

Your Baby at 4 Months



Child's Name _____

Child's Age _____

Today's Date _____

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 4 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by this Age:

Social/Emotional

- Smiles spontaneously, especially at people
- Likes to play with people and might cry when playing stops
- Copies some movements and facial expressions, like smiling or frowning

Language/Communication

- Begins to babble
- Babbles with expression and copies sounds he hears
- Cries in different ways to show hunger, pain, or being tired

Cognitive (learning, thinking, problem-solving)

- Lets you know if she is happy or sad
- Responds to affection
- Reaches for toy with one hand
- Uses hands and eyes together, such as seeing a toy and reaching for it
- Follows moving things with eyes from side to side
- Watches faces closely
- Recognizes familiar people and things at a distance

Movement/Physical Development

- Holds head steady, unsupported
- Pushes down on legs when feet are on a hard surface
- May be able to roll over from tummy to back
- Can hold a toy and shake it and swing at dangling toys
- Brings hands to mouth
- When lying on stomach, pushes up to elbows

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- Is missing milestones
- Doesn't watch things as they move
- Doesn't smile at people
- Can't hold head steady
- Doesn't coo or make sounds
- Doesn't bring things to mouth
- Doesn't push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON'T WAIT.
Acting early can make a real difference!



www.cdc.gov/ActEarly
1-800-CDC-INFO (1-800-232-4636)



Download CDC's
Milestone Tracker App



Learn the Signs. Act Early.

Help Your Baby Learn and Grow



You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 4-month-old baby today.

What You Can Do for Your 4-Month-Old:

- Hold and talk to your baby; smile and be cheerful while you do.
- Set steady routines for sleeping and feeding.
- Pay close attention to what your baby likes and doesn't like; you will know how best to meet his needs and what you can do to make your baby happy.
- Copy your baby's sounds.
- Act excited and smile when your baby makes sounds.
- Have quiet play times when you read or sing to your baby.
- Give age-appropriate toys to play with, such as rattles or colorful pictures.
- Play games such as peek-a-boo.
- Provide safe opportunities for your baby to reach for toys and explore his surroundings.
- Put toys near your baby so that she can reach for them or kick her feet.
- Put toys or rattles in your baby's hand and help him to hold them.
- Hold your baby upright with feet on the floor, and sing or talk to your baby as she "stands" with support.

Milestones adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

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



Learn the Signs. Act Early.

Bright Futures Information for Parents: 4 Month Visit

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

How is Your Family Doing?

Learn if your home or drinking water has lead and take steps to get rid of it. Lead is toxic for everyone.

Take time for yourself and with your partner. Spend time with family and friends.

Choose a mature, trained, and responsible babysitter or caregiver.

You can talk with your health care professional about your child care choices.

Feeding Your Baby

For babies at 4 months of age, breast milk or iron-fortified formula remains the best food. Solid foods are discouraged until about 6 months of age.

Avoid feeding your baby too much by following the baby's signs of fullness, such as:

- Leaning back
- Turning away

If Breastfeeding...

Providing only breast milk for your baby for about the first 6 months after birth provides ideal nutrition. It supports the best possible growth and development.

Be proud of yourself if you are still breastfeeding. Continue as long as you and your baby want.

Know that babies this age go through growth spurts. They may want to breastfeed more often and that is normal.

If you pump, be sure to store your milk properly so it stays safe for your baby. We can give you more information.

Give your baby vitamin D drops (400 IU a day).

Tell your health care professional if you are taking any medications, supplements, or herbal preparations.

If Formula Feeding...

Make sure to prepare, heat, and store the formula safely.

Feed on demand. Expect him to eat about 30 to 32 oz daily.

Hold your baby so you can look at each other when you feed him.

Always hold the bottle. Never prop it.

Don't give your baby a bottle while he is in a crib.

Your Changing Baby

Create routines for feeding, nap time, and bedtime.

Calm your baby with soothing and gentle touches when she is fussy.

Make time for quiet play.

- Hold your baby and talk with her.
- Read to your baby often.

Encourage active play.

- Offer floor gyms and colorful toys to hold.
- Put your baby on her tummy for playtime. Don't leave her alone during tummy time or allow her to sleep on her tummy.

Don't have a TV on in the background or use a TV or other digital media to calm your baby.

Healthy Teeth

Go to your own dentist twice yearly. It is important to keep your teeth healthy so you don't pass bacteria that cause cavities on to your baby.

