

BRIGHT FUTURES HANDOUT ► PARENT

4 MONTH VISIT

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

✓ HOW YOUR FAMILY IS DOING

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

✓ FEEDING YOUR BABY

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

If Breastfeeding

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

If Formula Feeding

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

✓ YOUR CHANGING BABY

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

✓ HEALTHY TEETH

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

Helpful Resources:

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

4 MONTH VISIT—PARENT



SAFETY

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

WHAT TO EXPECT AT YOUR BABY'S 6 MONTH VISIT

We will talk about

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

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

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

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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

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BIRTH TO 6 MONTHS

Safety for Your Child

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

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

Car Injuries

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

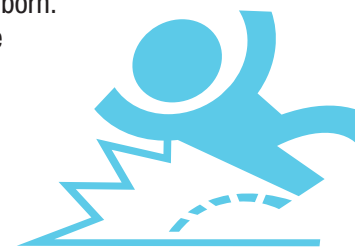


Make certain that your baby's car safety seat is installed correctly. Read and follow the instructions that come with the car safety seat and the sections in the owners' manual of your car on using car safety seats correctly. Use the car safety seat EVERY time your child is in the car.

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

Falls

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



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

Do not use a baby walker. Your baby may tip the walker over, fall out of it, or fall down stairs and seriously injure his head. Baby walkers let children get to places where they can pull heavy objects or hot food on themselves.

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

(over)



Burns

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

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

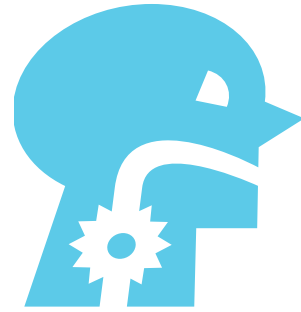
To protect your baby from house fires, be sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.

Choking and Suffocation

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

To prevent possible suffocation and reduce the risk of sudden infant death syndrome (SIDS), **your baby should always sleep on his or her back. NEVER put your baby on a water bed, bean bag, or anything that is soft enough to cover the face and block air to the nose and mouth.**

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



From Your Doctor

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Dosing On Call

Dosing for infants from your healthcare professional

DOSE: Every 4 hours as needed. **DO NOT GIVE MORE THAN 5 DOSES IN 24 HOURS.**
If possible, use weight to dose; otherwise, use age.

mL = milliliter

Infants' TYLENOL® Oral Suspension
Active ingredient: Acetaminophen 160 mg (in each 5 mL)

Available in: Grape Cherry
 Dye-free Cherry

	6-11 lbs	12-17 lbs	18-23 lbs	24-35 lbs
WEIGHT				
AGE	0-3 months	4-11 months	12-23 months	2-3 years
DOSE	1.25 mL	2.5 mL	3.75 mL	5 mL


Use only as directed



Raising A Reader

Tender Care Pediatrics

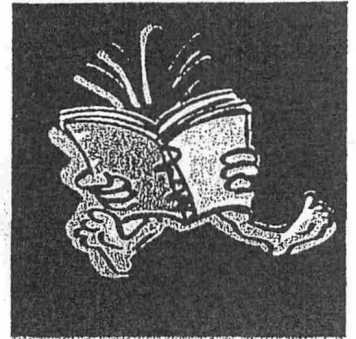
4 months

609-641-0200

Patty-Cake Patty-Cake

You can begin brushing baby's gums with a soft brush and water even before teeth come out.

Your baby may enjoy the singsong rhythm and rhyming words of nursery rhymes. They're easy to remember, so you can chant them during your daily routines. ("Rub a dub dub, three men in a tub.") Do finger plays, games and action songs such as patty-cake and "This Little Piggy Went to Market," frequently repeating your baby's favorites.



While babies see color from birth, they have difficulty seeing differences in similar colors like red and orange. By 4 months, color differences become clearer. Brightly colored board books may be preferred over black and white now. But colors don't have to be shown only in books. Your little artist may enjoy bright paintings, toys, posters and mobiles.

