

Nascentia Health

TOMORROW'S HEALTHCARE TODAY

Healthy Babies



Patient Name _____ Clinician Name _____

Things I'd like to discuss with my clinician:

Pediatric Health S.M.A.R.T Goals

Specific **M**easurable **A**ttainable **R**elevant **T**imely

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Infant Behavior

Nasal Congestion

- Your newborn may appear to be stuffy and congested, especially after a feeding. This may happen even though he or she does not have a fever or illness.
- Use a bulb syringe to clear secretions

Sneezing, Hiccuping, and Yawning

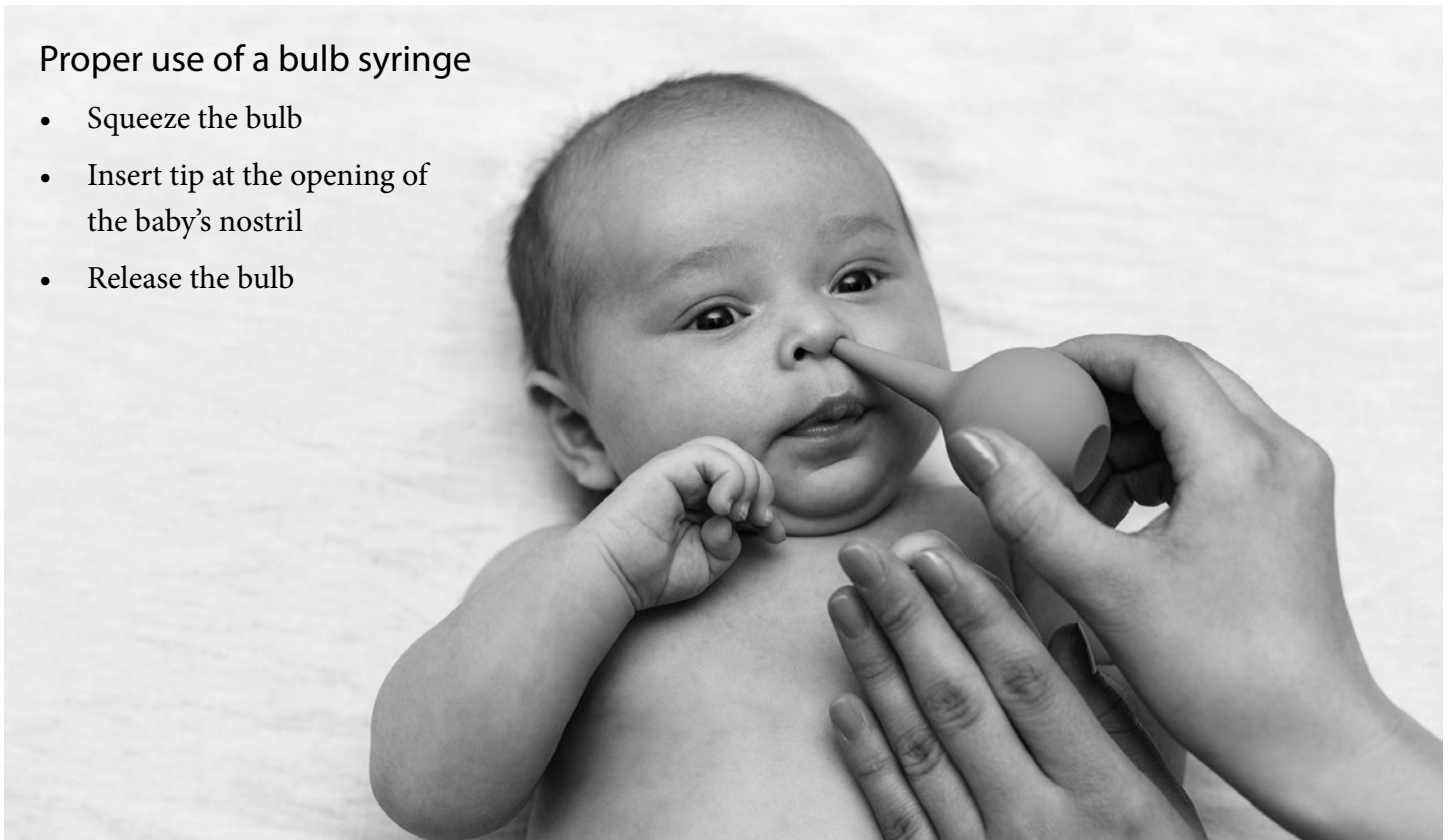
- Sneezing, hiccuping, and yawning are all common during the first weeks
- If hiccups are bothersome, an additional sip of formula or breastmilk may be helpful