Don't share spoons with your baby or use your mouth to clean the baby's pacifier.

Use a cold teething ring if your baby's gums are sore from teething.

Don't put your baby in a crib with a bottle.

Clean your baby's gums and teeth (as soon as you see the first tooth) 2 times per day with a soft cloth or soft toothbrush and a small smear of fluoride toothpaste (no more than a grain of rice).

Safety

Use a rear-facing-only car safety seat in the back seat of all vehicles.

Never put your baby in the front seat of a vehicle that has a passenger airbag.

Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.

Always put your baby to sleep on her back in her own crib, not in your bed.

- Your baby should sleep in your room until she is at least 6 months of age.
- Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
- Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and toys in the crib.

Drop-side cribs should not be used.

Lower the crib mattress.

If you choose to use a mesh playpen, get one made after February 28, 2013.

Prevent tap water burns. Set the water heater so the temperature at the faucet is at or below 120°F /49°C.

Prevent scalds or burns. Don't drink hot drinks when holding your baby.

Keep a hand on your baby on any surface from which she might fall and get hurt, such as a changing table, couch, or bed.

Never leave your baby alone in bathwater, even in a bath seat or ring.

Keep small objects, small toys, and latex balloons away from your baby.

Don't use a baby walker.

What to Expect at Your Baby's 6 Month Visit

We will talk about

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

Helpful Resources:

- Information About Car Safety Seats: www.nhtsa.gov/parents-and-caregivers
- Toll-free Auto Safety Hotline: 888-327-4236

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

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

For more resources for families, go to <https://brightfutures.aap.org/families>.

The information contained in this webpage 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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Ages & Stages Questionnaires®

6 Month Questionnaire

5 months 0 days through 6 months 30 days



Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Baby's information

Baby's first name: _____ Middle initial: _____ Baby's last name: _____

Baby's date of birth: _____ If baby was born 3 or more weeks prematurely, # of weeks premature: _____ Baby's gender: Male Female

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Street address: _____ Relationship to baby: Parent Guardian Teacher Child care provider

City: _____ State/Province: _____ ZIP/Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Baby ID #: _____ Age at administration in months and days: _____

Program ID #: _____ If premature, adjusted age in months and days: _____

Program name: _____



6 Month Questionnaire

5 months 0 days
through 6 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Try each activity with your baby before marking a response.
- Make completing this questionnaire a game that is fun for you and your baby.
- Make sure your baby is rested and fed.
- Please return this questionnaire by _____.

Notes:

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your baby make high-pitched squeals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. When playing with sounds, does your baby make grunting, growling, or other deep-toned sounds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. If you call your baby when you are out of sight, does she look in the direction of your voice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. When a loud noise occurs, does your baby turn to see where the sound came from?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Does your baby make sounds like "da," "ga," "ka," and "ba"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

COMMUNICATION TOTAL _____

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. While your baby is on his back, does your baby lift his legs high enough to see his feet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. When your baby is on her tummy, does she straighten both arms and push her whole chest off the bed or floor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your baby roll from his back to his tummy, getting both arms out from under him?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. When you put your baby on the floor, does she lean on her hands while sitting? <i>(If she already sits up straight without leaning on her hands, mark "yes" for this item.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___



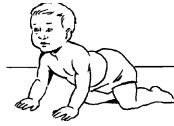
GROSS MOTOR (continued)

5. If you hold both hands just to balance your baby, does he support his own weight while standing?



YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

6. Does your baby get into a crawling position by getting up on her hands and knees?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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GROSS MOTOR TOTAL _____

FINE MOTOR

1. Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute?

YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

2. Does your baby reach for or grasp a toy using both hands at once?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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3. Does your baby reach for a crumb or Cheerio and touch it with his finger or hand? (If he already picks up a small object the size of a pea, mark "yes" for this item.)



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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4. Does your baby pick up a small toy, holding it in the center of her hand with her fingers around it?



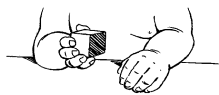
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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5. Does your baby try to pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion, even if he isn't able to pick it up? (If he already picks up the crumb or Cheerio, mark "yes" for this item.)



