



BRIGHT FUTURES HANDOUT ► PARENT

2 MONTH VISIT

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

✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Find ways to spend time with your partner. Keep in touch with family and friends.
- Find safe, loving child care for your baby. You can ask us for help.
- Know that it is normal to feel sad about leaving your baby with a caregiver or putting him into child care.

✓ HOW YOU ARE FEELING

- Take care of yourself so you have the energy to care for your baby.
- Talk with me or call for help if you feel sad or very tired for more than a few days.
- Find small but safe ways for your other children to help with the baby, such as bringing you things you need or holding the baby's hand.
- Spend special time with each child reading, talking, and doing things together.

✓ FEEDING YOUR BABY

- Feed your baby only breast milk or iron-fortified formula until she is about 6 months old.
- Avoid feeding your baby solid foods, juice, and water until she is about 6 months old.
- Feed your baby when you see signs of hunger. Look for her to
 - Put her hand to her mouth.
 - Suck, root, and fuss.
- Stop feeding when you see signs your baby is full. You can tell when she
 - Turns away
 - Closes her mouth
 - Relaxes her arms and hands
- Burp your baby during natural feeding breaks.

If Breastfeeding

- Feed your baby on demand. Expect to breastfeed 8 to 12 times in 24 hours.
- Give your baby vitamin D drops (400 IU a day).
- Continue to take your prenatal vitamin with iron.
- Eat a healthy diet.
- Plan for pumping and storing breast milk. Let us know if you need help.
 - If you pump, be sure to store your milk properly so it stays safe for your baby.
 - If you have questions, ask us.

If Formula Feeding

- Feed your baby on demand. Expect her to eat about 6 to 8 times each day, or 26 to 28 oz of formula per day.
- Make sure to prepare, heat, and store the formula safely. If you need help, ask us.
- Hold your baby so you can look at each other when you feed her.
- Always hold the bottle. Never prop it.

✓ YOUR GROWING BABY

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Hold, talk to, cuddle, read to, sing to, and play often with your baby. This helps you connect with and relate to your baby.
- Learn what your baby does and does not like.
- Develop a schedule for naps and bedtime. Put him to bed awake but drowsy so he learns to fall asleep on his own.
- Don't have a TV on in the background or use a TV or other digital media to calm your baby.
- Put your baby on his tummy for short periods of playtime. Don't leave him alone during tummy time or allow him to sleep on his tummy.
- Notice what helps calm your baby, such as a pacifier, his fingers, or his thumb. Stroking, talking, rocking, or going for walks may also work.
- *Never hit or shake your baby.*

Helpful Resources:

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

2 MONTH VISIT—PARENT

SAFETY

- Use a rear-facing—only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Always put your baby to sleep on her back in her own crib, not your bed.
 - Your baby should sleep in your room until she is at least 6 months old.
 - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Swaddling should not be used after 2 months of age.
- Prevent scalds or burns. Don't drink hot liquids while holding your baby.
- Prevent tap water burns. Set the water heater so the temperature at the faucet is at or below 120°F /49°C.
- Keep a hand on your baby when dressing or changing her on a changing table, couch, or bed.
- Never leave your baby alone in bathwater, even in a bath seat or ring.

WHAT TO EXPECT AT YOUR BABY'S 4 MONTH VISIT

We will talk about

- Caring for your baby, your family, and yourself
- Creating routines and spending time with your baby
- Keeping teeth healthy
- Feeding your baby
- Keeping your baby safe at home and in the car

 490 Hwy 85N, Ste A
Niceville, FL 32578
(850) 424-6208



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

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

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

Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time.

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Immunizations for Babies

A Guide for Parents

These are the vaccinations your baby needs!

