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BABIES AND SLEEP: HOW TO GET YOUR LITTLE ONE IN A ROUTINE

It's no secret that getting sleep as a new parent can be difficult. Between worrying, listening for your baby and midnight feedings, you may feel exhausted all the time. Here are some quick tips to help you and your baby get more rest:

Keep track of your baby's sleeping pattern.
After the first few months, a baby will start to develop a sleeping pattern when he or she doesn't need to be fed every few hours.

Keep the baby close to you.
Have your baby sleep in your room in his or her crib for at least the first six months. It will be easier for you to get up for a midnight feeding and it decreases the risk of SIDS. Never let your newborn sleep in your bed with you because he or she could get trapped and suffocate. Discuss safe 'separate surface co-sleeping' options with your physician if you have questions.

Keep your baby active during the day.
Even though newborns sleep on average 16 hours a day, when they are awake you can keep them active by talking, playing and singing.

Keep a bedtime routine.
It's never too early to get your baby into a routine of feeding, bathing, singing or reading before going to sleep.

Crib safety.
Make sure that the mattress in the crib fits properly (no more than two inches away from the crib) so your baby won't get stuck between the crib and the mattress.

Keep other objects out of the baby's sleep area.
Toys and loose bedding increase the risk of suffocation and strangulation.

Adjust your schedule to mirror your baby's schedule.
As your baby develops a sleep schedule, you may find that they are up at night or an early riser. Adjust your sleep schedule to match his or her natural pattern.

Watch for baby sleep cues.
Baby's will give you signals that they are ready for bed. Keep an eye out for eye rubbing, yawning, fussing, and an unwillingness to play.

Keep your baby at room temperature while sleeping.
Overheating is common when babies are bundled up for bed. Dress your baby appropriately for room temperature and watch for sweating and feeling warm to the touch as those are signs of overheating.

Stay calm if your baby won't sleep through the night.
Babies have different sleeping patterns and habits so don't worry if they can't sleep through the night yet. If you are concerned, talk to your St. Elizabeth physician.

Sources:

- www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/baby-sleep/art-20045014
- www.kidshealth.org/en/parents/sleep47m.html?WT.ac=p-ra#

BATHING YOUR BABY

SPONGE BATHE A NEWBORN

For the first week or so it's best to give your infant sponge baths with a warm, damp washcloth. Wash his or her face and hands frequently, and thoroughly clean his or her genital area after each diaper change.

BATHING A BABY IN A BATH TUB

After the umbilical cord stump dries up, falls off, and the area heals, you can start giving your newborn a tub bath every few days. It's easiest to use the kitchen sink or a small plastic baby tub filled with warm water instead of a standard tub.

Although some parents bathe their babies every day, until a baby is crawling around and getting into messes, a bath isn't really necessary more than three times a week during the first year. Bathing your baby too often can dry out his or her skin.

Some babies find the warm water soothing. If this is the case with your baby, it's fine to let him or her linger. Others cry through the whole bath – that's when you'll want to get him or her in and out. Baths don't need to take up a lot of time: five minutes is long enough to get your baby clean before the water cools down too much.

When you do bathe your newborn, you may find it a little scary at first. Handling a wiggling, wet, and soapy little creature takes practice and confidence, so stay calm and maintain a good grip on him/her.

Keep your baby safe in a bath tub

- Never leave your baby unsupervised, even for a minute. If the doorbell or phone rings and you feel you must answer it, scoop him or her up in a towel and take him or her with you.
- Never put your baby into a tub when the water is still running. (The water can quickly get too deep or hot.)
- Set your water heater to 120 degrees Fahrenheit. A child can get third-degree burns in less than a minute at 140 degrees.
- Never leave your child unattended. (Yes, it's so important we listed it twice). A child can drown in less than an inch of water – and in less than 60 seconds.

BATHING YOUR BABY

Bathing a newborn can be scary for parents and the child.
Here are some quick tips to help new parents and babies feel comfortable:

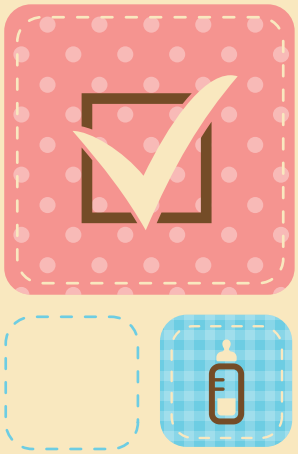
- Babies (especially newborns) don't need a bath every day. Bathing your baby about three times a week should be enough if you're thorough when changing your baby's diaper, wiping away spit-up and changing clothes when they are dirty.
- If you bathe your baby after feeding, wait a little while so your baby can digest his/her food first.
- Gather everything you need for the bath (infant tub, washcloth, hooded baby towel or robe, baby soap, baby shampoo, a cup for rinsing, diaper cream and a diaper) beforehand so you can always keep one hand on the baby.
  Never leave your baby alone in the water.
- When bathing your baby, two inches of warm (NOT hot) water should be enough to clean your baby. You can fill it up a little more to keep him or her warm, but never let go or take your hands away from your baby as he/she may slip into the water.
- Be sure to wash your baby from the head down to keep the rinsed areas clean and soap-free.
- If your baby really hates the bath, you can try swaddle baths. To swaddle bathe your baby, swaddle him/her in a soft towel or blanket and use cotton rounds or squares with warm soapy water to clean his/her face. Then, keep the corner of the towel or blanket covering the baby's head and gently wash his or her body with a soft wash cloth and rinse. When you are finished, pat dry.

Sources:

- www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/healthy-baby/art-20044438
- www.parents.com/baby/care/newborn/routines-for-a-happy-baby-a-5-step-guide/?slideId=26947

DEVELOPMENTAL MILESTONES

Developmental milestones are skills that your baby learns around a similar age to other babies such as lifting his/her head, learning to crawl or saying his/her first words. Remember that every baby progresses at his/her own pace, so don't panic if your child develops a little before or a little after the average ages mentioned below.



1-3 Months

He or she will communicate by mimicking your facial expressions: smiling on purpose, blowing bubbles, cooing when you talk or play, and reach for you when he/she needs or wants something. Your newborn should start to lift his/her head while lying on his/her stomach, stretch and kick, and grasp toys for a few seconds.

4-6 Months

Your baby should be able to move his/her arms and legs purposefully. He/She might start to rock when lying on his/her stomach, and at around six months your baby might be able to sit with assistance. At this point, it is smart to keep small objects out of reach because babies try to put everything in their mouths. Your baby might start cooing, babbling and laughing. He or she may even pause and wait for you to respond to a sound he or she made. At this point your baby will probably be able to recognize their name and might start differing babbles and coos for different needs and wants.

7-9 Months

Your baby will develop quickly every day, so don't be surprised when he/she starts using sounds, gestures and facial expressions to communicate. This is also the time when babies will develop stranger anxiety, meaning they may be resistant to staying with someone unfamiliar such as a babysitter. Many times, he/she will cry when you first leave, but something will catch his/her attention and they will be fine a short time later. Your baby should be able to roll in both directions, so never leave your baby alone on a changing table or bed as they might roll off. As your baby gets stronger, he/she may be able to sit without assistance – scoot, rock and potentially crawl. Some babies will be able to pull themselves up and use a coffee table or couch for support.