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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6. Does your baby pick up a small toy with only one hand?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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FINE MOTOR TOTAL _____

PROBLEM SOLVING

1. When a toy is in front of your baby, does she reach for it with both hands?

YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____


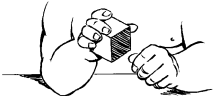

2. When your baby is on his back, does he turn his head to look for a toy when he drops it? (If he already picks it up, mark "yes" for this item.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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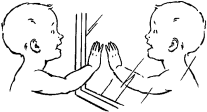



3. When your baby is on her back, does she try to get a toy she has dropped if she can see it?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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PROBLEM SOLVING (continued)

	YES	SOMETIMES	NOT YET	
<p>4. Does your baby pick up a toy and put it in his mouth?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<p>5. Does your baby pass a toy back and forth from one hand to the other?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<p>6. Does your baby play by banging a toy up and down on the floor or table?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
PROBLEM SOLVING TOTAL				—

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
<p>1. When in front of a large mirror, does your baby smile or coo at herself?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<p>2. Does your baby act differently toward strangers than he does with you and other familiar people? <i>(Reactions to strangers may include staring, frowning, withdrawing, or crying.)</i></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<p>3. While lying on her back, does your baby play by grabbing her foot?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<p>4. When in front of a large mirror, does your baby reach out to pat the mirror?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<p>5. While your baby is on his back, does he put his foot in his mouth?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<p>6. Does your baby try to get a toy that is out of reach? <i>(She may roll, pivot on her tummy, or crawl to get it.)</i></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
PERSONAL-SOCIAL TOTAL				—

OVERALL

Parents and providers may use the space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain:

YES

NO

2. When you help your baby stand, are his feet flat on the surface most of the time?
If no, explain:

YES

NO

3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:

YES

NO

4. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

YES

NO

5. Do you have concerns about your baby's vision? If yes, explain:

YES

NO

6. Has your baby had any medical problems in the last several months? If yes, explain:

YES

NO

7. Do you have any concerns about your baby's behavior? If yes, explain:

YES

NO

8. Does anything about your baby worry you? If yes, explain:

YES

NO



6 Month ASQ-3 Information Summary

5 months 0 days through
6 months 30 days

Baby's name: _____ Date ASQ completed: _____

Baby's ID #: _____ Date of birth: _____

Administering program/provider: _____ Was age adjusted for prematurity when selecting questionnaire? Yes No

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	29.65		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	22.25		●	●	●	●	●	○	○	○	○	○	○	○	○
Fine Motor	25.14		●	●	●	●	●	○	○	○	○	○	○	○	○
Problem Solving	27.72		●	●	●	●	●	○	○	○	○	○	○	○	○
Personal-Social	25.34		●	●	●	●	●	○	○	○	○	○	○	○	○

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- | | | | |
|--|---------------|--|---------------|
| 1. Uses both hands and both legs equally well?
Comments: | Yes NO | 5. Concerns about vision?
Comments: | YES No |
| 2. Feet are flat on the surface most of the time?
Comments: | Yes NO | 6. Any medical problems?
Comments: | YES No |
| 3. Concerns about not making sounds?
Comments: | YES No | 7. Concerns about behavior?
Comments: | YES No |
| 4. Family history of hearing impairment?
Comments: | YES No | 8. Other concerns?
Comments: | YES No |

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the area, it is above the cutoff, and the baby's development appears to be on schedule.

If the baby's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.

If the baby's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.

- Provide activities and rescreen in _____ months.
- Share results with primary health care provider.
- Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- Refer to primary health care provider or other community agency (specify reason): _____
- Refer to early intervention/early childhood special education.
- No further action taken at this time
- Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



Acetaminophen (Tylenol™, Feverall™) Dosage for Fever and Pain

Dosage						
	Infant drops 80 mg per dropperful (0.8 mL)	Infant or children's oral suspension 160 mg per 5 mL	Children's chewable or meltaway tablet 80 mg	Junior strength chewable or meltaway tablet 160 mg	Adult tablet 325 mg	Adult extra strength tablet 500 mg
6 to 11 lbs.	½ dropper (40 mg) (0.4 mL)	1.25 mL (40 mg)	–	–	–	–
12 to 17 lbs.	1 dropper (80 mg) (0.8 mL)	2.5 mL (80 mg)	–	–	–	–
18 to 23 lbs.	1½ dropper (120 mg) (1.2 mL)	3.75 mL (120 mg)	–	–	–	–
24 to 35 lbs.	–	5 mL (160 mg)	2 tablets (160 mg)	1 tablet (160 mg)	–	–
36 to 47 lbs.	–	7.5 mL (240 mg)	3 tablets (240 mg)	1½ tablets (240 mg)	–	–
48 to 59 lbs.	–	10 mL (320 mg)	4 tablets (320 mg)	2 tablets (320 mg)	1 tablet (325 mg)	–
60 to 71 lbs.	–	12.5 mL (400 mg)	5 tablets (400 mg)	2½ tablets (400 mg)	1 tablet (325 mg)	–
72 to 95 lbs.	–	15 mL (480 mg)	6 tablets (480 mg)	3 tablets (480 mg)	1½ tablets (487.5 mg)	1 tablet (500 mg)
95 to 146 lbs.	–	–	–	4 tablets (640 mg)	2 tablets (650 mg)	1 tablet (500 mg)

