



# BRIGHT FUTURES HANDOUT ► PARENT

## 6 MONTH VISIT

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.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Choose a mature, trained, and responsible babysitter or caregiver.
- Ask us questions about child care programs.
- Talk with us or call for help if you feel sad or very tired for more than a few days.
- Spend time with family and friends.

### ✓ YOUR BABY'S DEVELOPMENT

- Place your baby so she is sitting up and can look around.
- Talk with your baby by copying the sounds she makes.
- Look at and read books together.
- Play games such as peekaboo, patty-cake, and so big.
- Don't have a TV on in the background or use a TV or other digital media to calm your baby.
- If your baby is fussy, give her safe toys to hold and put into her mouth. Make sure she is getting regular naps and playtimes.

### ✓ FEEDING YOUR BABY

- Know that your baby's growth will slow down.
- Be proud of yourself if you are still breastfeeding. Continue as long as you and your baby want.
- Use an iron-fortified formula if you are formula feeding.
- Begin to feed your baby solid food when he is ready.
- Look for signs your baby is ready for solids. He will
  - Open his mouth for the spoon.
  - Sit with support.
  - Show good head and neck control.
  - Be interested in foods you eat.

#### Starting New Foods

- Introduce one new food at a time.
- Use foods with good sources of iron and zinc, such as
  - Iron- and zinc-fortified cereal
  - Pureed red meat, such as beef or lamb
- Introduce fruits and vegetables after your baby eats iron- and zinc-fortified cereal or pureed meat well.
- Offer solid food 2 to 3 times per day; let him decide how much to eat.
- Avoid raw honey or large chunks of food that could cause choking.
- Consider introducing all other foods, including eggs and peanut butter, because research shows they may actually prevent individual food allergies.
- To prevent choking, give your baby only very soft, small bites of finger foods.
- Wash fruits and vegetables before serving.
- Introduce your baby to a cup with water, breast milk, or formula.
- Avoid feeding your baby too much; follow baby's signs of fullness, such as
  - Leaning back
  - Turning away
- Don't force your baby to eat or finish foods.
  - It may take 10 to 15 times of offering your baby a type of food to try before he likes it.

**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

# 6 MONTH VISIT—PARENT

## HEALTHY TEETH

- Ask us about the need for fluoride.
- Clean 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).
- Don't give your baby a bottle in the crib. Never prop the bottle.
- Don't use foods or juices that your baby sucks out of a pouch.
- Don't share spoons or clean the pacifier in your mouth.

## WHAT TO EXPECT AT YOUR BABY'S 9 MONTH VISIT

### We will talk about

- Caring for your baby, your family, and yourself
- Teaching and playing with your baby
- Disciplining your baby
- Introducing new foods and establishing a routine
- Keeping your baby safe at home and in the car

## 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.
- If your baby has reached the maximum height/weight allowed with your rear-facing-only car seat, you can use an approved convertible or 3-in-1 seat in the rear-facing position.
- Put your baby to sleep on her back.
- Choose crib with slats no more than 2 $\frac{3}{8}$  inches apart.
  - Lower the crib mattress all the way.
- Don't use a drop-side crib.
- Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and toys in the crib.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Do a home safety check (stair gates, barriers around space heaters, and covered electrical outlets).
- Don't leave your baby alone in the tub, near water, or in high places such as changing tables, beds, and sofas.
- Keep poisons, medicines, and cleaning supplies locked and out of your baby's sight and reach.
- Put the Poison Help line number into all phones, including cell phones. Call us if you are worried your baby has swallowed something harmful.
- Keep your baby in a high chair or playpen while you are in the kitchen.
- Do not use a baby walker.
- Keep small objects, cords, and latex balloons away from your baby.
- Keep your baby out of the sun. When you do go out, put a hat on your baby and apply sunscreen with SPF of 15 or higher on her exposed skin.

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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# Your baby at 6 months



Baby's Name \_\_\_\_\_

Baby's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 6 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

## What most babies do by this age:

### Social/Emotional Milestones

- Knows familiar people
- Likes to look at himself in a mirror
- Laughs

### Language/Communication Milestones

- Takes turns making sounds with you
- Blows "raspberries" (sticks tongue out and blows)
- Makes squealing noises

### Cognitive Milestones (learning, thinking, problem-solving)

- Puts things in her mouth to explore them
- Reaches to grab a toy he wants
- Closes lips to show she doesn't want more food

### Movement/Physical Development Milestones

- Rolls from tummy to back
- Pushes up with straight arms when on tummy
- Leans on hands to support himself when sitting

## Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

**You know your baby best.** Don't wait. If your baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your baby more; and
2. Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at [cdc.gov/FindEI](https://www.cdc.gov/FindEI).