At birth	HepB
2 months	HepB ¹ + DTaP + PCV13 + Hib + Polio + RV
4 months	HepB ² + DTaP + PCV13 + Hib + Polio + RV
6 months	HepB ³ + DTaP + PCV13 + Hib ³ + Polio + RV ⁴ + Influenza ⁵
12 months and older	MMR + DTaP + PCV13 + Hib + Chickenpox + HepA ⁶ + Influenza ⁵

Check with your doctor or nurse to make sure your baby is receiving all vaccinations on schedule. Many times vaccines are combined to reduce the number of injections. Be sure you ask for a record card with the dates of your baby's vaccinations; bring this with you to every visit.

Here's a list of the diseases your baby will be protected against:

HepB: hepatitis B, a serious liver disease

DTaP: diphtheria, tetanus (lockjaw), and pertussis (whooping cough)

PCV13: pneumococcal conjugate vaccine protects against a serious blood, lung, and brain infection

Hib: *Haemophilus influenzae* type b, a serious brain, throat, and blood infection

Polio: polio, a serious paralyzing disease

RV: rotavirus infection, a serious diarrheal disease

Influenza: a serious lung infection

MMR: measles, mumps, and rubella

HepA: hepatitis A, a serious liver disease

Chickenpox: also called varicella



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490 Hwy 85N, Ste A
Niceville, FL 32578
(850) 424-6208



Notes to above chart:

1. This is the age range in which this vaccine should be given.
2. Your baby may not need a dose of Hep B vaccine at age 4 months, depending on the vaccine used. Check with your doctor or nurse.
3. Your baby may not need a dose of Hib vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
4. Your baby may not need a dose of RV vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
5. All children age 6 months and older should be vaccinated against influenza in the fall or winter of each year.
6. Your child will need 2 doses of HepA vaccine, given at least 6 months apart.

immunization
action coalition



Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p4010.pdf • Item #P4010 (8/20)

Table 1

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1 st dose	← 2 nd dose →							← 3 rd dose →								
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)		1 st dose	2 nd dose	3 rd dose					← 4 th dose →								
Haemophilus influenzae type b (Hib)		1 st dose	2 nd dose	See Notes					← 3 rd or 4 th dose, See Notes →								
Pneumococcal conjugate (PCV13)		1 st dose	2 nd dose	3 rd dose					← 4 th dose →								
Inactivated poliovirus (IPV <18 yrs)		1 st dose	2 nd dose						← 3 rd dose →								
Influenza (IIV)										Annual vaccination 1 or 2 doses							
or																	
Influenza (LAIV4)												Annual vaccination 1 or 2 doses					Annual vaccination 1 dose only
Measles, mumps, rubella (MMR)							See Notes		← 1 st dose →								2 nd dose
Varicella (VAR)									← 1 st dose →								2 nd dose
Hepatitis A (HepA)							See Notes			2-dose series, See Notes							
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																	Tdap
Human papillomavirus (HPV)																	*
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)																	1 st dose
Meningococcal B																	2 nd dose
Pneumococcal polysaccharide (PPSV23)																	

 Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Recommended based on shared clinical decision-making or *see below for details
 No recommendation/ not applicable

After the Shots...

Your child may need extra love and care after getting vaccinated. Some vaccinations that protect children from serious diseases also can cause discomfort for a while. Here are answers to questions many parents have after their children have been vaccinated. If this sheet doesn't answer your questions, call your healthcare provider.

Vaccinations may hurt a little... but disease can hurt a lot!

Call your healthcare provider right away if you answer "yes" to any of the following questions:

- Does your child have a temperature that your healthcare provider has told you to be concerned about?
- Is your child pale or limp?
- Has your child been crying for more than 3 hours and just won't quit?
- Is your child's body shaking, twitching, or jerking?
- Is your child very noticeably less active or responsive?

► Please see page 2 for information on the proper amount of medicine to give your child to reduce pain or fever.

What to do if your child has discomfort

I think my child has a fever. What should I do?

Check your child's temperature to find out if there is a fever. An easy way to do this is by taking a temperature in the armpit using an electronic thermometer (or by using the method of temperature-taking your healthcare provider recommends). If your child has a temperature that your healthcare provider has told you to be concerned about or if you have questions, call your healthcare provider.