Irregular Breathing Pattern

- Your baby may have short pauses between breaths. If your baby is calm and content and has good coloring (pink) then this is normal
- Contact your newborn's caregiver if your newborn has a change in his or her breathing pattern including breathing faster or slower, or having noisy breathing
- Seek immediate medical care if your newborn becomes pale or dusky blue

Proper use of a bulb syringe

- Squeeze the bulb
- Insert tip at the opening of the baby's nostril
- Release the bulb



Newborn Senses



Vision

- Your newborn can see up to 12–14 inches, although their vision is blurry. They are aware of movement, they do not see color at first, but they know light and dark.
- The muscles in the eyes are not fully developed. For this reason, your baby may appear cross eyed at times. This is normal and will go away as those muscles strengthen.

Hearing

- Newborns often recognize their mother and father's voices.

Taste

- Taste buds are still developing.
- Prefer sweet over bitter tastes. Colostrum is sweet.
- Mom's diet can determine taste of breastmilk

Smell

- Babies presumably have a keen sense of smell because the sense of smell is closely related to the taste sense

Touch

- Touch is vital for brain development. You cannot spoil your baby by holding and cuddling him or her.
- Skin to skin contact has many benefits for your baby and makes him or her feel safe and secure.

Infant Communication

Crying

- Your newborn's way of communicating with you is through crying. This may seem a lot at first, but as you get to know your newborn, you will get to know what many of his or her cries mean.
 - Consider causes of crying—the most common reason for crying is hunger. Discomfort (gas, wet or dirty diaper), feeling too warm or too cold, and overstimulation are other possibilities.
 - Your newborn can often be comforted by being wrapped snugly in a blanket, held, and rocked.
- Contact your newborn's caregiver if:
 - Your newborn is frequently fussy or irritable
 - It takes a long time to comfort your newborn
 - There is a change in your newborn's cry, such as a high-pitched or shrill cry
 - Your newborn is crying constantly

If you feel overwhelmed, place your baby in a safe location and take a moment to yourself to calm down. **NEVER SHAKE** or toss your baby! This can cause serious injury to the brain, neck, and spine or can kill your baby.



Bathing



Your baby's first bath is an exciting milestone but handling a tiny slippery-when-wet body in water can be a little nerve-wracking. You should plan for baby's first bath within a week after birth. During the first week, sponge bathe the baby.

Your newborn only needs 2–3 baths each week—too much bathing can dry out your infant's delicate skin. Newborns should only have sponge baths until their umbilical cord dries up and falls off, usually within 2 weeks.

Your baby's bath water should be comfortably warm, never hot, when you dip your wrist or elbow into it for a temperature check.

Establish a routine. Your baby's bath time routine will help set her body clock, especially if you do it in the evening ("Mommy or Daddy is giving me a bath — that means it's almost time for bed"). Reinforce

the sleepy-time message by dimming the lights and keeping the noise and activity down after the bath is over. Of course it's fine if another time of day works better for you and your baby.

Gather your supplies. Have everything on hand since you can never leave your baby in the bath unattended (and it's no fun searching for what you need with a wet, naked infant in tow). Do not leave your newborn unattended in a tub! The essentials include baby soap and shampoo, cotton washcloths, cotton balls, a plush towel or two, and a plastic basin. You may also want a new diaper, a set of clean clothes and diaper ointment or cream for after the bath.

Use plain water and perfume-free products made especially for babies. Clean your newborn's scalp with shampoo every 1–2 days. Gently scrub the scalp all over, using a washcloth or a soft-bristled brush. This

Bathing

gentle scrubbing can prevent the development of thick, dry, scaly skin on the scalp (cradle cap).

When giving baby a sponge bath, keep him or her warm by exposing only the area you are washing and wash the head last since newborns lose heat through their head.