For more on how to help your baby, visit [cdc.gov/Concerned](https://www.cdc.gov/Concerned).

**Don't wait.**  
Acting early can make  
a real difference!



Download CDC's  
free Milestone  
Tracker app



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# Help your baby learn and grow

As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.



- Use “back and forth” play with your baby. When your baby smiles, you smile; when he makes sounds, you copy them. This helps him learn to be social.
- “Read” to your baby every day by looking at colorful pictures in magazines or books and talk about them. Respond to her when she babbles and “reads” too. For example, if she makes sounds, say “Yes, that’s the doggy!”
- Point out new things to your baby and name them. For example, when on a walk, point out cars, trees, and animals.
- Sing to your baby and play music. This will help his brain develop.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- When your baby looks at something, point to it and talk about it.
- Put your baby on her tummy or back and put toys just out of reach. Encourage her to roll over to reach the toys.
- Learn to read your baby’s moods. If he’s happy, keep doing what you are doing. If he’s upset, take a break and comfort your baby.
- Talk with your baby’s doctor about when to start solid foods and what foods are choking risks. Breast milk or formula is still the most important source of “food” for your baby.
- Learn when your baby is hungry or full. Pointing to foods, opening his mouth to a spoon, or getting excited when seeing food are signs that he is hungry. Others, like pushing food away, closing his mouth, or turning his head away from food tells you that he’s had enough.
- Help your baby learn she can calm down. Talk softly, hold, rock, or sing to her, or let her suck on her fingers or a pacifier. You may offer a favorite toy or stuffed animal while you hold or rock her.
- Hold your baby up while she sits. Let her look around and give her toys to look at while she learns to balance herself.

**To see more tips and activities download CDC’s Milestone Tracker app.**

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly) | 1-800-CDC-INFO (1-800-232-4636)



Download CDC's  
free Milestone  
Tracker app



**Learn the Signs. Act Early.**



# 6 months old

Child's name \_\_\_\_\_

Length \_\_\_\_\_ Weight \_\_\_\_\_ Date \_\_\_\_\_

Weight for Length percentile \_\_\_\_\_ %



## Food for Thought

*Any feeding concerns?*

*Is your baby having problems with any food?*

*How does your baby let you know if he or she is full?*

## Feeding Advice

### Your Baby's Diet ~

- Continue breastmilk or iron-fortified formula, 30-32 ounces per day.
- Cereal 2-4 tablespoons, twice per day.
- Vegetables 1-2 tablespoons, twice per day.
- Fruits 1-2 tablespoons, twice per day.
- Between 7 and 9 months you may introduce strained meats.
- **If juice is given, it should be 100% fruit juice and no more than 3 oz./day in a cup.** (Soft drinks, fruit punch and other sweetened drinks are not good for your baby.)

### Solid Food Tips ~

**Cereal** – Use a single grain (rice, barley or oats) iron-fortified cereal.

**Vegetables** – After cereal, start with plain, strained vegetables (carrots, spinach, squash, peas, green beans). **DO NOT** start with mixed vegetables.

**Fruit** – Gradually introduce strained fruits (peaches, pears, bananas). **DO NOT** give fruit desserts.

*Try one new food at a time and feed that food for 3-4 days to know if your baby can tolerate it.*

### Feeding Tips ~

- Always start with vegetables first at every meal.
- Use a spoon and dish, never feed from the jar.
- Your baby may spit out food as a normal response, so offer new foods many times.
- Your baby does not need salt, sugar or margarine/butter added to foods.

- Meal times can be messy, have fun and enjoy family meals.
- Do not put your baby to bed with a bottle or prop up the bottle.

### Additional Feeding Tips ~

- Breastmilk and formula intake will decrease as your baby begins to eat more food. Let your baby decide how much food or breastmilk/formula is enough. Some days your baby will eat more than other days.
- Ask about Vitamin D supplementation, especially for breastfed infants. For more information talk to your doctor or healthcare professional.