10-12 Months

Most babies close to a year in age can respond to simple requests and understand words from familiar people such as parents and siblings. He/she will most likely start communicating by shaking his/her head, pointing, waving or blowing kisses. They may say words they frequently hear such as hi, bye, dada, mama and uh-oh. Most babies can sit without assistance and pull themselves up using support. Months 10 and 11 mean creeping, crawling and exploring, which will eventually lead to walking. By month 12, some babies will be able to walk without help.

Sources:

- www.cdc.gov/ncbddd/childdevelopment/positiveparenting/infants.html
- www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/infant-development/art-20048012

FEEDING YOUR BABY

RECOMMENDED FEEDING SCHEDULE

Newborns should feed "on demand," or whenever they seem hungry. Wait until your baby is a couple months old to begin coaxing your baby onto a feeding schedule.

Try to feed your baby before he/she is crying. Early signs of hunger include smacking or licking lips, opening and closing mouth, sucking on lips, hands or tongue, rooting, fidgeting or squirming and/or fussing.

If breastfeeding, aim for 8-12 nursing sessions in a 24-hour period. Wake your baby every two hours during the day and every four hours during the night to feed. Most formula-fed newborns will eat every 2-3 hours. Once your baby grows and his/her tummy can hold more milk, he/she will likely be able to go 3-4 hours between feedings.

You can tell if your breastfed baby is getting enough milk if he/she is gaining weight, producing wet and dirty diapers and seems satisfied after feedings.

Sources:

- www.babycenter.com/404_how-do-i-get-my-baby-on-a-feeding-schedule_3872.bc
- www.kidshealth.org/en/parents/formulafeed-often.html
- www.kellymom.com/hot-topics/newborn-nursing/
- www.kellymom.com/bf/normal/hunger-cues/

BREASTFEEDING YOUR BABY

If you're experiencing pain while nursing, it's likely due to an incorrect latch or poor positioning. The following techniques can help ensure a good latch:

- Nurse in a comfortable position with back support – good posture helps prevent back and neck strain.
- Use a breastfeeding support pillow.
- Make sure you and your baby are tummy-to-tummy.
- Bring baby to you – do not lean into the baby.
- Grasp the breast on either side in a "C" or "U" hold, and aim the nipple toward the baby's upper lip/nose (not the middle of the mouth). Baby's head should be tilted slightly back. When he/she opens his/her mouth wide with the chin dropped and tongue down, he/she should latch on.
- Look to see that the baby's bottom and top lip are flared out. If they're not, use your finger to gently pull the bottom one down and top one open.

FEEDING YOUR BABY

BREASTFEEDING YOUR BABY

(continued)

Signs of a good latch:

- Tongue is seen when the bottom lip is pulled down.
- Ears wiggle.
- There is circular movement of the jaw rather than rapid chin movement.
- Cheeks are rounded.
- You do not hear clicking or smacking noises.
- You can hear swallowing.
- Chin is touching your breast.
- Any discomfort ends quickly after getting baby latched on.
- Your baby ends the feeding with signs of satisfaction (looks relaxed, “falls” off the breast, has open hands and/or falls asleep).

Source:
www.americanpregnancy.org/breastfeeding/latch/

ENGORGEMENT

When your milk increases in quantity (usually 2-5 days after birth) it’s normal for your breasts to become larger, feel heavier and even feel uncomfortable. This feeling of engorgement typically lasts no longer than 24 hours. To prevent or minimize engorgement, nurse early and often, wake baby to nurse every 2-3 hours (with only one 4-5 hour stretch at night), allow baby to finish the first breast before offering the other side, ensure correct latch and positioning. If baby is not nursing well, you may want to consider using a breast pump to maintain supply and minimize engorgement.

Source:
www.kellymom.com/bf/concerns/mother/engorgement/

PLUGGED DUCTS/MASTITIS

A plugged or blocked duct is an area of the breast where milk flow is obstructed. A plugged duct usually comes on gradually and affects only one breast. The breast may have a hard lump or wedge-shaped area of engorgement that may feel tender, hot, swollen or appear reddened. Typically, a plugged duct will feel more painful before a feeding and less tender afterward. With rest and lots of fluids it should go away on its own. Massage and warm compresses may help alleviate pain. In some cases, mastitis may occur. Symptoms are similar to those of a plugged duct but with increased severity. Some cases are accompanied by fever and flu-like symptoms.

Source:
www.kellymom.com/bf/concerns/mother/mastitis/

FEEDING YOUR BABY

WHEN TO SUPPLEMENT WITH FORMULA

Introducing a bottle

It's best to wait until breastfeeding is well established to introduce a bottle (typically after the first month). If you're returning to work, begin introducing the bottle at least two weeks in advance. Here are a few tips:

- Offer a bottle after a regular feeding to get baby used to the nipple. Use a small amount – only a half an ounce or so.
- Use a slow flow nipple.
- Have someone else do the introduction. If mom gives baby the bottle, he/she may be confused as to why he/she is not getting the breast.
- Try to be out of the house. A baby can smell his/her mother – even at a distance.

Give your baby time to get used to this new feeding method, and take it slow! If your baby starts crying and pushing the bottle away, comfort him/her and then try again. Offer the bottle again later when your baby is receptive but not frantically hungry.

Source:
www.babycenter.com/0_introducing-your-breastfed-baby-to-the-bottle-or-cup_473.bc

TO PUMP OR NOT TO PUMP?

The most common reason to pump breastmilk is so that baby can have it while you're not around, and to maintain your milk supply for when you're together. If you're going back to work and want to continue nursing, this will be essential.

You can also use a breast pump to stimulate milk production and increase your supply, collect milk for a premature baby or a baby who is having difficulty latching, to relieve the pain of engorgement, or if you need to stop nursing for a medical reason.

Source:
babycenter.com/0_pumping-breast-milk-an-overview_8791.bc

FEEDING YOUR BABY

BREASTMILK STORAGE

Freshly expressed breastmilk storage guidelines:

- Room temperature: 4-6 hours at 66-78 degrees Fahrenheit
- Refrigerator: 3-8 days at 39 degrees Fahrenheit or lower
- Freezer: 6-12 months at 0-4 degrees Fahrenheit

Source:
www.medelabreastfeedingus.com/tips-and-solutions/11/collection-and-storage-of-breastmilk

CAN YOU DRINK WHILE FEEDING?

Limiting alcohol use to 1-2 drinks does not appear to be harmful while breastfeeding. According to The American Academy of Pediatrics, “ingestion of alcoholic beverages should be minimized and limited to an occasional intake but no more than 0.5 g alcohol per kg body weight.” For a 130-pound woman this roughly translates to approximately two ounces of liquor, eight ounces of wine or two beers. Nursing should take place two hours or longer after the alcohol intake to minimize its concentration in the milk.