Clean baby's face and body before using the washcloth to clean the diaper area. Wash little girls' genitals from front to back to avoid introducing bacteria to the bladder.

You may choose to use petroleum jelly or barrier creams or ointments on the diaper area to prevent diaper rashes. You may use any perfume-free lotion on your newborn's skin, but powder is not recommended as the newborn could inhale it into his or her lungs.

The importance of baths for babies

The benefits of bath time go way beyond a basic cleanup! Here's why baths are good for babies:

- They boost bonding. Bath time quickly becomes a highlight of the day because it's all about time spent together. Taking care of your baby lets her know you care, so gaze into her eyes, kiss her belly, count those tiny toes, and sing silly songs as you wash. Feeling your gentle touch and hearing your voice will let your little one know how much she's loved.
- There's so much learning in the tub! Tickle your little one's senses by trickling water gently onto her tummy or teach a lesson in cause-and-effect by showing how to kick the water and create a splash. And don't forget a play-by-play as you wash—name her little body parts as you bathe—and she'll be learning a tub-full of words!



- They can be soothing. You probably already know this from your own bathing experience, but nothing's more calming and comforting than a soak in a tub after a long day. Up the relaxation even more by trying your hand at infant massage afterwards. While most little ones love it, if your baby balks (she fusses or turns her head), don't sweat it—just cuddle instead.
- They may induce sleep. There's even more reason to love bathing your baby, especially if you add it to her bedtime routine. The warm water, warm room, and warm feeling of being safe, secure, and loved work magic and will put your baby in the mood to snooze.

Diapering

Infants typically go through eight to 10 diapers a day, adding up to more than 3,500 diaper changes until they are toilet trained.

Before beginning, make sure everything you need is handy. Here is a checklist:

- Change of clothes for your baby (in case of a blowout)
- Changing table or changing pad
- Diapers (cloth or disposable)
- Diaper cream or ointment
- Disposable bag
- Wipes

To change a baby, use a changing table or a changing pad on the floor, bed, or couch. If you are using a changing table, use the safety straps and follow the pad's instructions for anchoring it to the table. Regardless of your baby's age, never leave them unattended on an elevated surface—even for a moment.

in the diaper, you can use the upper half of the diaper to gently sweep it toward the lower half.

- Slide the diaper away. Place it nearby, but out of reach of your baby.
- Wipe your baby clean. When wiping a girl, always go from front to back to prevent infection. Thoroughly cleanse the area with wipes or moistened cotton balls.
- Set aside the trash. Place any used disposable cleaning supplies on top of the soiled diaper.
- Slide a clean diaper under your baby's bottom. Make sure the tabs are on the side located under your child's bottom. Most diapers today have colorful markings or characters indicating the front of the diaper.
- Apply any ointments or creams. Before closing the diaper, use any products your doctor has recommended for rashes. Doing this step after you've placed the new diaper under your baby will help prevent you from having to clean ointments off the changing surface.

How to Change a Diaper

- Wash your hands first. Then gather your supplies. Make sure you have everything you need in arm's reach (but out of your baby's reach), so that you won't have to turn your back while your baby is on the changing table.
- Gently lay your baby on their back on the changing surface. Unfasten the diaper tabs on each side.
- Raise your child's bottom off of the diaper by gently grasping their ankles and lifting. If there is a lot of stool



Diapering

- Close the new diaper. Pull the front between your child's legs and up over their stomach. Then pull the diaper tabs open and around to the front, making sure the diaper is snug but not too tight. If you are not using specially cut newborn diapers, fold the diaper down to avoid irritation of the umbilical stump until it falls off.
- Firmly roll up the soiled diaper and wrap the tabs all the way around it. Place the diaper in a bag, diaper bin, or garbage can.
- Clean the changing surface. Use a disinfectant to prevent contamination the next time you use the changing table. Finally, wash your and your baby's hands.

Additional tips:

- Baby girls may have vaginal discharge. Discharge that is white or blood-stained is normal for about the first two weeks of life. This occurs because of the mother's hormones. Let your doctor know if it persists longer than this, turns yellow, or has an odor—these could be signs of an infection.
- Ideally, your baby's diaper should be changed as soon as it becomes soiled. While urine is actually germ-free and does not usually irritate the skin, stool is very caustic and can quickly result in diaper rash.
- Leaving stool in contact with your baby's skin for any length of time, especially if they are very

young or have sensitive skin, will raise their chances of having a painful rash.

