



## Tender Care Pediatrics

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### ***Congratulations! Welcome to Tender Care Pediatrics!***

*We are honored to be your chosen pediatricians and look forward to being part of the many wonderful experiences you will share with your newborn(s). As parents ourselves, we understand the exhausting and anxious moments spent comforting your infant and worrying about their well-being. We hope the following information helps prepare you for what lies ahead. Remember, no question is too silly or simple to ask—we once had the same questions too!*

*For general information about our providers, hours, accepted insurances, and policies, please visit our website at [www.tendercarepeds.com](http://www.tendercarepeds.com). You will soon discover that keeping a paper and pen (or using your smartphone notes) handy is invaluable for jotting down all those middle-of-the-night questions and concerns. For urgent issues, our physicians are available 24/7 (through answering service after hours) via the office phone. For non-urgent questions, you can keep a running list for your baby's next appointment or contact us through phone or portal if the list is getting long, and we will get back to you. We look forward to a long and healthy relationship with you and your newborn.*



Illustration by  
Billy Nuñez, age 16

# WELCOME TO THE WORLD OF PARENTING!

## NEWBORNS ARE DELIGHTFUL—AND TIRING

- Newborns may sleep only a few hours at a time.
- A newborn's ability to hear, see, smell, and feel grows every day.
- Parents can help crying babies calm down by making them feel warm, close, and comfortable—just like it was in the womb.
- Since all parents can get upset from crying babies, it's important to know when and how to ask for help.
- Friends and family can share the delight and the work of caring for newborns.

**Y**our baby is finally here.  
**Congratulations!**

## BABY'S SLEEP AND MOTHER'S REST

Newborns usually sleep 16 to 17 hours a day, but they may sleep for only a couple of hours at a time.

- Many babies wake up every 2 to 4 hours, day or night.
- New mothers need plenty of rest after childbirth to get their strength and energy back.
- Mother and baby can take a nap at the same time.
- As the new father supports mom during her recovery, he can enjoy getting to know this new addition to the family!

## INFORMATION FOR DADS

### It's a new life for you.

Your role as a father will bring about some big changes in your life. The physical, emotional, and financial demands of being a dad can cause stress. You also may feel a little left out during the first few weeks, since much of the attention is on your new baby and the mom. By becoming actively involved with your new baby, feelings of stress and being left out will decrease. You will begin to:

- Enjoy the pleasure of being a dad.
- Strengthen your relationship with your baby's mother.
- Contribute to the well-being of your baby.

### Ways for you to be involved.

Your baby already knows who you are from hearing your voice before birth.

- As you hold your baby in your arms, enjoy the feeling of your baby cuddling up to you.
- Have fun as you spend time talking to your new baby.
- If you have older children, they will need your support now while their mother is tired and focused on the new baby.

## WHEN YOUR BABY CRIES A LOT

Sometimes, we just don't know why babies are crying! So, what can you do? Think about what it was like when your baby was in the womb, and try to create a similar experience.

- **Calmly hold** your baby close to your shoulder or chest—inside the womb, it was warm and close.
- **Swaddle** (wrap) your baby in a blanket—toward the end of pregnancy, it was very crowded.



- Quietly sing or talk to your baby, softly play calm music—voices heard through the womb were very comforting.
- Gently rock your baby or go for a quiet walk—before birth, your baby was used to quietly floating.

There will be a few times when babies will continue to cry until either sleep finally arrives or they become quiet yet alert.

Comforting babies when they cry does not spoil them. In fact, many babies learn how to calm themselves just by knowing that someone will calm them.

Sometimes, babies will continue to fuss after parents have tried everything! They are crying because they have had all the excitement that they can handle for now. This is when it's best to quietly hold your baby, or put your baby in a safe place, like the crib, and wait until all is calm.

## CRYING BABIES UPSET PARENTS

All parents get upset when their baby cries. With all this crying, try to stay patient. Your baby can sense when you are upset or tense.

After trying all the ways that usually calm your baby, it's OK to let your baby cry. It's OK to place your baby, face up, in the crib to calm down. It's OK to let your baby cry sometimes and give yourself time to calm down. Do something that you enjoy and find calming—have a cup of tea or coffee, listen to music, call a friend or spouse, read, or meditate. These feelings of stress are natural and will pass.

If your baby's crying is getting to be too much—and it does get to this point for many parents—reach out for help. Talk with a friend or relative who has been through this, or call your pediatrician.

**Never yell at, hit, or shake your baby!**

## INFORMATION FOR MOMS

Becoming a parent brings big changes to your life—more than you might have imagined!

### You may feel tired much of the time.

Your body is recovering from pregnancy and childbirth. At times, you may wonder if you will be able to make it through the first month. This is common and normal. Let family and friends help out with meals, shopping, cleaning, and if you have other children, taking care of them. Don't feel that you need to entertain visitors as well!

### You may have wild mood swings.

As your body begins to adjust, you may go from great highs to hopeless lows. This is common during the first weeks after giving birth, but please let people know if you feel down or overwhelmed. Your feelings deserve attention and support from your family and friends, and from your doctors. If you think you need help, ask for it. Taking care of your emotional and physical health also helps your baby.