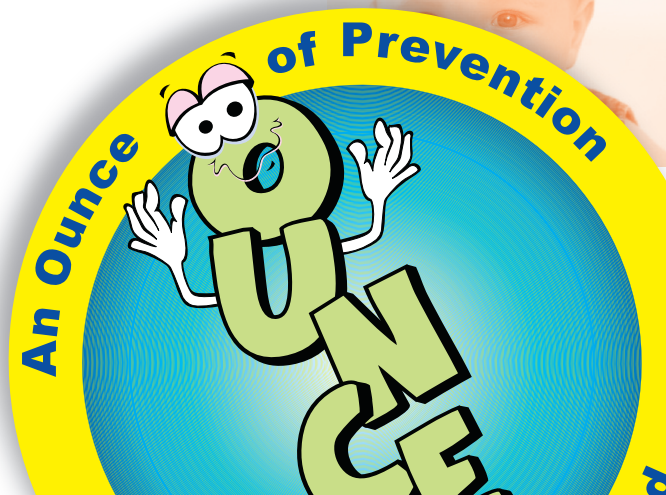
## Be Active

- Encourage crawling, sitting alone and exploring.
- Screen time (TV, computer, electronic games) not recommended under age 2.

## Notes:



The Ounce of Prevention Program is a collaboration of the Ohio Department of Health, Healthy Ohio; the American Academy of Pediatrics—Ohio Chapter; Nationwide Children's Hospital; the American Dairy Association Mideast and the Ohio Dietetic Association. May be reproduced in its entirety for educational purposes. February 2010



# Four Easy Steps to Prevent Peanut Allergy in Your Baby

Peanut allergy is the most common food allergy in children in the United States. And once you have a peanut allergy it rarely goes away. You usually have it for life!

**But Today, We Can Stop Most Peanut Allergy Before It Starts!**

**Providing infant-safe peanut-containing foods early** can reduce the chance of your baby developing a peanut allergy by as much as 80 percent.<sup>(1)</sup> Guidelines recommend giving infant-safe peanut foods as soon as your baby is ready to safely eat solid foods, as early as 4 to 6 months of age.<sup>(2)</sup>

Follow these simple steps to help prevent a peanut allergy from developing:

## Step 1: Make sure your baby is ready to safely eat pureed or solid foods. Your baby should:

- Be able to sit up on their own and show interest in table foods.
- NOT have had any allergic reaction to peanuts before.
- Be eating other solid foods. Only give peanut foods after your baby has tried several other foods first.
- Be healthy right now (no vomiting, diarrhea, cold, cough, or rash).



**“If your baby has severe eczema or an egg allergy, talk with your baby’s doctor or other primary care provider first because these can make your baby more likely to have a peanut allergy reaction.”**

## Step 2: Choose the peanut-containing food you want to give your baby. Here are three safe options to consider:

- **Option 1:** Creamy peanut butter that you thin by mixing it with breast milk, formula, or water.
- **Option 2:** Peanut flour or peanut powder that you mix into a puree your baby already eats.
- **Option 3:** Puffed snacks made with peanut and corn. For babies younger than 7 months of age, the peanut puffs should be softened with water, breast milk, or formula.



## Step 3: Give your baby the peanut-containing food.



- Start with just a taste. Offer a small amount on the tip of a spoon.
- Continue feeding your baby other foods and watch your baby closely for 10 minutes before giving more peanut food.
- Allergic reaction symptoms can include skin rash or hives (red, itchy bumps), vomiting, swelling of the lips or tongue, coughing, wheezing, or starting to look sick.
- If there is no allergic reaction, slowly give the remaining food.
- If your baby has a reaction, don't feed any more peanut-containing food until you have contacted your baby's health care provider and been told it is safe to do so. If your baby seems to be having trouble breathing, call 911. Keep in mind this is a rare reaction.
- **IMPORTANT NOTE:** In rare cases, food allergy symptoms can appear up to 2 hours after giving peanut food. So, keep watching your baby for 2 hours.

**“Never feed whole peanuts, chunky peanut butter, or peanut butter straight from a jar to your baby! These are choking hazards.”**



## Step 4: No reaction? Continue to give your baby peanut-containing food 2 to 3 times a week.

- Continuing to provide peanut foods is important for stopping a peanut allergy from developing.
- **It pays to be persistent.** Some babies may not show interest in solid foods at every feeding but continue to offer food consistently. Early introduction is most effective when it starts between 4 and 6 months of age.