- Follow your doctor's instructions for a healing circumcision or umbilical stump. Remember to complete any steps such as cleaning or rinsing of the site.
- Keep one hand on your baby at all times. This helps your baby stay safe when you're reaching for a clean diaper or other supplies.
- Don't fasten the diaper too tightly. You want to avoid leaks, but a too-tight diaper can cause pressure on your baby's stomach, making them more likely to spit up. Tight diapers can also trap moisture and cause rubbing, both of which can lead to diaper rash.
- If your baby has a diaper rash that doesn't clear up after a few days, or if they seem to be in pain and their skin is red and raw in appearance, call your pediatrician. These symptoms could point to an allergy or other health condition.



Taking Your Child's Temperature

All children get a fever from time to time. A fever itself usually causes no harm and can actually be a good thing—it's often a sign that the body is fighting an infection. But a high fever sometimes is a sign of a problem that needs your doctor's attention.

When does your baby have a fever?

Type of thermometer	Fever
Rectal, forehead, or ear	100.5° F (38.0° C) or higher
Under the arm (armpit)	99° F (37.2° C) or higher

Caution: ear temperatures are not accurate before 6 months of age

Types of thermometers

Digital thermometers give the quickest, most accurate readings, and are the only kind that doctors recommend. Available in a variety of sizes and shapes, they're sold at most supermarkets and drugstores. Digital thermometers are used for:

- Rectal (in the bottom)—most accurate method for children under 3.
- Oral (in the mouth)—best for kids 4–5 years or older who can cooperate.
- Forehead (temporal)—reads the heat waves coming off the temporal artery on the forehead
- Axillary (under the arm)—the least accurate, but good for a first check.

Rectal

1. Wash the end of the thermometer with soap and water and rinse with water.
2. Moisten the tip of the thermometer with a lubricant, such as petroleum jelly.
3. Place your child either belly-down across your

lap or on a firm, flat surface and keep your palm along the lower back OR face-up with legs bent toward the chest with your hand against the back of the thighs.

4. Insert the lubricated thermometer into the anal opening about ½–1 inch (about 1.25–2.5 cm), or until the tip of the thermometer is fully in the rectum. Stop if you feel any resistance.
5. Steady the thermometer between your second and third fingers as you cup your hand against your child's bottom. Soothe your child and speak quietly as you hold the thermometer in place.
6. Wait until you hear the beeps or other signal that the temperature is ready to be read. Write down the number on the screen, noting the time of day that you took the reading.

Forehead (temporal)

1. Review the instructions. Each model works a bit differently. Learn where to place the thermometer and how to record an accurate reading before use.
2. Depending on the thermometer, you aim the thermometer at your just baby's forehead, or the forehead and temple area.
3. Wait for the beep to see the recorded temperature on the screen.

Axillary (under the arm)

1. The thermometer should touch skin only, not clothing.
2. Insert the thermometer in your child's armpit.
3. Fold your child's arm across his chest to hold the thermometer in place.
4. Wait until you hear the beeps or other signal that the temperature is ready to be read.

Umbilical Cord Care

Your newborn's umbilical cord was clamped and cut shortly after he or she was born. The cord clamp can be removed by nursing staff when the cord has dried.

- The remaining cord should fall off and heal within 1–3 weeks.
- The umbilical cord and area around the bottom of the cord do not need specific care, but should be kept clean and dry.
- If the area at the bottom of the umbilical cord becomes dirty, it can be cleaned with plain water and air dried.
- Folding down the front part of the diaper away from the umbilical cord can help the cord dry and fall off more quickly.
- You may notice a foul odor before the umbilical cord falls off. Call your healthcare provider if there is redness or swelling around the umbilical area, drainage from the umbilical area, foul odor, or if your infant shows signs of pain when touching his or her abdomen.



Circumcision Care

Circumcised Boys

After your baby has a circumcision, you will need to keep the area clean. Gently clean with warm water—do not use diaper wipes. Soapy water can be used if needed.

If there is a dressing on the surgery site, put a new one on (with petroleum jelly) every time you change a diaper for the first day or two. Even after the dressing is no longer needed, put a dab of petroleum jelly on the penis or on the front of the diaper for 3 to 5 days. This can help your baby avoid pain from rubbing and sticking to the diaper.