### You may feel lonely.

Some of your links to family and friends will get stronger, while others may get weaker. Some people will understand what you are going through, and others won't. Your baby needs and will demand much of your attention, time, and energy. If you are a mom who also works outside of the home, chances are you are not seeing friends from work at this time. Try reaching out to family and friends, or find other new mothers who live near you.



## BABY BEHAVIOR

Most babies are born able to hear, see, smell, and feel the people and objects that are near them. When your baby is awake, you will notice how the ability to follow people and sounds grows every day.

After a few weeks, babies can stay awake longer. They begin to do everything longer, including fussing and crying. By the time babies are 1 month old, many will cry for 2 or more hours every day. This is completely normal. Between ages 2 and 4 months, most babies will start to cry a lot less—as little as 1 hour for the whole day.

Babies cry the most from ages 2 to 10 weeks.

Babies love the people who care for them. Don't take your baby's crying personally. Babies may cry because they are:

- Tired
- Hungry
- Hot or cold
- In need of a diaper change
- Overstimulated



Connected Kids are Safe, Strong, and Secure

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

The American Academy of Pediatrics is an organization of 60,000 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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# American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



# BRIGHT FUTURES HANDOUT ► PARENT

## FIRST WEEK VISIT (3 TO 5 DAYS)

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

### ✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Tobacco-free spaces keep children healthy. Don't smoke or use e-cigarettes. Keep your home and car smoke-free.
- Take help from family and friends.

### ✓ FEEDING YOUR BABY

- Feed your baby only breast milk or iron-fortified formula until he is about 6 months old.
- Feed your baby when he is hungry. Look for him to
  - Put his hand to his mouth.
  - Suck or root.
  - Fuss.
- Stop feeding when you see your baby is full. You can tell when he
  - Turns away
  - Closes his mouth
  - Relaxes his arms and hands
- Know that your baby is getting enough to eat if he has more than 5 wet diapers and at least 3 soft stools per day and is gaining weight appropriately.
- Hold your baby so you can look at each other while you feed him.
- Always hold the bottle. Never prop it.

#### If Breastfeeding

- Feed your baby on demand. Expect at least 8 to 12 feedings per day.
- A lactation consultant can give you information and support on how to breastfeed your baby and make you more comfortable.
- Begin giving your baby vitamin D drops (400 IU a day).
- Continue your prenatal vitamin with iron.
- Eat a healthy diet; avoid fish high in mercury.

#### If Formula Feeding

- Offer your baby 2 oz of formula every 2 to 3 hours. If he is still hungry, offer him more.

### ✓ HOW YOU ARE FEELING

- Try to sleep or rest when your baby sleeps.
- Spend time with your other children.
- Keep up routines to help your family adjust to the new baby.

### ✓ BABY CARE

- Sing, talk, and read to your baby; avoid TV and digital media.
- Help your baby wake for feeding by patting her, changing her diaper, and undressing her.
- Calm your baby by stroking her head or gently rocking her.
- *Never hit or shake your baby.*
- Take your baby's temperature with a rectal thermometer, not by ear or skin; a fever is a rectal temperature of 100.4°F/38.0°C or higher. Call us anytime if you have questions or concerns.
- Plan for emergencies: have a first aid kit, take first aid and infant CPR classes, and make a list of phone numbers.
- Wash your hands often.
- Avoid crowds and keep others from touching your baby without clean hands.
- Avoid sun exposure.

**Helpful Resources:** Smoking Quit Line: 800-784-8669 | Poison Help Line: 800-222-1222

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

# FIRST WEEK VISIT (3 TO 5 DAYS)—PARENT



## SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Make sure your baby always stays in his car safety seat during travel. If he becomes fussy or needs to feed, stop the vehicle and take him out of his seat.
- 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.
- Never leave your baby in the car alone. Start habits that prevent you from ever forgetting your baby in the car, such as putting your cell phone in the back seat.
- Always put your baby to sleep on his back in his own crib, not your bed.
  - Your baby should sleep in your room until he is at least 6 months old.
  - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Swaddling should be used only with babies younger than 2 months.
- Prevent scalds or burns. Don't drink hot liquids while holding your baby.
- Prevent tap water burns. Set the water heater so the temperature at the faucet is at or below 120°F /49°C.

## WHAT TO EXPECT AT YOUR BABY'S 1 MONTH VISIT

### We will talk about

- Taking care of your baby, your family, and yourself
- Promoting your health and recovery
- Feeding your baby and watching her grow
- Caring for and protecting your baby
- Keeping your baby safe at home 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>.

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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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## Tender Care Pediatrics, PC

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### **Tender Care Pediatrics Vaccine Policy Statement**

(adapted with permission from All Star Pediatrics statement in Lionville, PA)

We firmly believe that vaccines are **EFFECTIVE** in preventing serious illness and saving lives.

We firmly believe that vaccines are **SAFE**.

We firmly believe in the recommended vaccine schedule published by the American Academy of Pediatrics and the Centers for Disease Control.

We firmly believe, based on all available literature, evidence and research, that vaccines do **NOT** cause autism or other developmental disabilities. We firmly believe that thimerosal, a preservative that had been in vaccines for decades and remains in some vaccines, does **NOT** cause autism or other developmental disabilities.