Book Ideas

Very Hungry
Caterpillar-
Eric Carle
Elmo's World:
Babies-
CTW Books
Soft Shapes:
Colors-
Innovative Kids
Love You Forever
Robert Munch



Getting to Know You

By 4 months, your baby may respond to seeing you or hearing your voice by kicking and waving his arms. Now your baby who up till now smiled at everybody is getting picky about strangers. You may find the baby fussy in large groups. Allow time for the baby to get comfortable when around strangers or when leaving him with a babysitter. He will feel most comfortable when in your arms around unfamiliar people.

Did you see that?

Talk to your baby as you do simple everyday things together- feeding, bathing, riding in the car or bus, chores and errands. Research shows that children whose parents spoke to them alot as babies have much higher IQs and better vocabularies. There are many opportunities to point out what is out there in her world- while driving the car, in the grocery store, and even while cooking in the kitchen. Don't worry about words of wisdom. Just describe what you are doing: "Mommy is stirring the soup now." Try to avoid baby talk. It's okay once in a while, but your baby can only develop good language if you speak to her properly.

Time for solid food?



Parents are often eager to start babies on solid foods. But there are good reasons to wait. Starting solids later (closer to 6 months) is recommended if there is a family member with food allergies. It also makes sure that the baby gets plenty of milk which has the balance of everything the baby needs. And if you're hoping the baby will sleep through the night, studies have shown you can't count on that helping. Luckily, most 4 month olds are naturally spacing their feedings.

Your baby has a bigger tummy now, so she won't need to refuel as often. She may have doubled her birth weight by now, and is still gaining, despite eating less often. However, she may be more easily distracted and feedings may be frustrating as she stops to watch her siblings or responds to a noise outside. Try to minimize distractions and if needed feed her in a quiet, dark room.

Over Baby

When on his belly, your baby will lift his head and shoulders up, using his arms for support. This mini push-up helps make his muscles stronger and get a better view of what's around him. He may even amaze you by rolling over. You can encourage this by giving him plenty of time to play on the floor. Wiggle a toy next to the side he usually rolls toward. Clap your hands and smile at his efforts since his new actions may scare him. Of course, you'll also need to keep a hand on him during diaper changes. Never leave him unattended on the bed or any other raised surface.

Into The Mouth It Goes

Your baby is now able to reach out and grab things, even though she may miss the first time. Once she has it, she will look at it and then try to put it into her mouth. This is the way babies explore their world. Be sure that whatever you give them is too big to fit into their way in. Good choices for reading or vinyl or sturdy board books. Rattles and teething toys are always easy to clean. You may notice more drooling now. Some babies start teething as early as four months, but the first tooth usually doesn't come until at least 5-6 months. There are some tips for whenever your baby starts teething. Wipe the drool from your baby's face often to prevent a rash. Put a clean cloth under the baby while sleeping so you don't have to clean the whole sheet. Give your baby something to chew on. A wet washcloth put in a freezer for 30 minutes makes a handy teething ring, just wash it between uses. A cold spoon also works. Avoid teething rings with liquid inside as they may break. You can rub your baby's gums with a clean finger. Always consult the doctor before giving any medicines.

Home Safety Checklist

Use this checklist to help ensure that your home is safer for your child. A “full-house survey” is recommended at least every 6 months. Every home is different, and no checklist is complete and appropriate for every child and every household.