Most of the time it takes between 7 to 10 days for a penis to heal. At first, the tip of the penis may appear slightly swollen and red, and you may notice a small amount of blood on the diaper. You may also notice a slight yellow discharge or crust after a couple of days. This is a normal part of healing.

If you notice any of the following problems, call your doctor right away:

- Bleeding that is not stopping
- More than a quarter-size amount of blood on the diaper
- Redness getting worse or not going away after 7 to 10 days
- Fever
- Other signs of infection, such as swelling or discharge getting worse, or pus-filled blisters
- Not peeing normally within 12 hours after the circumcision

Uncircumcised Boys

All boys are born with a foreskin, a layer of skin that covers the shaft and the glans. Some boys are circumcised, and the skin covering the glans is removed. Other boys are not circumcised, leaving skin that covers the tip of the penis.

In an uncircumcised boy, the foreskin will gradually begin to separate from the glans of the penis. As this occurs you may notice a white, cheesy material called smegma (consisting of skin cells that are shed throughout life) release between the layers of skin. You also may see white “pearls” develop under the fused layers of the foreskin and the glans. These are not signs of an infection or a cyst.

Do not pull back the foreskin. The foreskin is usually attached to the end of the penis, and pulling it back may cause pain, bleeding, or injury.

As long as the foreskin doesn't easily retract, only the outside needs to be cleaned. If the foreskin retracts a little, just clean the exposed area of the glans with water. Don't use soap on this area, as it can irritate the skin. After cleaning, always gently pull the foreskin back over the glans of the penis. Clean the outside of the penis each day with water and mild soap made for babies.

When to call the doctor

If the foreskin becomes red, inflamed, or painful, or if the hole where the urine comes from is narrowing and your child's foreskin “balloons” when he urinates, notify your child's doctor.

Infant Sleep

Your newborn can sleep for up to 16–17 hours each day. All newborns develop different patterns of sleeping, and these patterns change over time. Learn to take advantage of your newborn's sleep cycle to get needed rest for yourself.

Generally, newborns sleep a total of 8 to 9 hours in the daytime and a total of 8 hours at night. But because they have a small stomach, they must wake every few hours to eat. Most babies don't start sleeping through the night (6 to 8 hours) until at least 3 months of age. But this can vary a lot. Some babies don't sleep through the night until closer to 1 year. In most cases, your baby will wake up and be ready to eat at least every 3 hours.

The ABCs of safe sleep

A is for Alone

- Put baby to sleep alone in their own crib or bassinet.
- Always use a firm sleep surface.
- Don't put baby to bed with other children or adults. They can accidentally suffocate a baby by lying too close to the baby's mouth or nose or rolling onto them while asleep.
- Keep all soft items away from baby when sleeping in crib or bassinet. Babies should not sleep with stuffed animals, pillows, or blankets—soft items could accidentally fall over a baby's face and suffocate them.
- A blanket sleeper or sleep sack will keep baby comfortable. Don't use heavy blankets or quilts that may overheat the baby and pose a suffocation risk.
- Dress your newborn as you would dress yourself for the temperature indoors or outdoors. You

may add a thin layer, such as a T-shirt or onesie when dressing your newborn.

B is for on the Infant's Back

- Put babies to sleep on their backs. Babies who sleep on their backs are much less likely to die of infant sleep-related deaths.
- Teach other mothers, grandmothers, and those who care for your baby that “back to sleep” is safest for babies.
- “Back to sleep” will not increase a baby's risk of choking because of the position of the baby's airway.