Here are some things you can do to help reduce fever:

- Give your child plenty to drink.
- Dress your child lightly. Do not cover or wrap your child tightly.
- Give your child a fever- or pain-reducing medicine such as acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil, Motrin). The dose you give your child should be based on your child's weight and your healthcare provider's instructions. See the dose chart on page 2. *Do not give aspirin.* Recheck your child's temperature after 1 hour. Call your healthcare provider if you have questions.

My child has been fussy since getting vaccinated. What should I do?

After vaccination, children may be fussy because of pain or fever. To reduce discomfort, you may want to give your child a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.* If your child is fussy for more than 24 hours, call your healthcare provider.

My child's leg or arm is swollen, hot, and red. What should I do?

- Apply a clean, cool, wet washcloth over the sore area for comfort.
- For pain, give a medicine such as acetaminophen or ibuprofen. See the dose chart on page 2. *Do not give aspirin.*
- If the redness or tenderness increases after 24 hours, call your healthcare provider.

My child seems really sick. Should I call my healthcare provider?

If you are worried **at all** about how your child looks or feels, call your healthcare provider!

HEALTHCARE PROVIDER: PLEASE FILL IN THE INFORMATION BELOW.

If your child's temperature is 102.5°F or 39°C or higher, or if you have questions, call your healthcare provider.

Healthcare provider phone number (855) 424-6208

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www.immunize.org/catg.d/p4015.pdf • Item #P4015 (2/19)

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3 to 5 Years of Age

- Read ABC books with your child. Point out letters as you read.
- Preschool children like books that tell stories. They also love counting books, alphabet books, and word books. Like toddlers, they love books with rhymes and words they can learn by heart.
- Help your child recognize whole words as well as letters. Point out things like letters on a stop sign or the name on a favorite store.
- Ask your child questions about the pictures and story. Invite him or her to make up a story about what's in the book.
- Some public TV shows, videos, and computer games can help your child learn to read. But you need to be involved too. Watch or play *with* your child and talk about the program. Limit TV time to 1 or 2 hours per day. Avoid violent shows and movies. Try to stick to educational shows.
- Give your child lots of chances to use written words. Write shopping lists together. Write letters to friends or family.



Read Aloud With Your Child

Reading aloud is one of the best ways to help your child learn to read. The more excited you act when you read a book, the more your child will enjoy it.

- Use funny voices and animal noises!
- Look at the pictures. Ask your child to name things in the pictures. Talk about how the pictures go with the story. Ask what is happening in the story.

- Invite your child to join in when a line is repeated over and over.
- Show your child how things in the book are like things in your child's life.
- If your child asks a question, stop and answer it. Books can help children express their thoughts and solve problems.
- Keep reading to your child even after he or she learns to read. Children can listen and understand harder stories than they can read on their own.

Listen to Your Child Read Aloud

Once your child starts reading, have him or her read out loud. Take turns reading.

If your child asks for help with a word, give it right away. But let your child sound out words if he or she wants to.

Know when your child has had enough. Stop if your child is tired or frustrated.

Most of all, give lots of praise! You are your child's first, and most important, teacher!

The American Academy of Pediatrics (AAP) is grateful for the Reach Out and Read program's help with this handout. Reach Out and Read works with children's doctors to make promoting literacy and giving out books part of children's basic health care. This program is endorsed by the AAP. To learn more about Reach Out and Read, go to www.reachoutandread.org.

4375 Hwy 138N, So A
 Niceville, FL 32577
 (850) 424-6200

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Your child's doctor will tell you to do what's best for your child. This information should not take the place of talking with your child's doctor.