We firmly believe that vaccinating our children may be the single most important intervention we perform as health care providers, and that you can perform as parents/caregivers. The recommended vaccines and their schedule are the results of decades of scientific study and data gathering on millions of children by thousands of our brightest scientists and physicians.

Those things being said, we recognize that there has always been and will likely always be controversy surrounding vaccinations. Indeed, Benjamin Franklin, persuaded by his brother, was opposed to smallpox vaccine until scientific data convinced him otherwise. Tragically, he had delayed inoculating his favorite son Franky, who contracted smallpox and died at the age of four, leaving Ben with a lifetime of guilt and remorse. Quoting Mr. Franklin's autobiography:

*In 1736 I lost one of my sons, a fine boy of four years old, by the smallpox...I long regretted bitterly, and still regret that I had not given it to him by inoculation. This I mention for the sake of parents who omit that operation, on the supposition that they should never forgive themselves if a child died under it, my example showing that the regret may be the same either way, and that, therefore, the safer should be chosen.*

The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illness that we are even discussing whether or not they should be given. Because of vaccines, many of you have never seen a child with polio, tetanus, whooping cough, bacterial meningitis, or even chickenpox, or known a friend or family member whose child died of one of these diseases. Such success can make us complacent or even lazy about vaccinating. But such an attitude, if it becomes widespread, can only lead to tragic results.

Over the past several years, many people in Europe have chosen not to vaccinate their children with the MMR vaccine after publication of an unfounded suspicion (later retracted) that the vaccine caused autism. As a result of underimmunization, there have been outbreaks of measles and several deaths from complications of measles in Europe over the past several years. Even here in America, measles cases have reached their highest level in 15 years.

Furthermore, by not vaccinating your child you are taking selfish advantage of thousands of others who do vaccinate their children, which decreases the likelihood that your child will contract one of these diseases. We feel such an attitude to be self-centered and unacceptable.

We are making you aware of these facts not to insult you, scare you or coerce you, but to emphasize the importance of vaccinating your child. We recognize that the choice may be a very emotional one for some parents. We will do everything we can to convince you that vaccinating according to the schedule is the right thing to do (in the absence of a true medical contraindication). However, should you have doubts, please discuss these with your health care provider in advance of your visit. In some cases, we may alter the schedule to accommodate parental concerns or reservations. Please be advised, however, that delaying or "breaking up the vaccines" to give one or two at a time over two or more visits goes against expert recommendations, and can put your child at risk for serious illness (or even death) and goes against our medical advice as providers at Tender Care Pediatrics. Such additional visits may require additional co-pays on your part. Furthermore, please realize that you will be required to sign a "Refusal to Vaccinate" acknowledgement in the event of lengthy delays.

Finally, if you should absolutely refuse to vaccinate your child despite all our efforts or if the doctor-patient relationship has degraded to an irreconcilable level, we will ask you to find another health care provider who shares your views or allows such a practice. We do not keep a list of such providers, nor would we recommend any such physician. Please recognize that by not vaccinating you are putting your child at unnecessary risk for life-threatening illness and disability, and even death.

As medical professionals, we feel very strongly that vaccinating children on schedule with currently available vaccines is absolutely the right thing to do for all eligible children and young adults.

Thank you for your time in reading this policy, and please feel free to discuss any questions or concerns you may have about vaccines with any of us.

Sincerely,

Tender Care Providers

[www.TenderCarePeds.com](http://www.TenderCarePeds.com)  
After Hours: 609.814.5051



# Choking Prevention and First Aid for Infants and Children



When children begin crawling, or eating table foods, parents must be aware of the dangers and risks of choking. Children younger than 5 years can easily choke on food and small objects.

Choking occurs when food or small objects get caught in the throat and block the airway. This can prevent oxygen from getting to the lungs and the brain. When the brain goes without oxygen for more than 4 minutes, brain damage or even death may occur. Many children die from choking each year. Most children who choke to death are younger than 5 years. Two thirds of choking victims are infants younger than 1 year.

Balloons, balls, marbles, pieces of toys, and foods cause the most choking deaths.

Read more about choking prevention and first aid.

## Dangerous foods

Do not feed children younger than 4 years round, firm food unless it is chopped completely. Round, firm foods are common choking dangers. When infants and young children do not grind or chew their food well, they may try to swallow it whole. The following foods can be choking hazards:

- Hot dogs
- Nuts and seeds
- Chunks of meat or cheese
- Whole grapes
- Hard, gooey, or sticky candy
- Popcorn
- Chunks of peanut butter
- Raw vegetables
- Fruit chunks, such as apple chunks
- Chewing gum

## Dangerous household items

Keep the following household items away from infants and children:

- Balloons
- Coins
- Marbles
- Toys with small parts
- Toys that can be squeezed to fit entirely into a child's mouth
- Small balls
- Pen or marker caps
- Small button-type batteries
- Medicine syringes