Sources:

- www.kellymom.com/bf/can-i-breastfeed/lifestyle/alcohol/
- www.pediatrics.aappublications.org/content/129/3/e827.full

HEALTH & WELLNESS

TRIMMING BABIES' NAILS

Trimming a newborn's nails is important to maintain proper growth of the nails as well as preventing the baby from scratching themselves on the face. Trimming nails should be done while the baby is being fed so it is done at their calmest moment. Here are the best steps to follow when trimming:

1) Obtain a set of baby nail clippers. You can use regular nail clippers; however, the baby versions have a guard on them that prevent any skin from being accidentally clipped.
2) Make sure there is enough light to fully maintain a safe environment and trimming since the baby may not like it the first couple of times.
3) For the fingers first, press the fingertip pad down away from the nail and begin to trim the nail in a curved path that follows the nail's natural curve.
4) Cut the toenails in the same way but cut these in a straight line and keep in mind they grow slower so they will need less maintenance.

Sources:

- raisingchildren.net.au/articles/trimming_nails.html
- whattoexpect.com/first-year/baby-care/baby-care-101/trim-nails.aspx

UMBILICAL CORD CARE

The umbilical cord is crucial to growth and collecting nutrients for the baby before birth. After the baby is born and the cord is cut there will be a purple-blue stump remaining, usually about a half-inch to one-inch long. Taking care of this stump to prevent infection and improve healing is very important because with proper care it should fall off on its own within seven to 21 days. Below are a few steps to guide the umbilical cord stump to falling off without infection or other problems that occur:

- Keep the umbilical stump dry and clean. In order to achieve this, wash the baby with a sponge until the stump falls off to maintain a dry and clean area for the belly button.
- Also, to avoid irritation, either fold a part of the diaper away from the stump or buy diapers that have a cutout near this area. Either option works. It is most important to allow air to move freely around the area to increase faster healing.
- To increase air flow, avoid body-suit undershirts and dress your baby in loose fitting shirts as often as possible.
- Above all, do not attempt to pull off the umbilical stump, even if it is hanging by a thread. It will eventually fall off on its own and removing prematurely can lead to bleeding, infection and other results that usually need to be consulted with a doctor.
- Infections are rare but contact a doctor if:
  - The baby cries upon the touch of the area.
  - Any section of the skin remains red for a long period of time.
  - A foul smell comes from the area.
  - The stump is continuing to discharge either blood or a yellow substance. Sometimes a single discharge can be normal but if it continues you will need to consult a doctor.

Sources:

- www.americanpregnancy.org/first-year-of-life/umbilical-cord/
- www.babycenter.com/0_caring-for-your-newborns-umbilical-cord-stump_127.bc

HEALTH & WELLNESS

CIRCUMCISION & UNCIRCUMCISED CARE

Circumcision is usually a decision that most base off culture, religion or personal preference. Currently there is no scientific evidence to sway for or against it, however, there are studies that conclude that circumcised boys are less likely to get or spread sexually transmitted infections, including HIV. Either way caring and maintaining the baby's genitals is very important, especially early on to avoid infection or later complications.

Circumcised Care:

Circumcision usually occurs within a few days of birth. It can be performed well after depending on a multitude of factors and health of the baby. Sometimes if there are complications the doctor urges parents to wait until the baby is stable enough to perform the surgery. Once the surgery has been completed, the genital area will be extremely tender and some babies will handle recovery differently.

Directly after the surgery:

- A slight discoloration (reddish brown) may occur on the scrotum. This is due to the liquid the doctor uses prior to surgery.
- The baby will remain in the hospital for two to four hours to supervise healing and recovery. Before leaving, a petroleum jelly and gauze will be placed over the genitals.

Homecare and infection prevention:

- During the healing process, a yellow film will be visible around the circumcision, which is normal and will go away within a few days of healing. The genitals may look worse after the surgery due to swelling, and it should begin to look a lot better a week after the surgery.
- Remember to wash the genitalia with warm water during diaper changes, avoiding soap.
- Also, you can put petroleum jelly on the genitals to keep it from sticking to the diaper. Making sure the diaper is fastened loosely to alleviate pressure is also a good way to reduce discomfort.
- Ask your doctor first before administering, but if the baby is extremely fidgety, some doctors recommend a small dose of acetaminophen (Tylenol).

Uncircumcised Care:

Even though there has been no surgery, it is extremely important to keep the genitals clean and wash with soap during each diaper change to prevent infection. At first, the foreskin is connected by tissue to the glans, or head, of the penis and one should not attempt to retract it. Overtime, make sure the hole of the genitals is large enough to permit urination. Within several months to a year, the doctor will recommend when to separate and retract the foreskin safely. If this process is forced there could be excessive bleeding and tearing.

Sources:

- www.healthychildren.org/English/ages-stages/baby/bathing-skin-care/Pages/Caring-For-Your-Sons-Penis.aspx
- www.webmd.com/parenting/baby/tc/circumcision-what-happens-during-a-circumcision
- www.americanpregnancy.org/labor-and-birth/circumcision/

HEALTH & WELLNESS

NEWBORN CONGESTION

A runny nose is sometimes a good thing since germs or bacteria are able to leave the body. However, a runny nose can lead to nasal congestion which is associated with problems connected to breathing and sleeping. The congestion occurs because of swelling in the nasal passage and can go away within a week. With very young children, different methods may be used to prevent the congestion from becoming worse:

- Allergens removal: Making sure all potential allergens and products of congestion are removed should be first and foremost. This includes removing smoke caused by cigarettes or cigars, perfume/hairspray and other elements that can impact children negatively.
- Bulb syringe: Usually these are given to the mother at the hospital, but they can be bought anywhere that provides pre- and post-natal equipment. With these, one can remove the excess mucus to relieve discomfort in the baby and eliminate increased nasal congestion. First, remove all air from the bulb syringe and place it in one of the nostrils. Then, lightly and slowly release the bulb allowing air and mucus to come in. Do this for each nostril, and repeat as many times as needed to alleviate discomfort.
- Saline nose drops: These can allow the parent to loosen the mucus in the nostrils. Before using this method, consult with a doctor first regarding your child's specific medical needs. Also, keep in mind that for babies between four and six months old, they are unable to breathe through their mouths yet. After inserting the drops in an individual nostril, massage the outside of the treated nasal passage to loosen the mucus and use the bulb syringe. Repeat this step as many times as needed making sure to treat individual nostrils.
- Vaporizer or humidifier: Investing in a vaporizer for winter months can be effective for children since nasal congestion can come from exposure to dry air. A little more expensive, humidifiers release cool moisture into the air while vaporizers release warm vapor. However, vaporizers can be dangerous near children since they contain hot water.

Sources:

- www.whattoexpect.com/blogs/mylittlemonkeys/infant-nasal-congestion-yuck
- www.air-n-water.com/humidifiers-vs-vaporizers.htm
- www.care.com/c/stories/4596/5-common-causes-of-infant-congestion/

HEALTH & WELLNESS

CARING FOR A BABY'S FACE

Caring for the eyes, nose and ears of a baby is an essential daily task of childcare. Making sure that you remain gentle throughout the process and never to put anything inside of the eyes, nose or ears is important since this can damage the inserted area. First, obtain cotton balls and or a soft towel and moisten with warm water. Next, clean the corners of the eyes, wiping gently from corner to corner. For the ears and nose wipe along the outside and openings to remove mucus or ear wax. This process can occur either before or after baths but can be throughout the day depending on the baby's needs.