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BIRTH TO 6 MONTHS

Safety for Your Child

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

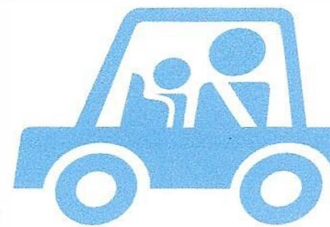
Often, injuries happen because parents are not aware of what their children can do. Children *learn quickly*, and before you know it, your child will be *wiggling* off a bed or *reaching* for your cup of hot coffee.

Car Injuries

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

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

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



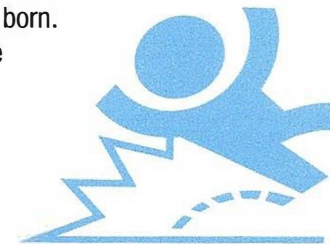
Falls

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

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

Do not use a baby walker. Your baby may tip the walker over, fall out of it, or fall down stairs and seriously injure his or her head. Baby walkers let children get to places where they can pull heavy objects or hot food on themselves. A better choice is a stationary activity center with no wheels.

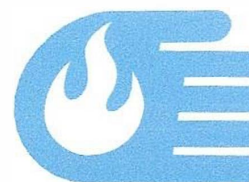
If your child has a serious fall or does not act normally after a fall, call your doctor.



(over)

Burns

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

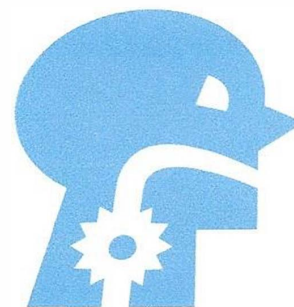


If your baby gets burned, immediately put the burned area in cold water. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth and call your doctor.

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

Choking and Suffocation

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



To prevent possible suffocation and reduce the risk of sudden infant death syndrome (SIDS), **your baby should always sleep on his or her back. Your baby should have his or her own crib or bassinet with no pillows, stuffed toys, bumpers, or loose bedding. NEVER put your baby on a waterbed, beanbag, or anything that is soft enough to cover the face and block air to the nose and mouth.**

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

From Your Doctor

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Start Reading to Your Child Early



How to Help Your Child Learn to Read

A baby can enjoy books by 6 months of age! Here are things you can do with your child at different ages to help your child learn to love words and books.

Birth to Age 1

- Play with your baby often. Talk, sing, and say rhymes. This helps your baby learn to talk.
- Talk with your baby, making eye contact. Give your baby time to answer in baby talk.
- Give your baby sturdy board books to look at. It's OK for a baby to chew on a book.
- Look at picture books with your baby and name things. Say "See the baby!" or "Look at the puppy!"
- Babies like board books with pictures of babies and everyday objects like balls and blocks.
- Snuggle with your baby on your lap and read aloud. Your baby may not understand the story, but will love the sound of your voice and being close to you.
- Don't let your child watch TV until age 2 or older.

1 to 3 Years of Age

- Read to your child every day. Let your child pick the book, even if it's the same one again and again!
- Younger toddlers (1 to 2 years of age) like board books with pictures of children doing everyday things (like eating and playing). They also like "goodnight" books and books with rhymes. Books should only have a few words on each page.

- Older toddlers (2 to 3 years of age) like board books and books with paper pages. They love books with rhymes and words that are repeated. Books about families, friends, animals, and trucks are also good.
- Let your child "read" to you by naming things in the book or making up a story.
- Take your child to the library. Celebrate your child getting a library card!
- Keep talking, singing, saying rhymes, and playing with your child.
- Don't let your child watch TV until age 2 or older.

Reading Tips

- Set aside time every day to read together. Reading at bedtime is a great way to get ready for sleep.
- Leave books in your children's rooms for them to enjoy on their own. Have a comfortable bed or chair, bookshelf, and reading lamp.
- Read books your child enjoys. Your child may learn the words to a favorite book. Then, let your child complete the sentences, or take turns saying the words.
- Don't drill your child on letters, numbers, colors, shapes, or words. Instead, make a game of it.

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490 Hwy 85N, Ste A
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