) disease is a serious disease caused by a bacteria.** It usually strikes children under 5 years old.

Your child can get Hib disease by being around other children or adults who may have the bacteria and not know it. The germs spread from person to person. If the germs stay in the child's nose and throat, the child probably will not get sick. But sometimes the germs spread into the lungs or the bloodstream, and then Hib can cause serious problems.

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 brain and spinal cord coverings, which can lead to lasting brain damage and deafness. Hib disease 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

Before Hib vaccine, about 20,000 children in the United States under 5 years old got severe Hib disease each year and nearly 1,000 people died.

#### **Hib vaccine can prevent Hib disease.**

Many more children would get Hib disease if we stopped vaccinating.

### 2 Who should get Hib vaccine and when?

#### **Children should get Hib vaccine at:**

- 2 months of age
- 4 months of age
- 6 months of age\*
- 12-15 months of age

\* Depending on what brand of Hib vaccine is used, your child might not need the dose at 6 months of age. Your doctor will tell you if this dose is needed.

If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

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

#### **Older children and adults**

Children over 5 years old usually do not need Hib vaccine. But some older children or adults with special health conditions should get it. These conditions include sickle cell disease, HIV/AIDS, removal of the spleen, bone marrow transplant, or cancer treatment with drugs. Ask your doctor for details.

### 3 Some people should not get Hib vaccine or should wait

- People who have ever had a life-threatening allergic reaction to a previous dose of Hib vaccine should not get another dose.
- Children less than 6 weeks of age should not get Hib vaccine.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting Hib vaccine.

Ask your doctor for more information.



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**4****What are the risks from Hib vaccine?**

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of Hib vaccine causing serious harm or death is extremely small.

Most people who get Hib vaccine do not have any problems with it.

**Mild problems**

- Redness, warmth, or swelling where the shot was given (up to 1/4 of children)
- Fever over 101°F (up to 1 out of 20 children)

If these problems happen, they usually start within a day of vaccination. They may last 2–3 days.

**5****What if there is a serious reaction?****What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

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Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

**7****How can I learn more?**

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

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**Vaccine Information Statement (Interim)**  
**Hib Vaccine**

12/16/1998

42 U.S.C. § 300aa-26

Office Use Only



## VACCINE INFORMATION STATEMENT

# Pneumococcal Conjugate Vaccine

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

☒ Your doctor recommends that you, or your child, get a dose of PCV13 today.

### 1 Why get vaccinated?

Pneumococcal conjugate vaccine (called PCV13 or Prevnar® 13) is recommended to protect infants and toddlers, and some older children and adults with certain health conditions, from **pneumococcal disease**.

Pneumococcal disease is caused by infection with *Streptococcus pneumoniae* bacteria. These bacteria can spread from person to person through close contact.

Pneumococcal disease can lead to severe health problems, including pneumonia, blood infections, and meningitis.

Meningitis is an infection of the covering of the brain. Pneumococcal meningitis is fairly rare (less than 1 case per 100,000 people each year), but it leads to other health problems, including deafness and brain damage. In children, it is fatal in about 1 case out of 10.

Children younger than two are at higher risk for serious disease than older children.

People with certain medical conditions, people over age 65, and cigarette smokers are also at higher risk.

Before vaccine, pneumococcal infections caused many problems each year in the United States in children younger than 5, including:

- more than 700 cases of meningitis,
- 13,000 blood infections,
- about 5 million ear infections, and
- about 200 deaths.

About 4,000 adults still die each year because of pneumococcal infections.

Pneumococcal infections can be hard to treat because some strains are resistant to antibiotics. This makes **prevention through vaccination** even more important.

### 2 PCV13 vaccine

There are more than 90 types of pneumococcal bacteria. PCV13 protects against 13 of them. These 13 strains cause most severe infections in children and about half of infections in adults.