Source:

- raisingchildren.net.au/articles/cleaning_eyes,_nose_and_ears.html

USING PACIFIERS

Using pacifiers is completely up to the parent. There are advantages and disadvantages to using pacifiers, and exploring both can allow a parent to make an educated decision on what works best for the child. Allowing the child to decide is also a good idea since some babies prefer to use pacifiers and some do not.

Advantages to pacifier use:

- Babies, in most cases, have a natural sucking reflex that acts as a calming mechanism. Sucking on a pacifier can allow the babies heartbeat to slow down and limit distress.
- It can aid a baby in falling asleep as well as limiting distractions in the surrounding environment.
- Helps reduce the risk of sudden infant death syndrome (SIDS).
- They are easily disposable or washed easily.

Disadvantages to pacifier use:

- Studies have shown that pacifier use has increased the risk of middle ear infections, however, up to 6 months the ear infection rates are generally the lowest.
- Using a pacifier for multiple years may result in dental problems since the teeth begin to come in misaligned.
- Babies may become dependent on the pacifier, and it is often very difficult to end pacifier use.
- Using an artificial nipple in a pacifier may lead to breast feeding problems since the feeling of the two are very different. Sometimes the parent can wait until the baby is used to breast feeding to introduce the pacifier, but it does vary depending on the individual baby.

Sources:

- www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/pacifiers/art-20048140
- www.kellymom.com/ages/newborn/newborn-concerns/pacifier/
- www.whattoexpect.com/first-year/pacifiers

HEALTH & WELLNESS

SLEEPING

For any new parent, getting a newborn to sleep through the night is the goal. Even as the baby becomes older, for some, a good night sleep can be hard to come across. Here are a few tips and tricks to getting a baby to sleep:

- Newborn babies must eat frequently
  - In a lot of cases breastfeeding makes it difficult to determine how much a baby is eating so a lot of times a baby is crying because they may need to eat.
  - When bottle feeding, most times the baby sleeps better since bottle formula takes longer for a baby to digest.
- Using the Ferber Method
  - The Ferber Method was developed to train the baby to fall asleep. It advises a parent to, on the first night when the baby begins to cry, go into the room and pat the baby until crying ends. Then, the second time the baby begins to cry wait five minutes to go in. Repeat as much as needed increasing in five minute increments every time.

Best to wear while sleeping:

All the tips above are important to getting a baby to sleep but if the parent dresses him or her in the incorrect clothing, sleeping will be utterly impossible. Below are a few tips to addressing sleeping clothes with success:

- Keeping the baby warm with clothes that do not easily fall or snap off is essential.
- Use clothes that come in layers to adjust for temperature in the room.
- Babies cool down mainly through their head and face. Depending on the temperature in the room, using bonnet, and hats while sleeping usually lead to the baby overheating and feeling discomfort.
- Using a plug-in fan may help the room create an even flow of air.
- Wrapping the baby is most times very effective since it keeps them warm and on their back in the sleeping position. When wrapping make sure the material is a soft thin material that allows room for the baby to adjust his or her position if needed.

HEALTH & WELLNESS

SLEEPING *(continued)*

Where a baby should sleep:

There are options as to where the baby can sleep. However, some choices are proven to be more effective. Making sure the baby is safe and in a clean environment is the most important part:

- A crib is a more standard approach and making sure that the baby's face is uncovered, they are sleeping on their back and that they are in a smoke-free environment throughout the night is critical.
- Some mothers may consider a separate surface bassinet, which is a separate bed for the baby that connects to the side of the mom's bed. While a connected bed seems like a viable alternative to a crib, it may not be recommended. Talk with your physician about safe sleeping options.
- Sleeping in the same bed as your baby is not recommended by any physicians at St. Elizabeth Healthcare. This is dangerous for several reasons, including a greater risk of SIDS, a parent can roll over on the baby as well as the baby rolling out of the bed. Please talk to your physician before considering sleeping in the same bed as your baby.

Sources:

- www.raisingchildren.net.au/articles/dressing_baby_for_bed.html
- www.bellybelly.com.au/baby-sleep/sleep-options-for-your-baby-where-will-your-baby-sleep/

PREVENTING SIDS

Refer to St. Elizabeth pamphlets and materials to prevent Sudden Infant Death Syndrome (SIDS). It's a rare yet possible occurrence due to a multitude of pre- and post-pregnancy variables. Consult a primary care physician with questions or concerns.

WHEN TO CALL A DOCTOR

Having a newborn can result in a lot of new questions and conversations. When in doubt always consult your doctor, and if any problems occur that seem urgent call 911. Individual inquiry is important for a new parent and using the following resources can spark interest and empower people to make educated decisions based on their child's needs.

HOME SAFETY TIPS

Every parent wants their children to grow up healthy and strong in the place where they deserve to feel safest: at home. The good news is that there are simple and easy steps that families can take to protect their children.

Preventing Falls:

- Use approved safety gates at the tops and bottoms of stairs and attach them to the wall, if possible. Remember to read the manufacturer's instructions to make sure you have the right gate for your needs. Not all gates are safe for use at the top of stairs.
- Keep babies and young kids strapped in when using high chairs, swings or strollers. When placing your baby into a carrier, remember to place the carrier on the floor, not on top of tables or other furniture.
- Properly install window guards and stops to prevent window falls. Windows above the first floor should have an emergency release device in case of fire.

Water Safety:

- Actively supervise children in and around water. Avoid distractions of any kind, such as reading or talking on the phone.
- Once bath time is over, immediately drain the tub. Keep toilet lids closed and keep doors to bathrooms and laundry rooms closed to prevent drowning.
- Make sure home pools have four-sided fencing that's at least 4-feet high with self-closing, self-latching gates to prevent a child from wandering into the pool area unsupervised.
- Every child is different, so enroll children in swimming lessons when you feel they are ready. Teach young children from an early age not to go near or in water without an adult. Older children should swim with a partner, every time.

Poison Prevention:

- Store all household products and cleaning solutions out of children's sight and reach. Young kids are often eye level with items under the kitchen and bathroom sinks.
- Keep cleaning products in their original containers. Don't put a potentially poisonous product in something other than its original container (such as a plastic soda bottle) where it could be mistaken for something else.
- Put the toll-free Poison Help Number into your phone in case of emergency: **1-800-222-1222.**

HOME SAFETY TIPS

Safety from Fire:

- Install smoke alarms on every level of your home, especially near sleeping areas. Test batteries every six months.
- Create and practice a home fire escape plan with two ways out of every room. In the event of a fire, leave your home immediately. Once you're out of the house, stay out.
- Keep anything that can catch fire, such as dish towels or wooden spoons, away from your stovetop. Have a fire extinguisher in the kitchen in case of emergency, and make sure you know how it works.
- Blow candles out when you leave the room or before you go to sleep.