Your Child's Bedroom

- Is there a safety belt on the changing table to prevent falls?
- Is the baby powder out of baby's reach during diaper changing? Inhaled powder can injure a baby's lungs. Use cornstarch rather than talcum powder.
- Are changing supplies within your reach when baby is being changed?
- Never leave a child unattended on a changing table, even for a moment.
- Is there a carpet or a nonskid rug beneath the crib and changing table?
- Are drapery and blind cords out of the baby's reach from the crib and changing table? They can strangle children if they are left loose.
- Have bumper pads, toys, pillows, and stuffed animals been removed from the crib by the time the baby can pull up to stand? If large enough, these items can be used as a step for climbing out.
- Have all crib gyms, hanging toys, and decorations been removed from the crib by the time your baby can get up on his hands and knees? Children can get tangled in them and become strangled.
- Make sure the crib has no elevated corner posts or decorative cutouts in the end panels. Loose clothing can become snagged on these and strangle your baby.
- Does the mattress in the crib fit snugly, without any gaps, so your child cannot slip in between the crack and the crib side?
- The slots on the crib should be no more than 2 $\frac{3}{8}$ inches apart. Widely spaced slots can trap an infant's head.
- Are all screws, bolts, and hardware, including mattress supports, in place to prevent the crib from collapsing?
- Make sure there are no plastic bags or other plastic material in or around the crib that might cause suffocation.
- Check the crib for small parts and pieces that your child could choke on.
- Make sure the night-light is not near or touching drapes or a bedspread where it could start a fire. Buy only “cool” night-lights that do not get hot.
- Is there a smoke detector in or near your child's bedroom?
- Make sure that window guards are securely in place to prevent a child from falling out the window. Never place a crib, playpen, or other children's furniture near a window.
- Are there plug protectors in the unused electrical outlets? These keep children from sticking their fingers or other objects into the holes.
- Make sure a toy box does not have a heavy, hinged lid that can trap your child. (It is safer with no lid at all.)
- To keep the air moist, use a cool mist humidifier (not a vaporizer) to avoid burns. Clean it frequently and empty it when not in use to avoid bacteria and mold from growing in the still water.
- To reduce the risk of SIDS (Sudden Infant Death Syndrome), put your baby to sleep on her back in a crib with a firm, flat mattress and no soft bedding underneath her.

Your Bedroom

- Do not keep a firearm anywhere in the house. If you must, lock up the gun and the bullets separately.
- Check that there are no prescription drugs, toiletries, or other poisonous substances accessible to young children.
- If your child has access to your bedroom, make sure drapery or blind cords are well out of reach. Children can get tangled in them and become strangled.
- Is there a working smoke detector in the hallway outside of the bedroom?

The Bathroom

- Is there a nonskid bath mat on the floor to prevent falls?
- Is there a nonskid mat or no-slip strips in the bathtub to prevent falls?
- Are the electrical outlets protected with Ground Fault Circuit Interrupters to decrease the risk of electrical injury?
- Are medications and cosmetics stored in a locked cabinet well out of your child's reach?
- Are hair dryers, curling irons, and other electrical appliances unplugged and stored well out of reach? They can cause burns or electrical injuries.
- Are there child-resistant safety latches on all cabinets containing potentially harmful substances (cosmetics, medications, mouthwash, cleaning supplies)?
- Are there child-resistant caps on all medications, and are all medications stored in their original containers?
- Is the temperature of your hot water heater 120°F or lower to prevent scalding?
- Do you need a doorknob cover to prevent your child from going into the bathroom when you are not there? Teach adults and older children to put the toilet seat cover down and to close the bathroom door when done—to prevent drowning.
- Remember, supervision of young children is essential in the bathroom, especially when they are in the tub—to prevent drowning.

The Kitchen

- Make sure that vitamins or other medications are kept out of your child's reach. Use child-resistant caps.
- Keep sharp knives or other sharp utensils well out of the child's reach (using safety latches or high cabinets).
- See that chairs and step stools are away from counters and the stove, where a child could climb up and get hurt.
- Use the back burners and make sure pot handles on the stove are pointing inward so your child cannot reach up and grab them.
- Make sure automatic dishwasher detergent and other toxic cleaning supplies are stored in their original containers, out of a child's reach, in cabinets with child safety latches.

- Keep the toaster out of your child's reach to prevent burns or electrical injuries.
- Keep electrical appliances unplugged from the wall when not in use, and use plug protectors for wall outlets.
- Are appliance cords tucked away so that they cannot be pulled on?
- Make sure that your child's high chair is sturdy and has a seat belt with a crotch strap.
- Is there a working fire extinguisher in the kitchen? Do all adults and older children know how to use it?

The Family Room

- Are edges and corners of tables padded to prevent injuries?
- Are houseplants out of your child's reach? Certain houseplants may be poisonous.
- Are televisions and other heavy items (such as lamps) secure so that they cannot tip over?
- Are there any unnecessary or frayed extension cords? Cords should run behind furniture and not hang down for children to pull on them.
- Is there a barrier around the fireplace or other heat source?
- Are the cords from drapes or blinds kept out of your child's reach to prevent strangulation?
- Are plug protectors in unused electrical outlets?
- Are matches and lighters out of reach?