PCV13 is routinely given to children at 2, 4, 6, and 12–15 months of age. Children in this age range are at greatest risk for serious diseases caused by pneumococcal infection.

PCV13 vaccine may also be recommended for some older children or adults. Your doctor can give you details.

A second type of pneumococcal vaccine, called PPSV23, may also be given to some children and adults, including anyone over age 65. There is a separate Vaccine Information Statement for this vaccine.

### 3 Precautions

Anyone who has ever had a life-threatening allergic reaction to a dose of this vaccine, to an earlier pneumococcal vaccine called PCV7 (or Prevnar), or to any vaccine containing diphtheria toxoid (for example, DTaP), should not get PCV13.

Anyone with a severe allergy to any component of PCV13 should not get the vaccine. Tell your doctor if the person being vaccinated has any severe allergies.

If the person scheduled for vaccination is sick, your doctor might decide to reschedule the shot on another day.

Your doctor can give you more information about any of these precautions.



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**4****What are the risks of PCV13 vaccine?**

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Reported problems associated with PCV13 vary by dose and age, but generally:

- About half of children became drowsy after the shot, had a temporary loss of appetite, or had redness or tenderness where the shot was given.
- About 1 out of 3 had swelling where the shot was given.
- About 1 out of 3 had a mild fever, and about 1 in 20 had a higher fever (over 102.2°F).
- Up to about 8 out of 10 became fussy or irritable.

Adults receiving the vaccine have reported redness, pain, and swelling where the shot was given. Mild fever, fatigue, headache, chills, or muscle pain have also been reported.

Life-threatening allergic reactions from any vaccine are very rare.

**5****What if there is a serious reaction?****What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They do not give medical advice.*

**6****The National Vaccine Injury Compensation Program**

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**Vaccine Information Statement (Interim)**  
**PCV13 Vaccine**

2/27/2013

42 U.S.C. § 300aa-26

Office Use Only



# Rotavirus 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](http://www.immunize.org/vis)

### 1 Why get vaccinated?

Rotavirus is a virus that 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.

Before rotavirus vaccine, rotavirus disease was a common and serious health problem for children in the United States. Almost all children in the U.S. had at least one rotavirus infection before their 5<sup>th</sup> birthday.

#### Every year:

- more than 400,000 young children had to see a doctor for illness caused by rotavirus,
- more than 200,000 had to go to the emergency room,
- 55,000 to 70,000 had to be hospitalized, and
- 20 to 60 died.

Rotavirus vaccine has been used since 2006 in the United States. Because children are protected by the vaccine, hospitalizations, and emergency visits for rotavirus have dropped dramatically.

### 2 Rotavirus vaccine

Two brands of rotavirus vaccine are available. Your baby will get either 2 or 3 doses, depending on which vaccine is used.

Doses of rotavirus vaccine are recommended at these ages:

- First Dose: 2 months of age
- Second Dose: 4 months of age
- Third Dose: 6 months of age (if needed)

Rotavirus vaccine is a liquid that is swallowed, not a shot.

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

Rotavirus vaccine is very good at preventing diarrhea and vomiting caused by rotavirus. Almost all babies who get rotavirus vaccine will be protected from **severe** rotavirus diarrhea. And most of these babies will not get rotavirus diarrhea at all. The vaccine will not prevent diarrhea or vomiting caused by other germs.

Another virus called porcine circovirus (or parts of it) can be found in both rotavirus vaccines. This is not a virus that infects people, and there is no known safety risk. For more information, see [www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm205547.htm](http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm205547.htm).

### 3 Some babies should not get this vaccine

- A baby who has had a severe (life-threatening) allergic reaction to a dose of rotavirus vaccine should not get another dose.

A baby who has a severe (life threatening) allergy to any component of rotavirus vaccine should not get the vaccine.