## What you can do to prevent choking

- *Learn CPR (cardiopulmonary resuscitation) (basic life support).*
- *Be aware that balloons pose a choking risk to children up to 8 years of age.*
- *Keep the above foods from children until 4 years of age.*
- *Insist that children eat at the table, or at least while sitting down. They should never run, walk, play, or lie down with food in their mouths.*
- *Cut food for infants and young children into pieces no larger than one-half inch, and teach them to chew their food well.*
- *Supervise mealtimes for infants and young children.*
- *Be aware of older children's actions. Many choking incidents occur when older brothers or sisters give dangerous foods, toys, or small objects to a younger child.*
- *Avoid toys with small parts, and keep other small household items out of the reach of infants and young children.*
- *Follow the age recommendations on toy packages. Age guidelines reflect the safety of a toy based on any possible choking hazard as well as the child's physical and mental abilities at various ages.*
- *Check under furniture and between cushions for small items that children could find and put in their mouths.*
- *Do not let infants and young children play with coins.*

## First aid for the child who is choking

Make a point to learn the instructions on the reverse side of this brochure. Post the chart in your home. However, these instructions should *not* take the place of an approved class in basic first aid, CPR, or emergency prevention. Contact your local American Red Cross office or the American Heart Association to find out about classes offered in your area. Most of the classes teach basic first aid, CPR, and emergency prevention along with what to do for a choking infant or child. Your pediatrician also can help you understand these steps and talk to you about the importance of supervising mealtimes and identifying dangerous foods and objects.

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

From your doctor, **Tender Care Pediatrics PC**

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Web site — www.aap.org

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# CHOKING/CPR

LEARN AND PRACTICE CPR (CARDIOPULMONARY RESUSCITATION)

IF ALONE WITH A CHILD WHO IS CHOKING...

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS. 3. CALL 911 OR YOUR LOCAL EMERGENCY NUMBER.

**YOU SHOULD START FIRST AID FOR CHOKING IF...**

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough or talk, or looks blue.
- The child is found unconscious. (Go to CPR.)

**DO NOT START FIRST AID FOR CHOKING IF...**

- The child can breathe, cry, or talk.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

## FOR INFANTS YOUNGER THAN 1 YEAR

### INFANT CHOKING

If the infant is choking and is unable to breathe, cough, cry, or speak, follow these steps. Have someone call 911, or if you are alone call 911 as soon as possible.



ALTERNATING WITH



Alternate back slaps and chest thrusts until the object is dislodged or the infant becomes unconscious. If the infant becomes unconscious, begin CPR.

### INFANT CPR

To be used when the infant is unconscious or when breathing stops.

#### 1 OPEN AIRWAY

- Open airway (tilt head, lift chin).
- Take 3 to 10 seconds to check if the child is breathing after the airway is opened. Look for up and down movements of the chest and abdomen. Listen for breath sounds at the nose and mouth. Feel for breath on your cheek. If opening the airway results in breathing, offer them an occasional sip, do not give breaths.
- If there is no breathing look for a foreign object in the mouth. If you can see an object in the infant's mouth, remove it carefully with your fingers. Then attempt rescue breathing. Do NOT try a blind finger sweep if the object is not seen, because it could be pushed farther into the throat.



#### 2 RESCUE BREATHING

- Position head and chin with both hands as shown—head gently tilted back, chin lifted.
- Take a normal breath (not a deep breath).
- Seal your mouth over the infant's mouth and nose.
- Give 2 breaths, each rescue breath over 1 second with a pause between breaths. Each breath should make the chest rise.



If no rise or fall after the first breath, repeat steps 1 and 2. If still no rise or fall, continue with step 3 (below).

#### 3 CHEST COMPRESSIONS

- Place 2 fingers of 1 hand on the breastbone just below the nipple line.
- Compress chest 1/3 to 1/2 the depth of the chest.
- Alternate 30 compressions with 2 breaths.
- Compress chest at rate of 100 times per minute.



Be sure someone calls 911 as soon as possible. If you are alone, call 911 or your local emergency number after 5 cycles of breaths and chest compressions (about 2 minutes).

If at any time an object is coughed up or the infant/child starts to breathe, call 911 or your local emergency number.

Ask your pediatrician for information on choking/CPR instructions for children older than 3 years and for information on an approved first aid or CPR course in your community.



# Breastfeeding Basics

Breast-feeding is the most natural way to feed your baby, but that doesn't mean that the technique comes naturally to every mother-baby pair. In fact, it can take several weeks to get started, and a few months to feel completely skilled. Babies are born knowing how to find the nipple and suck; mothers, on the other hand, do not instinctively know how to breast-feed. They have to learn. Here are some tips from the experts—breast-feeding moms.

- **Engorgement.** When your milk first comes in your breasts will fill quickly and might become very hard. Expressing a small amount of milk makes it easier for the baby to latch on and also relieves the feeling of fullness in your breasts.
- **Latching on.** Express a little milk and put it on your nipple. This will help your baby to understand where the milk comes from and encourage him to suck. If your baby is frantic and crying inconsolably, try introducing a calming “white” noise by turning on the shower, an untuned radio, or a vacuum cleaner. Swaddling your baby also helps calm him down for breast-feeding.
- **Sleepy baby.** Many new babies fall asleep while feeding; others have a difficult time waking to feed. To wake your baby up for breast-feeding try:
  - Burping or diapering him between feeding on each side
  - Undressing him down to his diaper
  - Laying him flat on his back (most newborns don't like this unprotected position and will wake immediately)
  - Tickling him under the chin or cheeks while nursing to remind him to suck
  - Massaging his arms and legs while nursing (a great job for your partner)
- **Leaking milk.** Another common but annoying problem is the leaking of breast milk when you are not feeding the baby. This is very common during the first weeks of breast-feeding. Using a couple of nursing pads at a time and

changing them as soon as they are wet will make you more comfortable. Tops made with patterned fabric hide the leaks more easily. Leaking will lessen with time.