- Use **only** the enclosed medication dispenser that comes with the product. (Kitchen teaspoons are not accurate measures for medication.)
- Dose may be given every 4 hours. Do not use more than 5 times in 24 hours.

The following abbreviations are used on this dosage chart:

- Milligram (mg)
- Milliliter (mL)
- Pounds (lbs.)
- Not applicable: This form of medication should not be given to a child of this weight.

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

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite 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 Polio PCV13

(Provider: Check appropriate boxes.)

1 Why get vaccinated?

Vaccines can prevent disease. Most vaccine-preventable diseases are much less common than they used to be, but some of these diseases still occur in the United States. **When fewer babies get vaccinated, more babies get sick.**

Diphtheria, tetanus, and pertussis

- 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 which makes it hard to breathe, eat, or drink. Pertussis can be extremely serious in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

Hib (*Haemophilus influenzae* type b) disease

Haemophilus influenzae type b can cause many different kinds of infections. These infections usually affect children under 5 years old. Hib bacteria can cause mild illness, such as ear infections or bronchitis, or they can cause severe illness, such as infections of the bloodstream. Severe Hib infection requires treatment in a hospital and can sometimes be deadly.

Hepatitis B

Hepatitis B is a liver disease. 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 is very serious and can lead to liver damage (cirrhosis), liver cancer, and death.

Polio

Polio is caused by a poliovirus. Most people infected with a poliovirus have no symptoms, but some people experience sore throat, fever, tiredness, nausea, headache, or stomach pain. A smaller group of people will develop more serious symptoms that affect the brain and spinal cord. In the most severe cases, polio can cause weakness and paralysis (when a person can't move parts of the body) which can lead to permanent disability and, in rare cases, death.

Pneumococcal disease

Pneumococcal disease is any illness caused by pneumococcal bacteria. These bacteria can cause pneumonia (infection of the lungs), ear infections, sinus infections, meningitis (infection of the tissue covering the brain and spinal cord), and bacteremia (bloodstream infection). Most pneumococcal infections are mild, but some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be deadly.



2

DTaP, Hib, hepatitis B, polio, and pneumococcal conjugate vaccines

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 **polio vaccine**
- 4 doses of **pneumococcal conjugate vaccine (PCV13)**

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

Older children, adolescents, and adults with certain health conditions or other risk factors might also be recommended to receive 1 or more doses of some of these vaccines.

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

3

Talk with your health care provider

Tell your vaccine provider if the child getting the vaccine:

For all 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 tetanus, diphtheria, 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 tetanus or diphtheria**.

For PCV13:

- Has had an **allergic reaction after a previous dose of PCV13, to 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 to 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.

4

Risks of a vaccine reaction

For DTaP vaccine:

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

For Hib vaccine:

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

For hepatitis B vaccine:

- Soreness where the shot is given or fever can happen after hepatitis B vaccine.

For polio vaccine:

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

For PCV13:

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness, feeling tired, headache, and chills can happen after PCV13.
- Young children may be at increased risk for seizures caused by fever after PCV13 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.

5 What if there is a serious problem?

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

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

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

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

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



Rotavirus Vaccine:

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

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

1 Why get vaccinated?

Rotavirus vaccine can prevent rotavirus disease.

Rotavirus causes diarrhea, mostly in babies and young children. The diarrhea can be severe, and lead to dehydration. Vomiting and fever are also common in babies with rotavirus.

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 (or parts of it) can be found in rotavirus vaccine. This virus does not infect people, and there is no known safety risk. For more information, see <http://wayback.archive-it.org/7993/20170406124518/https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm212140.htm>.

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

3 Talk with your health care provider

Tell your vaccine 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 to 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 US infants to 1 in 100,000 US 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.



5**What if there is a serious problem?**

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

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

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