Preventing Burns:

- Don't carry a child while cooking on the stove. It's better to put your child in a high chair where you can still see them.
- Keep an eye on appliances such as irons, curling irons or hair dryers that can heat up quickly or stay warm. Unplug and safely store these items after use.
- Keep appliance cords out of children's reach, especially if the appliances produce a lot of heat.

Preventing Scalds:

- To prevent accidental scalding, set your water heater to 120 degrees Fahrenheit or the manufacturer's recommended setting. Check the water with your wrist or elbow before giving your baby a bath.
- To prevent hot food or liquid spills, use the back burner of your stove and turn pot handles away from the edge. Keep hot foods and liquids away from the edge of your counters and tables.

Safety from Carbon Monoxide:

- Make sure your home has a carbon monoxide detector. For the best protection, install a carbon monoxide alarm on every level of your home, especially near sleeping areas.
- Don't use a grill, generator or camping stove inside your home, garage or near a window. Don't use your oven or stovetop to heat your home.
- If you need to warm-up a vehicle, remove it from the garage immediately after starting. Don't leave a car, SUV or motorcycle engine running inside a garage, even if the doors are open.

HOME SAFETY TIPS

Medication Safety:

- Put all medicine and vitamins up and away and out of sight after every use.
- Use the dosing device that comes with the medicine, not a kitchen spoon. Kitchen spoons aren't all the same, and a teaspoon or tablespoon used for cooking won't measure the same amount as the dosing device.

Preventing TV and Furniture Tip-overs:

- Mount flat-panel TVs to the wall to prevent them from falling off stands. Follow the manufacturer's instructions to ensure that you have a secure fit.
- Use brackets, braces or wall straps to secure unstable or top-heavy furniture to the wall.
- If you have a large, box-style cathode ray tube (CRT) TV, place it on a low, stable piece of furniture. If you no longer use your CRT TV, consider recycling it. To find a recycle location, go to www.GreenerGadgets.org.

Source:

www.safekids.org/sites/default/files/documents/home-safety-tips-2015.pdf

Every year, more than 2,200 children die from injuries that happen at home.

St. Elizabeth PHYSICIANS

MUST-HAVE ITEMS IN THE HOUSE

SAFETY

Corner Covers:
Cover table corners so your little one stays safe while crawling, standing, and walking.

Outlet Covers:
Cover electrical outlets so your baby won't stick his or her fingers in the socket.

Safety Latches:
Put latches on all the cupboards and drawers your little one can reach. This will prevent them from getting into things they aren't supposed to, such as cleaning supplies.

SLEEPING

Baby Monitor: If your baby isn't sleeping in the same room you should have a baby monitor so you can wake up when your baby cries, needs changing or feeding in the middle of the night.

HEALTH

1) **Digital Thermometer:**
   A digital thermometer is essential when you think your child has a fever.
2) **Baby nail clippers:**
   Babies' nails grow quickly, so keep them manageable with baby nail clippers.
3) **First aid kit:**
   Accidental cuts and scratches are normal when babies live in houses with other kids and animals.
4) **Baby nasal aspirator**:
   When your baby's nose gets stuffed or he or she has a cold use a baby nasal aspirator.
5) **Liquid medicine dispenser such as an oral syringe:**
   Use for administering baby Tylenol and other medications.
   (Only use medications your physician recommends.)

Sources:

- www.parents.com/baby/gear/registries-buying-guides/baby-shopping-guide/
- www.parents.com/baby/gear/registries-buying-guides/essential-baby-gear/
- www.thebump.com/a/checklist-baby-essentials

Newborn Stool Guide

How often should your baby have a bowel movement, and what should it look like?

Most new parents find baby stool quite surprising. It has so many shades and consistencies that even experienced parents may not have seen them all.

This guide walks you through the various types and explains what's normal and what's not as your newborn grows, drinks breast milk or formula, and starts eating solids. You'll find out when not to worry and when to be concerned.

FREQUENCY

Some babies have bowel movements after every meal and some only once or twice a week. What's most important is that your baby's stool is coming out reasonably soft. If it's hard and dry, your baby may be constipated and need some help getting their bowel movement process back on track.

Breastfed newborns often have a bowel movement after every feeding (roughly six to 10 times a day), but after three to six weeks or so, they can slow down and start having less frequent bowel movements.

Other than that common slowdown, there is no need to worry if your baby's pattern stays fairly consistent and he or she is acting like their usual self. But if there's a sudden change or you notice signs that they're uncomfortable or unhappy, give your doctor a ring.

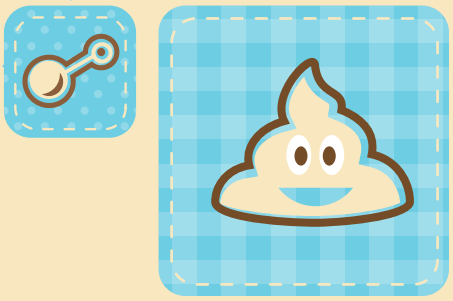
MECONIUM

Expect to find a greenish-black, tarry, sticky stool that looks like motor oil in your newborn's diaper. Since meconium is made of amniotic fluid, mucus, skin cells, and other stuff ingested in utero, it doesn't really smell – so you may not realize it's time for a diaper change.

TRANSITIONAL STOOL

When your baby is two to four days old, his or her stool will become lighter in color – sort of an army green – and less sticky. This transitional stool is a sign that he or she has started digesting early breast milk or formula and that his or her intestinal tract is ok.

Newborn Stool Guide



HEALTHY BREASTFED

If your baby is exclusively breastfed, their stool will be yellow or slightly green and have a mushy or creamy consistency. It may be runny enough to resemble diarrhea. Breastfed stool typically looks like Dijon mustard and cottage cheese mixed together and may be dotted with little seed-like flecks. Interestingly, its smell isn't half bad.

There are many shades of normal when it comes to breastfed stool. One you might see is a greener hue, which could signify that you and your baby ate something different than usual. If your baby isn't experiencing any other symptoms, there's no need to worry.

LOW-CALORIE BREASTFED

If you see bright green and frothy stool in your baby's diaper, almost like algae, he or she is probably getting too much foremilk – the low-calorie milk that comes first in a feeding – and not enough hindmilk, the good higher-fat stuff. It could mean that you're not feeding him or her long enough on each breast. To remedy this, start each feeding on the breast you ended on last time.

HEALTHY FORMULA-FED

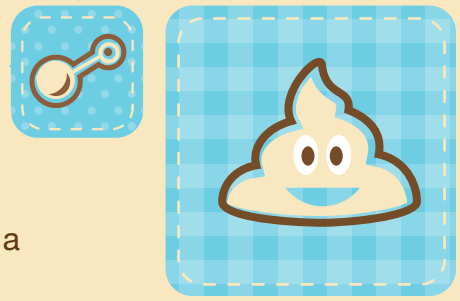
Formula-fed babies have pasty, peanut butter-like stool on the brown color spectrum: tan-brown, yellow-brown, or green-brown. It's more pungent than stool from breastfed babies and a little less pungent than stool from babies who are eating solid food, but you'll recognize the smell.