- **Pain.** During the first few days, breast-feeding will also stimulate your uterus to contract, causing cramps or afterpains. In the first few weeks nipples may get sore for a variety of reasons. The most common cause of sore nipples is improper positioning. Try different holds such as the football hold (the baby's head is at the breast and his feet are under your arm), the cross-cuddle hold (the baby's head is at the breast and his tummy is resting on your tummy), and the side-lying hold (both of you are lying down on your sides with his head at your breast).

## Contact:

La Leche League  
9616 Minneapolis Avenue  
Franklin Park, IL 60131  
800-LA-LECHE

International Nursing Mother's Council, Inc.  
P.O. Box 50063  
Palo Alto, CA 94303  
415-591-6688

Developed for and adapted from Healthy Steps<sup>SM</sup> for Young Children by BUSM<sup>®</sup>: Department of Pediatrics, Boston Medical Center



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## Tips to Soothe Your Crying Baby

Many parents and caregivers ask what they can do to soothe their crying infant. When it comes to soothing your baby, it is important to remember that some things work some of the time, but nothing works all of the time. Remember that infants are not machines; they are not predictable, and they do not have an “on-off” switch for crying. The following is a list of practical things to try to calm your crying baby:

**Feed your baby.** Hunger is the main reason a baby will cry.

Burp your baby. Babies do not have a natural ability to get rid of air built up in their stomach.

Give your baby a lukewarm bath. This is a great soothing technique, but remember to never leave your baby unattended.

Massage your baby. A gentle massage on a baby back, arms, or legs can be very comforting.

Make eye contact with your baby and smile. Eye-to-eye contact with your baby when they are crying can distract and comfort them.

**Kiss your baby.** This can help lessen the tension during fierce crying episodes.

Sing Softly. Lullabies were created because of their effectiveness at calming crying babies.

Hum in a low tone against your baby’s head. Dads usually do this soothing feature best.

Run a Vacuum Cleaner. The noise from a vacuum is referred to as white noise, which is any sound that produces a loud, neutral, masking sound. Babies find these noises hypnotizing.

**Take your baby for a ride in the car.** The vibrations from a car have a sleep inducing effect on babies.

Always make sure your baby is secure in a rear-facing car seat in the back seat.

**Soothing Your Baby:** Soothing behaviors are universal things that all parents and caregivers use to calm and comfort their babies. They can be used in response to crying infants, or they can also be used when the baby is not crying to help keep them calm, and make them less likely to cry later. Soothing can work preventively if the soothing activities are applied when the infant is not crying rather than just in response to crying.

Here are some of the most common soothing behaviors:

**Changing a baby’s position can be soothing.** Try picking baby up from lying down, and placing baby on your shoulder. Baby gets a “new view” of the world, you often have some eye-to-eye contact with your baby, and the body contact between you and your baby is typically soothing.

**Repeating can be soothing.** What is repeated can be almost anything that is comforting. It can be sounds, sights, touches or smells. Almost all lullabies have parts that are repeated, either words or the musical tunes or both. That is no accident. Repeating things tends to be calming.

**Rhythms can be soothing.** This occurs when a sound, sight or touch is not only repeated, but repeated in a pattern that is rhythmic.

**White noise can be soothing.** Technically, “white noise” is a sound without rhythm. Some examples include a fan, washing machine, or a vacuum.

Closeness can be soothing, such as when the mother is holding or snuggling the baby.

Involving many sensations can be soothing, including sounds, sights, touches and smells. Each of these is a different way of sensing the environment. You are likely to be more successful at calming your baby if whatever you do includes more sensations.

Human sights and sounds and smells are more soothing than non-human. Human interaction is important to human infants. Furthermore, as your infant gets older in the first few months, the human versions of sounds and sights become increasingly more effective than they were earlier.

**What can I do if I feel frustrated with baby’s cries?**

Caring for a crying baby can be exhausting and difficult. NEVER SHAKE THE BABY. Don’t blame yourself or your baby for the constant crying. Try to relax, and remember that your baby will stop crying. Crying will not hurt baby, so give yourself some time to calm down so you don’t get too frustrated. If you need a break or feel you might lose control when caring for your baby:

Put baby in crib or another safe place, leave the room and take a short break.

Take a deep breath and count to ten.

Do something else you enjoy for a few minutes.

Call a friend or relative for emotional support or ask them to come help with baby.

If you are ever concerned about the crying, call your baby’s health care provider.

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

From your doctor

Tender Care Pediatrics

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Are you swaddling your baby properly?  
Watch this video <https://hipdysplasia.org/infant-child/hip-healthy-swaddling/>.



## Swaddling: Is it Safe for Your Baby?

By: Rachel Y. Moon, MD, FAAP & Danette Glassy, MD, FAAP

New parents often learn how to swaddle their infant from the nurses in the hospital. A thin blanket wrapped snugly around your baby's body can resemble the womb and help soothe your newborn. When done correctly, swaddling can be an effective technique to help calm infants and promote sleep (</English/ages-stages/baby/sleep/Pages/default.aspx>).