Miscellaneous Items

- Are stairs carpeted and protected with non-accordion gates?
- Are the rooms in your house free from small parts, plastic bags, small toys, and balloons that could pose a choking hazard?
- Do you have a plan of escape from your home in the event of a fire? Have you reviewed and practiced the plan with your family?
- Does the door to the basement have a self-latching lock to prevent your child from falling down the stairs?
- Do not place your child in a baby walker with wheels. They are very dangerous, especially near stairs.
- Are dangerous products stored out of reach (in cabinets with safety latches or locks or on high shelves) and in their original containers in the utility room, basement, and garage?
- If your child has a playpen, does it have small-mesh sides (less than 3/4 inch mesh) or closely spaced vertical slats (less than 2 1/2 inches)?
- Are the numbers of the Poison Control Center and your pediatrician posted on all phones?
- Do your children know how to call 911 in an emergency?
- Inspect your child's toys for sharp or detachable parts. Repair or throw away broken toys.

The Playground

- Are the swing seats made of something soft, not wood or metal?
- Is the surface under playground equipment energy absorbent, such as rubber, sand, sawdust (12 inches deep), wood chips, or bark? Is it well maintained?
- Is your home playground equipment put together correctly and does it sit on a level surface, anchored firmly to the ground?
- Do you check playground equipment for hot metal surfaces such as those on slides, which can cause burns? Does your slide face away from the sun?
- Are all screws and bolts on your playground equipment capped? Do you check for loose nuts and bolts periodically? Be sure there are no projecting bolts, nails, or s-links.
- Do you watch your children when they are using playground equipment—to prevent shoving, pushing, or fighting?
- Never let a child play on playground equipment with dangling drawstrings on a jacket or shirt.

The Pool

- Never leave your child alone in or near the pool, even for a moment.
- Do you have a 4-foot fence around all sides of the pool that cannot be climbed by children and that separates the pool from the house?
- Do fence gates self-close and self-latch, with latches higher than your child's reach?
- Does your pool cover completely cover the pool so that your child cannot slip under it?
- Do you keep rescue equipment (such as a shepherd's hook or life preserver) and a telephone by the pool?
- Does everyone who watches your child around a pool know basic lifesaving techniques and CPR?
- Does your child know the rules of water and diving safety?

The Yard

- Do you use a power mower with a control that stops the mower if the handle is let go?
- Never let a child younger than 12 years of age mow the lawn. Make sure your older child wears sturdy shoes (not sandals or sneakers) while mowing the lawn and that objects such as stones and toys are picked up from the lawn before it is mowed.
- Do not allow young children in the yard while you are mowing.
- Teach your child to never pick and eat anything from a plant.
- Be sure you know what is growing in your yard so, if your child accidentally ingests a plant, you can give the proper information to your local Poison Control Center.

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Prevent Shaken Baby Syndrome



Taking care of a baby can be a most rewarding and exciting experience. However, it also can be frustrating when the baby gets fussy, especially when an end to the crying seems to be nowhere in sight. Too often, parents or other caregivers lose control and shake, jerk, or jolt a baby in an effort to stop the crying.

Most people know the dangers of hitting an infant or child. But did you know that shaking your baby also is very dangerous? Your pediatrician and the American Academy of Pediatrics want you to be aware of the dangers of shaking a baby. If you ever have felt frustrated when taking care of a fussy baby, read on to find out why shaking a baby can be deadly.

What is shaken baby syndrome?

Shaken baby syndrome is a serious type of head injury that happens when an infant or toddler is severely or violently shaken. Babies are not able to fully support their heavy heads. As a result, violent and forceful shaking causes a baby's brain to be injured. Too often, this leads to the death of a baby. It also can lead to

- Bleeding around the brain
- Blindness
- Hearing loss
- Speech or learning disabilities
- Chronic seizure disorder
- Brain damage
- Mental retardation
- Cerebral palsy

Shaken baby syndrome usually occurs when a parent or other caregiver shakes a baby out of anger or frustration, often because the baby will not stop crying. Shaken baby syndrome is a serious form of child abuse. Remember, it is *never* okay to shake a baby.