IRON-FORTIFIED

If you give your baby an iron supplement, his or her stool may turn dark green or almost black. This doesn't happen often, but it's a completely normal variation that would make Popeye proud.

One thing: If your baby's stool looks blackish and he or she isn't taking an iron supplement, it's a good idea to call the doctor to make sure it's not melena, or digested blood.

Newborn Stool Guide



SOLID-FOOD

Once you start changing your baby's input to solid foods – infant cereal, pureed bananas, and so on – you'll almost instantly notice a change in his or her output, especially if they're breastfed.

Solid-food stool tends to be brown or dark brown and thicker than peanut butter, but still mushy. It's also smellier.

PARTIALLY DIGESTED FOOD

Occasionally your baby's stool will have identifiable chunks of food in it or be tinged with a surprising hue of the rainbow, like red, orange, or dark blue. Red could mean beets, orange suggests carrots, and dark blue implies blueberries (you may see pieces of blueberry skin in there, too).

Not to worry! You're probably seeing this because certain foods are only partially digestible or travel so quickly through the intestines that they don't have time to completely break down. It also happens when your baby eats a lot of one type of food or doesn't chew a mouthful completely before he or she swallows.

The time to call the doctor is if your baby's stool consistently has undigested food in it. The doctor will check to make sure your baby's intestines are absorbing food and nutrients properly.

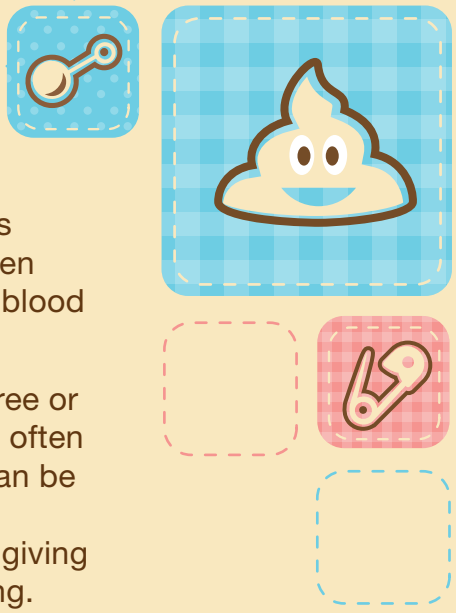
DIARRHEA

In babies, diarrhea is very runny and appears to be made up of water more than solids. It can be yellow, green or brown and can seep or "explode" out of the diaper.

Diarrhea can be a sign of an infection or allergy, and if it lasts for a while without being treated, can lead to dehydration. Call the doctor if your baby is three months old or younger, has more than two or three diarrhea-filled diapers, or continues having diarrhea for more than a day or two.

It's also wise to call the doctor if your baby's diarrhea contains visible blood or mucus.

Newborn Stool Guide



CONSTIPATION

If your baby's stool is hard and looks like little pebbles, he or she is probably constipated. Your baby may be visibly uncomfortable when having a bowel movement, and the stool may even be tinged with blood from irritating the anus on the way out.

One or two pebbly diapers isn't a concern, but if your baby has three or more (or if you see blood), it's best to call the doctor. Constipation often happens in babies who are being introduced to solid foods, or it can be a sign of milk or soy protein sensitivity or a lack of tolerance to something in breast milk or formula. Your doctor may recommend giving your baby water, pear juice or prune juice to help move things along.

STOOL WITH MUCUS

Does your baby's diaper look like it's been slimed? Greenish stool streaked with shiny, glistening strings means there's mucus in it. This sometimes happens when a baby is especially drooly, since mucus in saliva often goes undigested.

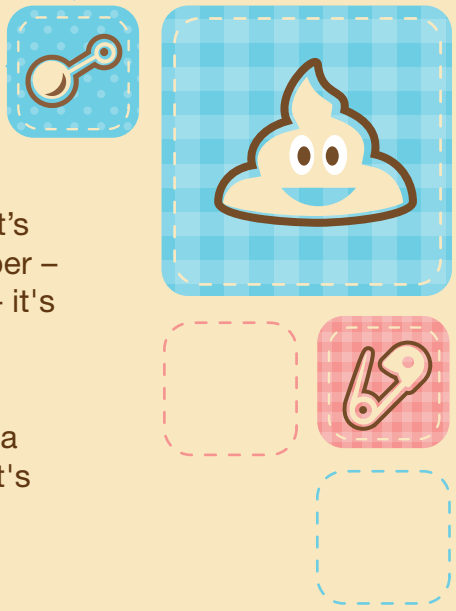
But mucus in stool is also a telltale sign of an infection or allergy. If it's accompanied by any other symptoms or shows up in your baby's diaper for two days or more, call the doctor to rule out any problems.

BLOODY STOOL: BRIGHT RED BLOOD

Bright red blood can show up in baby poop for a few different reasons. Call your doctor if you notice:

- Normal stool tinged with red blood, which is often a sign of a milk protein allergy.
- Constipated stool with a hint of red blood, likely a result of tears in the anus or tiny hemorrhoids.
- Diarrhea mixed with red blood, which can indicate a bacterial infection.

Newborn Stool Guide



BLOODY STOOL: BLACKISH BLOOD

Sometimes the blood in a baby's stool looks black, which means it's been digested. When this digested blood appears in a baby's diaper – usually in little flecks that look like black poppy or sesame seeds – it's often because the baby is breastfed and swallowing blood from mom's cracked and bleeding nipples.

While this is a sign that you need some pain relief, it doesn't pose a threat to your baby. Still, you should call the doctor to make sure it's not something more serious, like bleeding from your baby's upper intestinal tract.

WHEN TO BE ALARMED?

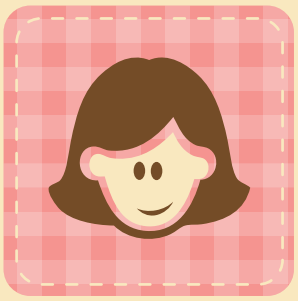
As a general rule, if you see anything completely out of the ordinary in your baby's diaper, call the doctor. There are several surprising (but, thankfully, rare!) variations on stool that suggest a serious problem:

- Thick black stool made up mostly of digested blood (called melena). It's dark and tarry like meconium but a bit firmer and less sticky.
- Stool consisting almost entirely of red blood, known as "currant jelly stool," which indicates a severe intestinal problem.
- Pale, chalky, clay-colored stool (acholic stool) that signals liver or gallbladder failure. It looks and feels similar to tan or whitish clay or Play-Doh.

These kinds of stool rarely show up, but if they do, get medical attention right away.

Source:
www.babycenter.com/0_baby-poop-a-complete-guide_10319333.bc

TAKING CARE OF YOURSELF



As a new parent, your child's health will be your priority – but don't forget to take care of yourself as well.

Keep these tips and topics in mind as you navigate through your first year of parenting.

TAKE CARE OF YOURSELF PHYSICALLY

Rest, eat right and exercise. When your body feels strong, it keeps your mind and spirit sharp.