*Tell your doctor if your baby has any severe allergies that you know of, including a severe allergy to latex.*

- Babies with “severe combined immunodeficiency” (SCID) should not get rotavirus vaccine.
- Babies who have had a type of bowel blockage called “intussusception” should not get rotavirus vaccine.
- Babies who are mildly ill can probably get the vaccine today. Babies who are moderately or severely ill should probably wait until they recover. This includes babies with moderate or severe diarrhea or vomiting.
- Check with your doctor if your baby’s immune system is weakened because of:
  - HIV/AIDS, or any other disease that affects the immune system
  - treatment with drugs such as long-term steroids
  - cancer, or cancer treatment with x-rays or drugs



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## 4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Serious side effects are also possible, but are very rare.

Most babies who get rotavirus vaccine do not have any problems with it. But some problems have been associated with rotavirus vaccine:

### Mild problems

Babies might become irritable, or have mild, temporary diarrhea or vomiting after getting a dose of rotavirus vaccine.

### Serious problems

**Intussusception** is a type of bowel blockage that is treated in a hospital, and could require surgery. It happens “naturally” in some babies 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 1<sup>st</sup> or 2<sup>nd</sup> vaccine dose. This additional risk is estimated to range from about 1 in 20,000 U.S. infants to 1 in 100,000 U.S. infants who get rotavirus vaccine. Your doctor can give you more information.

## 5 What if there is a serious reaction?

### What should I look for?

- 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 1<sup>st</sup> or 2<sup>nd</sup> dose of rotavirus vaccine, but look for them any time after vaccination.

- Look for anything else that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is **intussusception**, call a doctor right away. If you can't reach your doctor, take your baby to a hospital. Tell them when your baby got the vaccine.
- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get your baby to the nearest hospital.
- Afterward, the reaction should be reported to the “Vaccine Adverse Event Reporting System” (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

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## Vaccine Information Statement (Interim) Rotavirus Vaccine

08/26/2013

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# Dosage for Fever Reducers

Weight		ibuprofen/Motrin/Advil	Tylenol
Kilograms	Pounds		
4.5	10	Children's Syrup 100 mg/5 mL	Children's Syrup 160 mg/5 mL
5.5	12	NOT FOR < 6MOS AGE	2ml
6.4	14	NOT FOR < 6MOS AGE	2.5ml
7.3	16	NOT FOR < 6MOS AGE	3.0ml
8.2	18	3.5 ml	3.5ml
9.1	20	4.0 ml	4.0 ml
10.0	22	4.5ml	4.5ml
10.9	24	5.0ml	5 mL
11.8	26	5.5 mL	5 mL
12.7	28	6 mL	5.5 mL
13.6	30	6.5 mL	6 mL
14.5	32	7 mL	6.5 mL
15.5	34	7.5 mL	7 mL
16.4	36	8 mL	7.5 mL
17.3	38	8.5 mL	7.5 mL
18.2	40	9 mL	8 mL
19.1	42	9 mL	8.5 mL
20.0	44	9.5 mL	9 mL
20.9	46	10 mL	9.5 mL
21.8	48	10.5 mL	10 mL
22.7	50	11 mL	10 mL
23.6	52	11.5 mL	10.5 mL
24.5	54	12 mL	11 mL
25.5	56	12.5 mL	11.5 mL
26.4	58	12.5 mL	12 mL
27.3	60	13 mL	12.5 mL
28.2	62	13.5 mL	13 mL
29.1	64	14 mL	13 mL
30.0	66	14.5 mL	13.5 mL
30.9	68	15 mL	14 mL
31.8	70	15.5 mL	14.5 mL
32.7	72	16 mL	15 mL
33.6	74	16.5 mL	15.5 mL
34.5	76	17 mL	16 mL
35.5	78	17.5 mL	16 mL
36.4	80	18 mL	16.5 mL
37.3	82	18.5 mL	17 mL
38.2	84	19 mL	17.5 mL
39.1	86	19.5 mL	18 mL
40.0	88	20 mL	18.5 mL
		20 mL	19 mL