**“DON'T DELAY introduction of peanut-containing foods. Delaying may increase the chance of your baby developing a peanut allergy.”**

Visit [FoodAllergyPrevention.org](https://www.foodallergy.org) to find information on the research behind these recommendations along with more details on how to recognize a food allergy reaction and safely feed your baby other top allergen foods as part of a diverse, health diet.

#### References:

1. Du Toit G, Roberts G, Sayre PH, et al. Randomized trial of peanut consumption in infants at risk for peanut allergy. *N Engl J Med.* 2015;372(9):803-813. doi:10.1056/NEJMoa1414850
2. Addendum Guidelines for the Prevention of Peanut Allergy in the United States. <https://www.niaid.nih.gov/sites/default/files/addendum-peanut-allergy-prevention-guidelines.pdf>



# 6 TO 12 MONTHS

## Safety for Your Child

Did you know that hundreds of infants die every year in the United States because of injuries—most of which can be prevented?

Often, injuries happen because parents are not aware of what their children can do. Your child is a fast learner and will suddenly be able to *roll over*, *crawl*, *sit*, and *stand*. Your child may *climb* before walking, or *walk* with support months before you expect. Your child will *grasp* at almost anything and reach things he or she could not reach before.

### Falls

Because of your child's new abilities, he or she will fall often. Protect your child from injury. **Use gates on stairways and doors. Install operable window guards** on all windows above the first floor. **Remove sharp-edged or hard furniture** from the room where your child plays.

**Do not use a baby walker.** Your child may tip it over, fall out of it, or fall down the stairs in it. Baby walkers allow children to get to places where they can pull hot foods or heavy objects down on themselves.

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

### Burns

At 6 to 12 months children grab at everything. NEVER leave cups of hot coffee on tables or counter edges. **And NEVER carry hot liquids or food near your child or while holding your child.** He or she could get burned. Also, if your child is left to crawl or walk around stoves, wall or floor heaters, or other hot appliances, he or she is likely to get burned. **A safer place for your child** while you are cooking, eating, or unable to provide your full attention is the **playpen, crib, or stationary activity center, or buckled into a high chair.**

**If your child does get burned, put cold water on the burned area immediately. 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. Call your doctor for all burns. 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.**

Make 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.



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## Drowning

At this age your child loves to play in water. Empty all the water from a bathtub, pail, or any container of water immediately after use. Keep a hand on your baby at all times while in the bathtub. Keep the door to the bathroom closed. **NEVER leave your child alone in or near a bathtub, pail of water, wading or swimming pool, or any other water, even for a moment.** Drowning can happen in less than 2 inches of water. Knowing how to swim does NOT mean your child is safe in or near water. Stay within an arm's length of your child around water.

If you have a swimming pool, now is the time to **install a fence** that separates the house from the pool. The pool should be fenced in on all 4 sides. Most children drown when they wander out of the house and fall into a pool that is not fenced off from the house. Be prepared—install a fence around your pool now, before your child begins to walk!



## Poisoning and Choking

Your child will explore the world by *putting anything and everything into his or her mouth*. NEVER leave small objects or balloons in your child's reach, even for a moment. Don't feed your child hard pieces of food such as hot dogs, raw carrots, grapes, peanuts, or popcorn. Cut all of his or her food into thin slices to prevent choking.

**Be prepared if your child starts to choke. Learn how to save the life of a choking child. Ask your doctor to recommend the steps you need to take.**

Children will put everything into their mouths, even if it doesn't taste good. Many ordinary things in your house **can be poisonous** to your child. Be sure to keep household products such as cleaners, chemicals, and medicines up, up, and away, completely out of sight and reach. Never store lye drain cleaners in your home. **Use safety latches or locks** on drawers and cupboards. Remember, your child doesn't understand or remember "no" while exploring.



**If your child does eat something that could be poisonous, call the Poison Help number at 1-800-222-1222 immediately. Do not make your child vomit.**

## Strangulation and Suffocation

Place your baby's crib away from windows. **Cords from window blinds and draperies can strangle your child.** Use cordless window coverings or, if this is not possible, tie cords high and out of reach. Do not knot cords together.