CURB SLEEPLESSNESS BY LEARNING YOUR BABY'S PATTERNS

Sleep when baby sleeps. Keep a log book to anticipate sleep trends so you can continue to recharge. If possible, make sure you and your partner are trading off sleep sessions and night duty: when one parent is up, one is catching up on rest.

DEVELOP A SUPPORT SYSTEM

Make sure you have other new parents to talk to and make a point of talking to them or seeing them at least once a week.

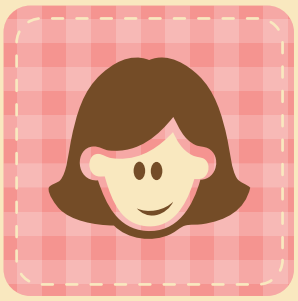
LEARN TO DELEGATE AND ASK FOR HELP

As much as we all like to be "Super Mom" or "Super Dad," the reality is that if we take on too much, we'll end up exhausted and stressed. There's no shame in letting others help from time to time.

EXPRESS AND ACCEPT YOUR NEGATIVE FEELINGS

It's normal to feel bad sometimes when you're adjusting to a new baby. Talk with your partner, friends and/or support group to work through any issues.

TAKING CARE OF YOURSELF



FOCUS ON YOUR POSITIVE FEELINGS

Look for ways in which you do feel good and pay attention to those, too.

TAKE BREAKS BY YOURSELF, WITH YOUR PARTNER OR WITH ANOTHER ADULT

No one can work at a job nonstop without some time off every day.

KEEP YOUR EXPECTATIONS REALISTIC

No one can do it all, let alone do it perfectly. Work toward reasonable, achievable goals, whether dealing with feelings, doing housework or working to get back in pre-baby shape.

NURTURE YOUR SENSE OF HUMOR

Try to laugh daily, whether at yourself, your situation or something outside the realm of your day-to-day activities.

STRUCTURE YOUR DAY

Plan loosely how you'll spend your day, designating time for all the items on this list. Keep the plan flexible and realistic so you can stick to it.

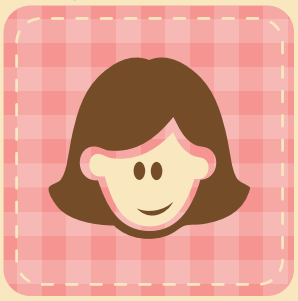
POSTPONE OTHER MAJOR LIFE CHANGES

If possible, avoid making large life decisions like taking on a new job or buying a new home until you feel more settled in your new parenting role.

Source:
www.babycenter.com/0_taking-care-of-yourself-during-your-babys-first-months_10343197.bc

TAKING CARE OF YOURSELF

SIGNS OF POSTPARTUM MOOD DISORDERS



Women experience a wide range of emotions post-pregnancy. Postpartum mood disorders are normally divided into three subcategories that include “baby blues,” postpartum depression (PPD) and postpartum psychosis (PPP). Here are the signs for each:

BABY BLUES

The “baby blues” are the least severe form of postpartum depression. Approximately 50 to 75 percent of all new mothers will experience some negative feelings after giving birth. Normally these feelings occur suddenly four to five days after the birth of the baby.

The most common symptoms include:

- Crying for no apparent reason
- Mood swings with irritability and anxiousness
- Feeling overwhelmed
- Change in eating and sleeping

While unpleasant, these symptoms usually resolve themselves within a week or two. Getting as much rest as possible and having a good support system can help these symptoms seem less severe.

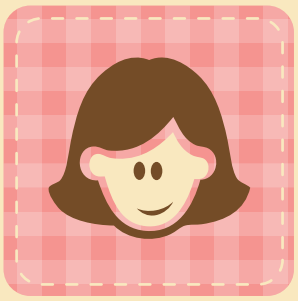
POSTPARTUM DEPRESSION

Approximately 15 percent of new mothers will experience what is classified as postpartum depression. Symptoms may occur a few days after delivery or sometimes as late as a year later. Women who experience postpartum depression will have alternating good days and bad days. Symptoms can be mild or severe, usually lasting for more than two weeks.

A few of the symptoms include:

- Fatigue
- Feeling sad, hopeless, and/or overwhelmed
- Trouble sleeping and eating
- Feelings of guilt and worthlessness
- Losing interest in things that you used to enjoy
- Withdrawing from family and friends
- No interest in your baby
- Thoughts of hurting yourself or your baby

TAKING CARE OF YOURSELF



(continued)

Because postpartum depression can range in severity, it's very important that any woman experiencing these symptoms talk with her health care provider. Treatment may include therapy and/or medication.

POSTPARTUM PSYCHOSIS

Postpartum psychosis is the most severe form of postpartum depression, but fortunately it is the rarest form. It occurs in one to two out of every 1,000 pregnancies. The onset is very sudden and severe, normally within two to three weeks after giving birth.

Symptoms are characterized by a loss of touch with reality and can include:

- Bizarre behavior
- Suicidal thoughts
- Hallucinations and/or delusions
- Thoughts of hurting the baby
- Rapid mood swings
- Hyperactivity

Postpartum psychosis is considered a medical emergency and should be treated immediately.

If you or someone you know is struggling with any form of postpartum depression, please contact your primary physician.

Source:

www.americanpregnancy.org/first-year-of-life/forms-of-postpartum-depression/

Why Babies Cry

There's nothing worse than hearing your baby cry and not knowing what's wrong.

Crying is a form of communication for your child.

The main reasons a baby cries are he or she needs to be fed, burped, put down for a nap, cuddled or changed, and there is a slightly different cry depending on which one he or she needs.

The first thing you need to do when you hear your baby cry is figure out what they need. Newborns eat every few hours so if he/she hasn't been fed, they may be hungry. Sometimes babies just want something to suck on like a pacifier or his/her thumb.

Babies also get lonely and want attention, so hold your baby or rock him/her back and forth. Babies also cry when they get tired, so if they are crying and don't seem interested in playing or socializing, they may be ready for a nap.

Don't forget to check your baby's diaper. A dirty diaper can make an infant uncomfortable, which leads to crying. If you've tried everything you can think, try swaddling your baby as the swaddle wrap makes babies feel secure and may help him/her feel more at ease.

It's ok to let your baby cry if they are still upset, but if you are concerned, contact your primary physician.

Source:
www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/healthy-baby/art-20043859

2017 Recommended Immunizations for Children from Birth Through 6 Years Old

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
HepB	HepB	HepB			HepB						
RV			RV	RV	RV						
DTaP			DTaP	DTaP	DTaP		DTaP				DTaP
Hib			Hib	Hib	Hib	Hib					
PCV			PCV	PCV	PCV	PCV					
IPV			IPV	IPV		IPV					IPV
Influenza (Yearly)*						Influenza (Yearly)*					
MMR						MMR					MMR
Varicella						Varicella					Varicella
HepA§						HepA§					

Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

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

FOOTNOTES:

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

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given six to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

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

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

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

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

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

2017 Recommended Immunizations for Children from Birth Through 6 Years Old

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

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

* DTaP combines protection against diphtheria, tetanus, and pertussis.
** MMR combines protection against measles, mumps, and rubella.