But if you plan to swaddle your infant at home, you need to follow a few guidelines to make sure you are doing it safely.

### Back to sleep

To reduce the risk of Sudden Infant Death Syndrome (</English/ages-stages/baby/sleep/Pages/Preventing-SIDS.aspx>), or SIDS, it's important to place your baby to sleep on their back—every time you put them to sleep. This may be even more important if your baby is swaddled. Some studies have shown an increased risk of SIDS and unintentional suffocation when babies are swaddled if they are placed on their stomach to sleep, or if they roll onto their stomach. If babies are swaddled, they should be placed only on their back and monitored so they don't roll over.

### When to stop swaddling

Stop swaddling as soon as your baby shows any signs of trying to roll over. Some babies start working on rolling as early as 2 months of age, but every baby is different. There is no evidence with regard to SIDS risk related to the arms swaddled in or out.

### What about wearable blankets or sleep sacks?

Infant sleep clothing, such as layers of clothing or a wearable blanket or sleep sack, is preferred over blankets and other coverings to keep a baby warm. A [safe sleep space](/English/ages-stages/baby/sleep/Pages/a-parents-guide-to-safe-sleep.aspx) (</English/ages-stages/baby/sleep/Pages/a-parents-guide-to-safe-sleep.aspx>) for infants should stay free of any loose bedding or soft objects. However, as with regular blanket swaddling, the use of wearable blankets or sleep sacks that compress the arms, chest and body should stop once a baby shows signs of starting to roll over. Sleep sacks that do not swaddle and allow the baby to move freely can be used as long as you want.

### Know the risks

Parents should know that there are some risks to swaddling. Swaddling may decrease a baby's arousal, so that it's harder for them to wake up. That is why swaddling can seem so attractive to new, sleep-deprived parents—the baby sleeps longer and doesn't wake up as easily. But we know that decreased arousal can be a problem and may be one of the main reasons that babies die of SIDS.

## AAP safe sleep recommendations

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The AAP recommends parents follow the safe sleep recommendations every time they place their baby to sleep for naps or at nighttime:

- Place your baby on their back to sleep on a firm, flat surface and monitor them to be sure they don't roll over while swaddled.
- Do not have any loose blankets in your baby's crib (</English/safety-prevention/at-home/Pages/New-Crib-Standards-What-Parents-Need-to-Know.aspx>). A loose blanket, including a swaddling blanket that comes unwrapped, could cover your baby's face and increase the risk of suffocation.
- Do not use weighted swaddles or weighted blankets, which can place too much pressure on a baby's chest and lungs.
- Use caution when buying products that claim to reduce the risk of SIDS. Wedges, positioners, special mattresses and specialized sleep surfaces have not been shown to reduce the risk of SIDS.
- Your baby is safest in their own crib or bassinet, not in your bed.
- Swaddling can increase the chance your baby will overheat, so avoid letting your baby get too hot. The baby could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash and rapid breathing.
- Consider using a pacifier (</English/ages-stages/baby/crying-colic/Pages/Practical-Pacifier-Principles.aspx>) for naps and bedtime.
- Place the crib in an area that is always smoke-free (</English/health-issues/conditions/tobacco/Pages/Importance-of-Smoke-Free-Homes-and-Cars.aspx>).

See *How to Keep Your Sleeping Baby Safe: AAP Policy Explained* (</English/ages-stages/baby/sleep/Pages/a-parents-guide-to-safe-sleep.aspx>) for more information and tips.

## Keep hips loose

Babies who are swaddled too tightly may develop a problem with their hips. Studies have found that straightening and tightly wrapping a baby's legs can lead to hip dislocation or hip dysplasia (</English/health-issues/conditions/orthopedic/Pages/Hip-Dysplasia.aspx>). This is an abnormal formation of the hip joint where the top of the thigh bone is not held firmly in the socket of the hip.

The Pediatric Orthopaedic Society of North America, with the AAP Section on Orthopaedics, promotes "hip-healthy swaddling" that allows the baby's legs to bend up and out.

## How to swaddle correctly

- Use only a thin blanket for swaddling.
- To swaddle, spread the blanket out flat, with one corner folded down.
- Lay the baby face-up on the blanket, with their head above the folded corner.
- Straighten their left arm and wrap the left corner of the blanket over your baby's body, tucking it between their right arm and the right side of their body.
- Then tuck the right arm down, and fold the right corner of the blanket over her body and under their left side.
- Fold or twist the bottom of the blanket loosely and tuck it under one side of the baby.
- Make sure their hips can move and that the blanket is not too tight. You want to be able to get at least two or three fingers between the baby's chest and the swaddle.



## Swaddling in child care

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Some child care centers may have a policy against swaddling infants in their care. This is because of the increased risks of SIDS or suffocation (</English/family-life/work-play/Pages/A-Child-Care-Provider%27s-Guide-to-Safe-Sleep.aspx>) if the baby rolls over while swaddled, in addition to the other risks of overheating and hip dysplasia.

Compared to a private home, where one or two people are caring for an infant, a child care center usually has a number of caregivers who may have variations in their swaddling technique. This raises a concern because studies show babies who are not usually swaddled react differently when swaddled for the first time at this older age. They may have a harder time waking up, which increases their risk of SIDS.