What are the signs and symptoms of shaken baby syndrome?

When a baby is violently shaken, brain cells are destroyed and the brain cannot get enough oxygen. As a result, a victim of shaken baby syndrome may show one or all of the following signs and symptoms:

- Irritability
- Lethargy (difficulty staying awake)
- Difficulty breathing
- Tremors (shakiness)
- Vomiting
- Seizures
- Coma
- Death

Spread the word!

Parents, if other people help take care of your baby, make sure they know about the dangers of shaken baby syndrome. This includes child care providers, older siblings, grandparents, and neighbors — *anyone* who cares for your baby. Make sure they know it is *never* okay to shake a baby.

What do I do if my baby is shaken?

If you think your baby might have been injured from violent shaking, the most important step is to get medical care right away. Call your pediatrician or take your baby to the nearest emergency department. If your baby's brain is damaged or bleeding inside from severe shaking, it will only get worse without treatment. Getting medical care right away may save your baby's life and prevent serious health problems from developing.

Be sure to tell your pediatrician or the doctor in the emergency room if your baby was shaken. Do not let embarrassment, guilt, or fear get in the way of your baby's health or life. Without the correct information, your pediatrician or the doctor may assume your baby has an illness. Mild symptoms of shaken baby syndrome are very similar to colic, feeding problems, and fussiness. Your baby may not get the right treatment if the doctor does not have all the facts.

When babies cry

It is not always easy to figure out why babies cry. They may be hungry or overtired. They may be cold or need their diapers changed. Sometimes it seems like they cry for no reason. The following are a few ideas to try when your baby does not stop crying:

- Check to see if your baby's diaper needs changing.
- Wrap your baby in a warm, soft blanket.
- Feed your baby slowly, stopping to burp often.
- Offer your baby a pacifier.
- Hold your baby against bare skin, like on your chest, or cheek-to-cheek.
- Rock your baby using slow, rhythmic movements.
- Sing to your baby or play soft, soothing music.
- Take your baby for a walk in a stroller.
- Go for a ride with your baby in the car (remember to always use a car seat).

If you have tried all of these and your baby continues to cry, go back and try them again. Most babies get tired after crying for a long time and eventually will fall asleep.

When your baby cries, take a break – don't shake!

If you have tried to calm your crying baby but nothing seems to work, it is important to stay in control of your temper. Remember, it is never okay to shake, throw, or hit your baby — and it never solves the problem! If you feel like you are getting angry and might lose control, try the following:

- Take a deep breath and count to 10.
- Place your baby in a safe place, leave the room, and let your baby cry alone.
- Call someone close to you for emotional support.
- Call your pediatrician. There may be a medical reason why your baby is crying.

Be patient. Colicky and fussy babies eventually grow out of their crying phase. Keeping your baby safe is the most important thing you can do. Even if you feel frustrated, stay in control and never shake your baby.

The American Academy of Pediatrics expresses its appreciation to all those who contributed to this brochure, including John Stirling, Jr, MD, on behalf of the Section on Child Abuse and Neglect, and Randell Alexander, MD, on behalf of the Committee on Child Abuse and Neglect.

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From your doctor

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The American Academy of Pediatrics is an organization of 57,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

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

1. Why get vaccinated?

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

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

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

2. DTaP vaccine

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

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

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

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

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

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

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

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

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

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



4. Risks of a vaccine reaction

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

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

5. What if there is a serious problem?

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

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

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

6. 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- 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.



Haemophilus influenzae type b (Hib) Vaccine: What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

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

1. Why get vaccinated?

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

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

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

Hib infection can also cause:

- Pneumonia
- Severe swelling in the throat, making it hard to breathe
- Infections of the blood, joints, bones, and covering of the heart
- Death

2. Hib vaccine

Hib vaccine is usually given in 3 or 4 doses (depending on brand).

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

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

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

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

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

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

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

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

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

Your health care provider can give you more information.