**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 child.

## And Remember Car Safety

**Car crashes** are a **great danger** to your child's life and health. Most injuries and deaths caused by car crashes **can be prevented** by the use of car safety seats EVERY TIME your child is in the car. All infants and toddlers should ride in a rear-facing car safety seat until they are at least 2 years of age or until they reach the highest weight or height allowed by their car safety seat's manufacturer. A rear-facing car safety seat should NEVER be placed in front of a passenger airbag.



From Your Doctor

Your child, besides being much safer in a car safety seat, will behave better so you can pay attention to your driving. **The safest place for all infants and children to ride is in the back seat.**

**Do not leave your child alone in a car. Keep vehicles and their trunks locked. Children who are left in a car can die of heatstroke because temperatures can reach deadly levels in minutes.**

**Remember, the biggest threat to your child's life and health is an injury.**

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## Healthy Sleep Habits: Babies and Toddlers

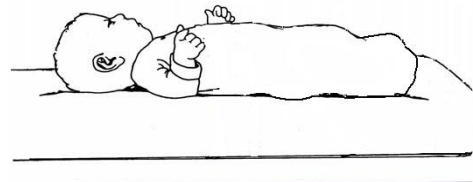
Sleep is important at all ages. Newborns do not know day from night, so they sleep and wake up at all times. Toddler sleep may vary too. This can be hard for parents.

### How much sleep your child needs depends on their age

Age	How much sleep	Other
Birth to 2 months	16 to 20 hours a day	<ul style="list-style-type: none"> <li>Your child will be awake 1 to 2 hours between sleep times.</li> </ul>
Infants: 2 months to 1 year	13 to 15 hours a day	<ul style="list-style-type: none"> <li>Sleep time includes nighttime sleep, and morning and afternoon naps.</li> </ul>
Toddlers: 1 to 2 years	12 hours a day	<ul style="list-style-type: none"> <li>Sleep time includes afternoon naps.</li> <li>Naps should be less than 3 hours.</li> <li>Have your child wake up by 4 p.m. so they sleep at night.</li> </ul>

### Help your child sleep better

- Feed your baby right before bedtime so they are not hungry when you put them in their crib.
- Put your child in their crib when they are sleepy but not yet asleep. This lets them learn to fall asleep on their own.
- Always put your baby in their crib on their back. Do this until they are 1 year old (Picture 1).
- Have a regular sleep schedule and a nighttime routine.
  - Your child should go to sleep at the same time each night.
  - Nighttime routines can include feeding, bathing, stories, soft music, etc.



**Picture 1** Always put your baby in a crib on their back.

- You can give your baby a pacifier while they sleep.
  - A pacifier may lower the risk of sudden unexplained infant death syndrome (SUIDS).
  - If your baby is breastfeeding, be sure they can put their mouth around the nipple and latch on before starting a pacifier. This is usually around 3 to 4 weeks of age.
- Do not put your child in their crib with a bottle or cup. Sleeping with milk or juice in their mouth can lead to tooth decay (cavities).

## **Prevent bad habits**

- Put your baby in their crib on their back for safety and so they learn to sleep alone.
  - Safe sleep for infants up to 1 year of age also includes:
    - sharing a room but NOT a bed
    - nothing in the crib but your baby; no blankets, stuffed animals, or bumpers
- Night feedings
  - When babies are 2 times their birth weight they may not need to be fed at night.
  - Ask your baby’s health care provider when to start cutting down night feedings.
- When your baby is about 6 months old, try this if they wake up and fuss at night.
  - Check on them, but don’t let them see you. If you do, they will expect you to keep coming back when they fuss.
  - At first, fussing lasts about 10 minutes. The next night, let fussing last a bit longer.
  - For this to work, you must keep doing it over and over again the same way.
  - Remember, you are helping your child learn to go back to sleep on their own.
  - If this does not work after a few weeks, you can stop. Try again in 4 to 6 weeks.

## **Call your child’s health care provider if:**

- sleep problems don’t go away after you follow these tips.
- your child snores loudly.
- your child has long pauses in their breathing when sleeping.
- you have any other questions or concerns.