The difference in the advice for swaddling at home or the hospital nursery, versus in a child care center, really comes down to the age of the child and the setting. A newborn can be swaddled correctly and placed on their back in his crib at home, and it can help comfort and soothe them to sleep. When the child is older, in a new environment, with a different caregiver, if they are learning to roll or perhaps haven't been swaddled before, swaddling becomes more challenging and risky.

## More information

- [How to Keep Your Sleeping Baby Safe: AAP Policy Explained \(/English/ages-stages/baby/sleep/Pages/a-parents-guide-to-safe-sleep.aspx\)](/English/ages-stages/baby/sleep/Pages/a-parents-guide-to-safe-sleep.aspx)
- [Ask the Pediatrician: Is it safe to put a rice bag on a baby's tummy to help them sleep? \(/English/tips-tools/ask-the-pediatrician/Pages/bag-of-rice-on-a-baby's-tummy-to-help-them-sleep.aspx\)](/English/tips-tools/ask-the-pediatrician/Pages/bag-of-rice-on-a-baby's-tummy-to-help-them-sleep.aspx)
- [Goodnight, Sleep Tight: How to Swaddle Your Baby \(/English/ages-stages/baby/sleep/Pages/Good-Night-Sleep-Tight.aspx\)](/English/ages-stages/baby/sleep/Pages/Good-Night-Sleep-Tight.aspx)
- [Hip-Healthy Swaddling \(http://hipdysplasia.org/developmental-dysplasia-of-the-hip/hip-healthy-swaddling/\)](http://hipdysplasia.org/developmental-dysplasia-of-the-hip/hip-healthy-swaddling/) (International Hip Dysplasia Institute)

## About Dr. Moon



**(/SiteCollectionImagesArticleImages/Rachel\_Moon\_headshot.jpg) Rachel Y. Moon, MD, FAAP** is a pediatrician and SIDS researcher at the University of Virginia. She is also a Professor of Pediatrics at the University of Virginia School of Medicine. Her research centers on SIDS and SIDS risk factors, particularly in high-risk populations, such as African Americans and infants attending childcare. Within the American Academy of Pediatrics (AAP), she is chair of the Task Force on SIDS and Associate Editor for the journal *Pediatrics*. Dr. Moon is also the editor of *Sleep: What Every Parent Needs to Know* ([http://shop.aap.org/Sleep-What-Every-Parent-Needs-to-Know-Paperback?\\_ga=2.51351339.306060642.1657547661-1287945153.1644515465](http://shop.aap.org/Sleep-What-Every-Parent-Needs-to-Know-Paperback?_ga=2.51351339.306060642.1657547661-1287945153.1644515465)).

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# Six Infant States

## Wakefulness or Sleepiness

By observing your baby parents get to know their infants different states and when they occur what the expected responses are in each and can respond to requests and signals infants are trying to give which helps them learn the world is good and caring. Parents might ask themselves “what is my baby doing right now, what is my baby trying to tell me”? The states that you observe your baby go in and out of throughout the day help you know what activities your baby might be most receptive too at any given time. These states include:

### Two Sleep States

**Deep Sleep**—regular breathing, eyes closed—no eye movement, no spontaneous activity except startles or jerky movements, alternates with light sleep about every 30 minutes

**Light Sleep**—rapid eye movement can be observed under the eyelids—eyes may open momentarily, low activity level with random movements from startles not as jerky as when in deep sleep, breathing can be irregular and sucking movements occur.

### Four Awake States

**Drowsy**—eyes may be open but lids may seem heavy, dazed look, eyes may flutter, activity level varies, movements usually smooth, may have a delayed reaction to stimulation, state change after stimulation frequently occurs, mild startles—best time to give opportunity to sleep or to wake up gradually.

**Quiet Alert**—eyes wide open, bright look, rarely moves, seems to focus attention on source of stimulation either something seen or heard, has a kind of glazed look—especially fun to play with.

**Active Alert**—eyes open, frequent eye movement, considerable motor activity, thrusting movements of arms and legs, reacts to stimulation with increase startles or activity, brief fussy vocal sounds occur, shows interest in objects but not as much in faces—infant may try to sooth self at first—if unable to do so may need parents help (see what to do if my baby cries)

**Crying**—eyes may be open or tightly closed, intense crying which is difficult to stop with stimulation, may attempt to comfort self by putting fist in mouth but may be difficult as they are feeling stressed, may fall asleep, may need parents touch, soothing voice, holding in order to calm

Developed for Healthy Steps<sup>SM</sup> for Young Children by BUSM<sup>®</sup>: Department of Pediatrics, Boston Medical Center



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## Questions and Answers: Jaundice and Your Newborn

### Congratulations on the birth of your new baby!

To make sure your baby's first week is safe and healthy, it is important that

1. Your baby is checked for jaundice in the hospital.
2. If you are breastfeeding, you get the help you need to make sure it is going well.
3. If your baby is discharged before age 72 hours, your baby should be seen by a doctor or nurse within 2 days of discharge from the hospital.

#### Q: What is jaundice?

A: Jaundice is the yellow color seen in the skin of many newborns. It happens when a chemical called *bilirubin* builds up in the baby's blood. Jaundice can occur in babies of any race or color.