C is for Crib

- Babies should sleep in a crib, bassinet, or portable crib (pack and play) that meet Consumer Product Safety Commission (CPSP) safety standards.
- Do not let your baby sleep on a boppy pillow, swing, car seat, or any other item that is not intended as a safe sleep surface.
- Cribs or other safety-approved sleep surfaces should include a firm, tight-fitting mattress, and sheet.
- Safety-approved sleep surfaces should be free of blankets, bumpers, pillows, stuffed animals, or other soft items that could pose suffocation risk.
- Always return your baby to their crib after nursing. To make breastfeeding easier, keep a crib or bassinet next to your bed.
- Car seats and other sitting devices are not recommended for routine sleep, as the infant's head may tip forward, decreasing or eliminating the ability to breathe

Infant Sleep



- Never use water beds, couches, or bean bags as a sleeping place for your newborn. These furniture pieces can block your newborn's breathing passages, causing him or her to suffocate

Tips to remember:

- Do not smoke during pregnancy or after your baby is born. Keep your baby away from smokers and places where people smoke. If you are a smoker or you smoked during pregnancy, it is very important that you do not bed share with your baby. Also, keep your car and home smoke-free. Don't smoke anywhere near your baby, even if you are outside.
- Do not use alcohol or illicit drugs during pregnancy or after the baby is born. It is very important not to share your bed with your baby if you have been drinking alcohol or taken any medicines or illicit drugs that can make it harder for you to wake up.
- Breastfed babies have a lower risk of sudden infant death syndrome (SIDS). Breastfeed or feed your baby expressed breast milk. The American Academy of Pediatrics (AAP) recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. Even after you add solid foods to your baby's diet, continue breastfeeding for 12 months or longer, as recommended.
- Schedule and go to all well-child visits. Your baby will receive important immunizations at these doctor visits. Recent evidence suggests that immunizations may have a protective effect against SIDS.
- Never place your baby to sleep on a couch, sofa, or armchair. This is an extremely dangerous place for your baby to sleep.
- It is fine to swaddle your baby. However, make sure that the baby is always on his or her back when swaddled. The swaddle should not be too tight or make it hard for the baby to breathe or move his or her hips. When your baby looks like he or she is trying to roll over, you should stop swaddling.
- Try giving a pacifier at nap time and bedtime. This helps reduce the risk of SIDS, even if it falls out after the baby is asleep. It's OK if your baby doesn't want a pacifier. You can try offering again later, but some babies simply don't like them.

Tummy Time

Tummy time is when you place your baby on his stomach while awake so he can develop his muscles and motor skills. Always make sure someone is watching your baby during tummy time.

Make sure your baby has tummy time while awake every day. Tummy time should be supervised by an adult. This helps with baby's motor development and prevents flat head syndrome. Tummy time also helps to relieve gas, stomach pain, and colic.

Focus on getting baby used to tummy time. Start with a few minutes, a few times a day until it becomes part of baby's daily routine.

Tummy time should begin as soon as your baby comes home from the hospital. Tummy time is essential for infants' core, motor, and sensory development and achievement of milestones.

- Helps improve neck and head control, and strengthens back, shoulder muscles, and core
- Prevents flat spots on baby's head

Make Tummy Time Fun Time!

- Sing songs to baby to calm and soothe
- Play peek-a-boo using a blanket or your hands
- Use rattles or other toys that make noise to encourage visual tracking
- Use a mirror—babies love faces
- Practice tummy time at baby's happiest time

Don't get discouraged. Every bit of tummy time makes a difference.



Tummy Time from birth to 3 months:

Lap Soothe—Lie baby face down across your lap when holding or burping. Place a hand on baby's bottom to help calm them.

Eye-Level Smile—Encourage eye contact by getting down at baby's level. A blanket can be rolled up and placed under baby's chest for support.

Tummy to Tummy—Place baby on your chest or tummy so that baby is face to face with you. Lay down flat or propped up on pillows. Always hold the baby firmly for safety.

Tummy Down Carry—Slide one hand between baby's legs and stomach. Use the other hand to support baby's head and neck. Nestle baby close to you for comfort and support.

Immunizations

The Centers for Disease Control and Prevention (CDC) recommends all children receive vaccines according to the recommended immunization schedule to protect them from 14 diseases by age two.

Immunity is the body's way of preventing disease. When your baby is born, his/her immune system is not fully developed, which can put him/her at greater risk for infections. Vaccines reduce your child's risk of infection by working with his/her body's natural defenses to help safely develop immunity to disease.

Your child is exposed to thousands of germs every day in his environment. This happens through the food he eats, air he breathes, and things he puts in his mouth.

Babies are born with immune systems that can fight most germs, but there are some deadly diseases they can't handle. That's why they need vaccines to strengthen their immune system.