# Know Your Poison Center's Number.



**POISON**  
**Help**  **p**<sup>®</sup>  
**1-800-222-1222**  
**poison.org**

**You could  
save a life.**

**1-800-222-1222**



## SUGGESTED SCREEN TIME USE BY AGE



### 18 MONTHS AND YOUNGER

Avoid use of screen media other than video-chatting.



### 18 - 24 MONTHS

Parents of children 18 to 24 months of age who want to introduce digital media should choose high-quality programming, and watch it with their children to help them understand what they're seeing.



### 2 - 5 YEARS

Limit screen use to 1 hour per day of high-quality programs. Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them.



### 6 - 12 YEARS

Place consistent limits on the time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity and other behaviors essential to health.



### 12 YEARS AND OLDER

Designate media-free times together, such as dinner or driving, as well as media-free locations at home, such as bedrooms.

# Pneumococcal Conjugate Vaccine: *What You Need to Know*

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

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

## 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.



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### 3. Talk with your health care provider

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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.

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### 4. Risks of a vaccine reaction

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- 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.

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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).



# Rotavirus 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?

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.



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

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

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# Your Child's First Vaccines: 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)

The vaccines included on this statement are likely to be given at the same time during infancy and early childhood. There are separate *Vaccine Information Statements* for other vaccines that are also routinely recommended for young children (measles, mumps, rubella, varicella, rotavirus, influenza, and hepatitis A)

**Your child is getting these vaccines today:**

DTaP

Hib

Hepatitis B

PCV

Polio

(Provider: Check appropriate boxes.)

## 1. Why get vaccinated?

Vaccines can prevent disease. Childhood vaccination is essential because it helps provide immunity before children are exposed to potentially life-threatening diseases.

### Diphtheria, tetanus, and pertussis (DTaP)

- **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.

### Hib (*Haemophilus influenzae* type b) disease

*Haemophilus influenzae* type b can cause many different kinds of infections. Hib bacteria can cause mild illness, such as ear infections or bronchitis, or they can cause severe illness, such as infections of the blood. Hib infection can also cause pneumonia; severe swelling in the throat, making it hard to breathe; and infections of the blood, joints, bones, and covering of the heart. Severe Hib infection, also called “invasive Hib disease,” requires treatment in a hospital and can sometimes result in death.

### 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 infection 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 infection 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.

### Pneumococcal disease (PCV)

**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. Besides pneumonia, pneumococcal bacteria can also cause ear infections, sinus infections, meningitis (infection of the tissue covering the brain and spinal cord), and bacteremia (infection of the blood). 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.



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## 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 infected with poliovirus will experience sore throat, fever, tiredness, nausea, headache, or stomach pain, and most people with these symptoms will also recover without complications. A smaller group of people will develop more serious symptoms: 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 can lead to permanent disability and death.

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## 2. DTaP, Hib, hepatitis B, pneumococcal conjugate, and polio vaccines

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**Infants and children** usually need:

- 5 doses of **diphtheria, tetanus, and acellular pertussis vaccine (DTaP)**
- 3 or 4 doses of **Hib vaccine**
- 3 doses of **hepatitis B vaccine**
- 4 doses of **pneumococcal conjugate vaccine (PCV)**
- 4 doses of **polio vaccine**

Some children might need fewer or more than the usual number of doses of some vaccines to have the best protection because of their age at vaccination or other circumstances.

**Older children, adolescents, and adults** with certain health conditions or other risk factors or who did not get vaccinated earlier might also be recommended to receive 1 or more doses of some of these vaccines.

These vaccines are given as either stand-alone vaccines or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

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## 3. Talk with your health care provider

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Tell your vaccination provider if the child getting the vaccine:

### **For all of these vaccines:**

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

### **For DTaP:**

- Has had an **allergic reaction after a previous dose of any vaccine that protects against diphtheria, tetanus, or pertussis**
- 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 diphtheria or tetanus**

### **For PCV:**

- 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)

In some cases, your child's health care provider may decide to postpone 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 being vaccinated.

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

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## 4. Risks of a vaccine reaction

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### For all of these vaccines:

- Soreness, redness, swelling, warmth, pain, or tenderness where the shot is given can happen after vaccination.

### For DTaP vaccine, Hib vaccine, hepatitis B vaccine, and PCV:

- Fever can happen after vaccination.

### For DTaP vaccine:

- 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.

### For PCV:

- Loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after PCV 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.

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.

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