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

4. Risks of a vaccine reaction

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

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

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

5. What if there is a serious problem?

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

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

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

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Polio Vaccine:

What You Need to Know

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1. Why get vaccinated?

Polio vaccine can prevent **polio**.

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

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

A smaller group of people will develop more serious symptoms that affect the brain and spinal cord:

- Paresthesia (feeling of pins and needles in the legs),
- Meningitis (infection of the covering of the spinal cord and/or brain), or
- Paralysis (can't move parts of the body) or weakness in the arms, legs, or both.

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

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

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

2. Polio vaccine

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

Most **adults** do not need polio vaccine because they were already vaccinated against polio as children. Some adults are at higher risk and should consider polio vaccination, including:

- People traveling to certain parts of the world
- Laboratory workers who might handle poliovirus
- Health care workers treating patients who could have polio
- Unvaccinated people whose children will be receiving oral poliovirus vaccine (for example, international adoptees or refugees)

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

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



3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

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

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

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

Not much is known about the risks of this vaccine for pregnant or breastfeeding people. However, polio vaccine can be given if a pregnant person is at increased risk for infection and requires immediate protection.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

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

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

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

5. What if there is a serious problem?

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

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

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

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7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- 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.



Pneumococcal Conjugate Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

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

1. Why get vaccinated?

Pneumococcal conjugate vaccine can prevent pneumococcal disease.

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

Besides pneumonia, pneumococcal bacteria can also cause:

- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (infection of the blood)

Anyone can get pneumococcal disease, but children under 2 years old, people with certain medical conditions or other risk factors, and adults 65 years or older are at the highest risk.

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

2. Pneumococcal conjugate vaccine

Pneumococcal conjugate vaccine helps protect against bacteria that cause pneumococcal disease. There are three pneumococcal conjugate vaccines (PCV13, PCV15, and PCV20). The different vaccines are recommended for different people based on age and medical status. Your health care provider can help you determine which type of pneumococcal conjugate vaccine, and how many doses, you should receive.

Infants and young children usually need 4 doses of pneumococcal conjugate vaccine. These doses are recommended at 2, 4, 6, and 12–15 months of age.

Older children and adolescents might need pneumococcal conjugate vaccine depending on their age and medical conditions or other risk factors if they did not receive the recommended doses as infants or young children.

Adults 19 through 64 years old with certain medical conditions or other risk factors who have not already received pneumococcal conjugate vaccine should receive pneumococcal conjugate vaccine.

Adults 65 years or older who have not previously received pneumococcal conjugate vaccine should receive pneumococcal conjugate vaccine.

Some people with certain medical conditions are also recommended to receive pneumococcal polysaccharide vaccine (a different type of pneumococcal vaccine, known as PPSV23). Some adults who have previously received a pneumococcal conjugate vaccine may be recommended to receive another pneumococcal conjugate vaccine.



3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any type of pneumococcal conjugate vaccine (PCV13, PCV15, PCV20, or an earlier pneumococcal conjugate vaccine known as PCV7), or to any vaccine containing diphtheria toxoid (for example, DTaP), or has any severe, life-threatening allergies**

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

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

Your health care provider can give you more information.

4. Risks of a vaccine reaction

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

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

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

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

5. What if there is a serious problem?

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

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

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

6. 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- 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.



Rotavirus Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

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

1. Why get vaccinated?

Rotavirus vaccine can prevent rotavirus disease.

Rotavirus commonly causes severe, watery diarrhea, mostly in babies and young children. Vomiting and fever are also common in babies with rotavirus. Children may become dehydrated and need to be hospitalized and can even die.

2. Rotavirus vaccine

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

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

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

Another virus called "porcine circovirus" can be found in one brand of rotavirus vaccine (Rotarix). This virus does not infect people, and there is no known safety risk.

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

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

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

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

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

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

4. Risks of a vaccine reaction

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

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

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



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

IMMUNIZATION INFORMATION STATEMENT

Respiratory Syncytial Virus (RSV) Preventive Antibody: *What You Need to Know*

Why get immunized with a RSV preventive antibody?