Vaccines use very small amounts of antigens to help your child's immune system recognize and learn to fight serious diseases. Antigens are parts of germs that cause the body's immune system to go to work.

Making sure vaccines are safe is a priority for CDC. CDC and the Food and Drug Administration (FDA) take many steps to make sure vaccines are very safe both before and after the public begins using the vaccine.



Immunization Reactions

Treatment for Common Immunization Reactions

1. What you should know about common shot reactions:
 - Immunizations (vaccines) protect your child against serious diseases.
 - Pain, redness, and swelling are normal where the shot was given. Most symptoms start within the first 12 hours after the shot was given. Redness and fever starting on day 1 or 2 of the shot is always normal.
 - All of these reactions mean the vaccine is working.
 - Your child's body is making new antibodies to protect against the real disease.
 - Most of these symptoms will only last 2 or 3 days.
 - There is no need to see your doctor for normal reactions, such as redness or fever.

Immunizations

2. Treatment for Vaccine Site Reaction

- Some pain, swelling and skin redness at the injection site is normal. It means the vaccine is working.
- Massage: gently massage the injection site 3 or more times a day.
- Heat: for pain or redness, apply a heating pad or a warm wet washcloth to the area for 10 minutes. Repeat as needed. Reason: will increase blood flow to the area. May apply cold if you prefer but avoid ice.
- No Pain Medicine: try not to give any pain medicines. Pain medicines may reduce the body's normal immune response. Use local heat instead. Pain rarely becomes bad. If needed, use acetaminophen.
- Hives at the Shot Site: if itchy, can put on 1% hydrocortisone cream (such as Cortaid). No prescription is needed. Use twice daily as needed.

3. Treatment for Fever with Vaccines

- Fever with vaccines is normal, harmless, and probably helpful because fever speeds up your body's immune system.
- Fever with most vaccines begins within 12 hours and lasts 1 to 2 days.
- For low grade fevers of 100–102° F (37.8–39° C), do not give fever medicines because they may reduce your body's normal immune response.

- For fevers above 102° F (39° C), medicine may be given for discomfort. If needed, use acetaminophen. Call your doctor any time your baby's temperature is 100.5° F or higher.
- Fluids. Encourage cool fluids in unlimited amounts to prevent dehydration. Fluids can also lower high fevers. For infants age younger than 6 months, only give formula or breastmilk.
- Clothing. Dress in normal clothing. For shivering or the chills, use a blanket until it stops.

4. General Symptoms from Vaccines:

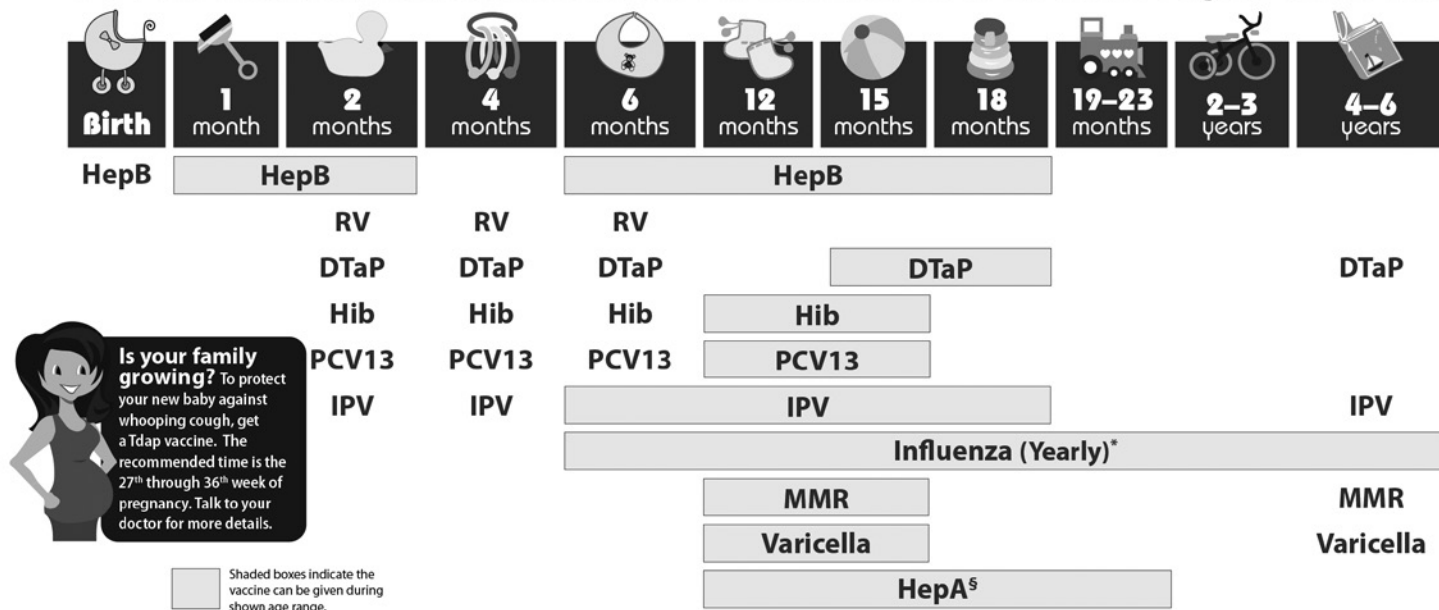
- All vaccines can cause mild fussiness, crying and restless sleep. This is usually due to a sore shot site.
- Some children sleep more than usual. A decreased appetite and activity level are also common.
- These symptoms are normal. They do not need any treatment.
- They will usually go away in 24–48 hours.