Last updated December 2016 • CS272886-E

2017 Vacunas recomendadas para niños, desde el nacimiento hasta los 6 años de edad

al nacer	1 mes	2 meses	4 meses	6 meses	12 meses	15 meses	18 meses	19–23 meses	2–3 años	4–6 años
HepB	HepB			HepB						
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV	PCV	PCV	PCV					
		IPV	IPV		IPV					IPV
				Influenza (anual)*						
					MMR					MMR
					Varicela					Varicela
					HepA, 2 dosis§					

¿Está creciendo su familia?
Para protegerse y proteger a su nuevo bebé contra la tosferina, debe recibir la vacuna Tdap. El mejor momento para recibir la vacuna es entre las 27 y las 36 semanas de cada embarazo. Consulte a su médico para obtener más detalles.

Las casillas coloreadas indican que la vacuna se puede dar durante el rango de edad mostrado.

NOTA:
Si su hijo no recibió una de las
se necesita volver a empezar, s
al pediatra para que le aplique
siguiente. Consulte al médico
si tiene preguntas sobre las va

NOTAS A PIE DE PÁGINA:

* Se recomiendan dos dosis con un intervalo de por lo menos cuatro semanas para los niños de seis meses a ocho años que reciben por primera vez la vacuna contra la influenza y para otros niños en este grupo de edad.

§ Se requieren 2 dosis de la vacuna HepA para brindar una protección duradera. La primera dosis de la vacuna HepA se debe administrar durante los 12 y los 23 meses de edad. La segunda dosis se debe administrar seis a 18 meses después. La vacuna HepA se puede administrar a todos los niños de 12 meses de edad o más para protegerlos contra la hepatitis A. Los niños y adolescentes que no recibieron la vacuna HepA y tienen un riesgo alto, deben vacunarse contra la hepatitis A.

Si su niño tiene alguna afección que lo pone en riesgo de contraer infecciones o si va a viajar al extranjero, consulte al pediatra sobre otras vacunas que pueda necesitar.

MÁS INFORMACIÓN AL REVERSO SOBRE ENFERMEDADES PREVENIBLES CON LAS VACUNAS Y LAS VACUNAS PARA PREVENIRLAS.

Para más información, llame a la línea de atención gratuita
1-800-CDC-INFO (1-800-232-4636)
o visite
www.cdc.gov/vaccines/parents

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

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

2017 Vacunas recomendadas para niños, desde el nacimiento hasta los 6 años de edad

Enfermedades prevenibles con las vacunas y vacunas para prevenirlas

Enfermedad	Vacuna	Enfermedad transmitida por	Signos y síntomas de la enfermedad	Complicaciones de la enfermedad
Varicela	Vacuna contra la **varicela**.	Aire, contacto directo	Sarpullido, cansancio, dolor de cabeza, fiebre	Ampollas infectadas, trastornos hemorrágicos, encefalitis (inflamación del cerebro), neumonía (infección en los pulmones)
Difteria	La vacuna **DTaP*** protege contra la difteria.	Aire, contacto directo	Dolor de garganta, fiebre moderada, debilidad, inflamación de los ganglios del cuello	Inflamación del músculo cardiaco, insuficiencia cardiaca, coma, parálisis, muerte
Hib	La vacuna contra la **Hib** protege contra *Haemophilus influenzae* serotipo b.	Aire, contacto directo	Puede no causar síntomas a menos que la bacteria entre en la sangre	Meningitis (infección en las membranas que recubren el cerebro y la médula espinal), discapacidad intelectual, epiglotis (infección que puede ser mortal en la que se bloquea la tráquea y origina graves problemas respiratorios) y neumonía (infección en los pulmones), muerte
Hepatitis A	La vacuna **HepA** protege contra la hepatitis A.	Contacto directo, comida o agua contaminada	Puede no causar síntomas, fiebre, dolor de estómago, pérdida del apetito, cansancio, vómito, ictericia (coloración amarilla de la piel y los ojos), orina oscura	Insuficiencia hepática, artralgia (dolor en las articulaciones), trastorno renal, pancreático y de la sangre
Hepatitis B	La vacuna **HepB** protege contra la hepatitis B.	Contacto con sangre o líquidos corporales	Puede no causar síntomas, fiebre, dolor de cabeza, debilidad, vómito, ictericia (coloración amarilla de los ojos y la piel) dolor en las articulaciones	Infección crónica del hígado, insuficiencia hepática, cáncer de hígado
Influenza (gripe)	La vacuna **influenza** protege contra la gripe o influenza.	Aire, contacto directo	Fiebre, dolor muscular, dolor de garganta, tos, cansancio extremo	Neumonía (infección en los pulmones)
Sarampión	La vacuna **MMR**** protege contra el sarampión.	Aire, contacto directo	Sarpullido, fiebre, tos, moqueo, conjuntivitis	Encefalitis (inflamación del cerebro), neumonía (infección en los pulmones), muerte
Paperas	La vacuna **MMR****protege contra las paperas.	Aire, contacto directo	Inflamación de glándulas salivales (debajo de la mandíbula), fiebre, dolor de cabeza, cansancio, dolor muscular	Meningitis (infección en las membranas que recubren el cerebro y la médula espina), encefalitis (inflamación del cerebro), inflamación de los testículos o los ovarios, sordera
Tosferina	La vacuna **DTaP*** protege contra la tosferina (*pertussis*).	Aire, contacto directo	Tos intensa, moqueo, apnea (interrupción de la respiración en los bebés)	Neumonía (infección en los pulmones), muerte
Poliomielitis	La vacuna **IPV** protege contra la poliomielitis.	Aire, contacto directo, por la boca	Puede no causar síntomas, dolor de garganta, fiebre, náuseas, dolor de cabeza	Parálisis, muerte
Infección neumocócica	La vacuna **PCV** protege contra la infección neumocócica.	Aire, contacto directo	Puede no causar síntomas, neumonía (infección en los pulmones)	Bacteriemia (infección en la sangre), meningitis (infección en las membranas que recubren el cerebro y la médula espinal), muerte
Rotavirus	La vacuna **RV** protege contra el rotavirus.	Por la boca	Diarrea, fiebre, vómito	Diarrea intensa, deshidratación
Rubéola	La vacuna **MMR**** protege contra la rubéola.	Aire, contacto directo	Los niños infectados por rubéola a veces presentan sarpullido, fiebre y ganglios linfáticos inflamados	Muy grave en las mujeres embarazadas: puede causar aborto espontáneo, muerte fetal, parto prematuro, defectos de nacimiento
Tétano	La vacuna **DTaP*** protege contra el tétano.	Exposición a través de cortaduras en la piel	Rigidez del cuello y los músculos abdominales, dificultad para tragar, espasmos musculares, fiebre	Fractura de huesos, dificultad para respirar, muerte

* La vacuna DTaP combina la protección contra la difteria, el tétano y la tosferina.
** La vacuna MMR combina la protección contra el sarampión, las paperas y la rubéola.

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