A respiratory syncytial virus (RSV) preventive antibody can prevent severe lung disease caused by RSV.

RSV is a common respiratory virus that usually causes mild, cold-like symptoms but can also affect the lungs. Symptoms of RSV infection may include runny nose, decrease in appetite, coughing, sneezing, fever, or wheezing.

Anyone can become infected by RSV, and almost all children get an RSV infection by the time they are 2 years old. While most children recover from an RSV infection in a week or two, RSV infection can be dangerous for infants and some young children, causing difficulty breathing, low oxygen levels, and dehydration. In the United States, RSV is the most common cause of bronchiolitis (inflammation of the small airways in the lungs) and pneumonia (infection of the lungs) in children younger than 1 year of age. Children who get sick from RSV may need to be hospitalized, and some might even die.

RSV Preventive Antibodies

The RSV preventive antibody (generic name nirsevimab, trade name Beyfortus) is a shot that prevents severe RSV disease in infants and young children. Antibodies are proteins that the body's immune system uses to fight off harmful germs. Like traditional vaccines, preventive antibodies are immunizations that provide protection against a specific pathogen. While both are immunizations, the way they provide immunity is different. Nirsevimab is an immunization that provides antibodies directly to the recipient. Traditional vaccines are immunizations that stimulate the recipient's immune system to produce antibodies.

Infants born during the RSV season (typically fall through spring) should receive a single dose of the RSV Immunization within 1 week after birth. Most infants whose mothers got the RSV vaccine don't need to get nirsevimab, too. Both protect infants from severe RSV by providing antibodies, either from the mother to the infant or directly to the infant. Most infants will likely only need protection from either the maternal RSV vaccine or nirsevimab (not both). However, there may be some situations in which nirsevimab would be recommended for an infant after the mother received an RSV vaccine.

Infants born outside of the RSV season who are younger than 8 months should receive a single dose of the RSV Immunization shortly before their first RSV season (typically the fall), but infants who are younger than 8 months who have not yet received a dose may receive a dose at any time during the season.

Some infants and young children who are at increased risk for severe RSV disease may need a single dose of the RSV antibody before or during their second RSV season.

RSV preventive antibodies can be given at the same time as vaccines routinely recommended for infants and young children.



Talk with your health care provider

Tell your health care provider if the person getting the preventive antibody has a:

- History of serious allergic reactions to an RSV preventive antibody (nirsevimab) or any of its components,
- Bleeding disorder, or
- Moderate or severe acute illness.

In some cases, your child's health care provider may decide to postpone giving RSV preventive antibodies until a future visit.

People who have a minor illness, such as a cold, can safely receive an RSV preventive antibody. People who are moderately or severely ill should usually wait until they recover.

Your health care provider can give you more information.

Risks of a reaction to RSV preventive antibodies

After getting an RSV preventive antibody, your child might have temporary pain, redness, swelling where the injection was given, or a rash.

As with any medicine, there is a very remote chance that RSV Immunization could cause a severe allergic reaction, other serious injury, or death.

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

Call your health care provider if you see any other symptoms that concern you.

What if there is a serious problem?

If your child got an RSV preventive antibody without getting a vaccine at the same time, and you suspect an adverse reaction, you or your health care provider can submit a report through <https://www.fda.gov/medwatch> or by phone at 1-800-FDA-1088.

If your child got an RSV preventive antibody and a vaccine at the same time and you suspect an adverse reaction, you or your health care provider should report it to the [Vaccine Adverse Event Reporting System \(VAERS\)](https://vaers.hhs.gov/) <https://vaers.hhs.gov/> or call [1-800-822-7967](https://vaers.hhs.gov/). In your report, note that your child got an RSV Immunization along with a vaccine.

Note: MedWatch and VAERS are only for reporting reactions. MedWatch and VAERS staff members do not give medical advice.

How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit U.S. Food and Drug Administration website at [Drugs@FDA: FDA-Approved Drugs](https://www.fda.gov/oc/ohrt/).
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - [Visit the CDC website https://www.cdc.gov/rsv/about/prevention.html](https://www.cdc.gov/rsv/about/prevention.html)



5. What if there is a serious problem?

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

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

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

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

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