5. Call Your Doctor If:

- Redness becomes larger than 2 inches (5 cm)
- Redness becomes more painful after 3 days
- Fever starts after 2 days (or lasts more than 3 days)
- Redness or pain lasts more than 7 days
- You think your child needs to be seen
- Your child becomes worse

Immunizations

2022 Recommended Immunizations for Children from Birth Through 6 Years Old



COVID-19 VACCINATION IS RECOMMENDED FOR AGES 5 YEARS AND OLDER.

NOTE:

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

⁵ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



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



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Immunizations

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

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Car Seat Safety

Secure your newborn in a rear-facing car seat. The car seat should be strapped into the middle of your vehicle's rear seat. A rear-facing car seat should be used until the age of 2 years or until reaching the upper weight and height limit of the car seat.

Harness slots should be at or below the baby's shoulders. Harness clip should be at armpit level and harness should be snug.

Avoid bulky clothing under the harness. If needed, tuck a blanket over baby's lap and abdomen once secured.



Where does the chest clip go?

Chest clip is buckled and at armpit level.

Don't put a blanket near baby's face or over his or her hands as he or she may cause it to be pulled up over the mouth or face.

Follow car seat manufacturer instructions on proper installation in the vehicle to keep the seat and baby sitting at an appropriate angle to keep baby's head from tipping forward.

Refrain from letting your baby sleep in the car seat out of the vehicle, as baby's head can tip forward and restrict the airway.

16. Word Search

B	I	Z	U	M	B	I	L	I	C	A	L	C	O	R	D	D	E
E	W	Y	K	E	T	A	X	I	L	L	A	R	Y	A	A	P	R
H	D	A	C	O	M	M	U	N	I	C	A	T	I	O	N	L	E
A	N	W	F	Y	N	A	S	C	E	N	T	I	A	R	Z	O	C
V	S	N	T	U	N	C	I	R	C	U	M	C	I	S	E	D	T
I	A	I	V	F	I	S	L	E	E	P	C	R	Y	I	N	G	A
O	F	N	B	Z	B	A	T	H	T	I	M	E	V	U	V	K	L
R	E	G	D	I	A	P	E	R	S	O	K	Z	M	I	E	Z	H
U	T	C	T	U	M	M	Y	T	I	M	E	L	R	T	L	Z	V
E	Y	S	I	O	Y	S	N	E	E	Z	I	N	G	P	A	J	E
H	D	V	M	W	I	M	M	U	N	I	Z	A	T	I	O	N	K
C	I	R	C	U	M	C	I	S	I	O	N	W	T	V	C	M	C

NASCENTIA

CRYING

SNEEZING

AXILLARY

DIAPERS

TUMMY TIME

BATH TIME

IMMUNIZATION

UMBILICAL CORD

BEHAVIOR

RECTAL

UNCIRCUMCISED

CIRCUMCISION

SAFETY

YAWNING

COMMUNICATION

SLEEP

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