#### Q: Why is jaundice common in newborns?

A: Everyone's blood contains bilirubin, which is removed by the liver. Before birth, the mother's liver does this for the baby. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to get better at removing bilirubin.

#### Q: How can I tell if my baby is jaundiced?

A: The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms, and legs as the bilirubin level increases. The whites of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin color.

#### Q: Can jaundice hurt my baby?

A: Most babies have mild jaundice that is harmless, but in unusual situations the bilirubin level can get very high and might cause brain damage. This is why newborns should be checked carefully for jaundice and treated to prevent a high bilirubin level.

#### Q: How should my baby be checked for jaundice?

A: If your baby looks jaundiced in the first few days after birth, your baby's doctor or nurse may use a skin or blood test to check your baby's bilirubin level. A bilirubin level is always needed if jaundice develops before the baby is 24 hours old. Whether a test is needed after that depends on the baby's age, the amount of jaundice, and whether the baby has other factors that make jaundice more likely or harder to see.

#### Q: Does breastfeeding affect jaundice?

A: Jaundice is more common in babies who are breastfed than babies who are formula-fed, but this occurs mainly in newborns who are not nursing well. If you are breastfeeding, you should nurse your baby at least 8 to 12 times a day for the first few days. This will help you produce enough milk and will help to keep the baby's bilirubin level down. If you are having trouble breastfeeding, ask your baby's doctor or nurse or a lactation specialist for help. Breast milk is the ideal food for your baby.

#### Q: When should my newborn get checked after leaving the hospital?

A: It is important for your baby to be seen by a nurse or doctor when the baby is between 3 and 5 days old, because this is usually when a baby's bilirubin level is highest. This is why, if your baby is discharged before age 72 hours, your baby should be seen within 2 days of discharge. The timing of this visit may vary depending on your baby's age when released from the hospital and other factors.



Questions and Answers: Jaundice and Your Newborn

Assessment of Risk for Severe Hyperbilirubinemia

Parent Handouts

**Q: Which babies require more attention for jaundice?**

A: Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner after discharge from the hospital. Ask your doctor about an early follow-up visit if your baby has any of the following:

- A high bilirubin level before leaving the hospital
- Early birth (more than 2 weeks before the due date)
- Jaundice in the first 24 hours after birth
- Breastfeeding that is not going well
- A lot of bruising or bleeding under the scalp related to labor and delivery
- A parent, brother, or sister who had high bilirubin and received light therapy

**Q: When should I call my baby's doctor?**

A: Call your baby's doctor if

- Your baby's skin turns more yellow.
- Your baby's abdomen, arms, or legs are yellow.
- The whites of your baby's eyes are yellow.
- Your baby is jaundiced and is hard to wake, fussy, or not nursing or taking formula well.

**Q: How is harmful jaundice prevented?**

A: Most jaundice requires no treatment. When treatment is necessary, placing your baby under special lights while he or she is undressed will lower the bilirubin level. Depending on your baby's bilirubin level, this can be done in the hospital or at home. Jaundice is treated at levels that are much lower than those at which brain damage is a concern. Treatment can prevent the harmful effects of jaundice. Putting your baby in sunlight is not recommended as a safe way of treating jaundice. Exposing your baby to sunlight might help lower the bilirubin level, but this will only work if the baby is completely undressed. This cannot be done safely inside your home because your baby will get cold, and newborns should never be put in direct sunlight outside because they might get sunburned.

**Q: When does jaundice go away?**

A: In breastfed babies, jaundice often lasts for more than 2 to 3 weeks. In formula-fed babies, most jaundice goes away by 2 weeks. If your baby is jaundiced for more than 3 weeks, see your baby's doctor.

Also available at [www.aap.org/family/jaundicefaq.htm](http://www.aap.org/family/jaundicefaq.htm)



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## VACCINE INFORMATION STATEMENT

# Hepatitis B Vaccine: What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1. Why get vaccinated?

**Hepatitis B vaccine** can prevent **hepatitis B**.

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

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

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

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

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

## 2. Hepatitis B vaccine

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

**Infants** should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age. **The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.**

Anyone **59 years of age or younger** who has not yet gotten the vaccine should be vaccinated.

Hepatitis B vaccination is recommended for **adults 60 years or older** at increased risk of exposure to hepatitis B who were not vaccinated previously.

**Adults 60 years or older** who are not at increased risk and were not vaccinated in the past may also be vaccinated.

Hepatitis B 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).

Hepatitis B 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 hepatitis B vaccine**, or has any **severe, life-threatening allergies**



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

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

Pregnant or breastfeeding people who were not vaccinated previously should be vaccinated. Pregnancy or breastfeeding are not reasons to avoid hepatitis B vaccination.

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

Your health care provider can give you more information.

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#### 4. Risks of a vaccine reaction

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- Soreness where the shot is given, fever, headache, and fatigue (feeling tired) can happen after hepatitis B 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.

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#### 5. What if there is a serious problem?

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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](http://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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#### 6. The National Vaccine Injury Compensation Program

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The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. 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](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim.

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#### 7. How can I learn more?

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- 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](http://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](http://www.cdc.gov/vaccines).



# 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/drugs).
- 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)

