



Edinburgh Postnatal Depression Scale (EPDS)

Pt Name: _____

DOB: _____

Patient #: _____

Date of Service: _____

NOTE: Not a permanent part of the chart – Enter Total score into Intergy – Shred Document

Instructions: As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- ☐ Yes, all the time
☒ Yes, most of the time
☐ No, not very often
☐ No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things
 - ☐ As much as I always could
 - ☐ Not quite so much now
 - ☐ Definitely not so much now
 - ☐ Not at all
2. I have looked forward with enjoyment to things
 - ☐ As much as I ever did
 - ☐ Rather less than I used to
 - ☐ Definitely less than I used to
 - ☐ Hardly at all
- *3. I have blamed myself unnecessarily when things went wrong
 - ☐ Yes, most of the time
 - ☐ Yes, some of the time
 - ☐ Not very often
 - ☐ No, never
4. I have been anxious or worried for no good reason
 - ☐ No, not at all
 - ☐ Hardly ever
 - ☐ Yes, sometimes
 - ☐ Yes, very often
- *5. I have felt scared or panicky for no very good reason
 - ☐ Yes, quite a lot
 - ☐ Yes, sometimes
 - ☐ No, not much
 - ☐ No, not at all
- *6. Things have been getting on top of me
 - ☐ Yes, most of the time I haven't been able to cope at all
 - ☐ Yes, sometimes I haven't been coping as well as usual
 - ☐ No, most of the time I have coped quite well
 - ☐ No, I have been coping as well as ever
- *7. I have been so unhappy that I have had difficulty sleeping
 - ☐ Yes, most of the time
 - ☐ Yes, sometimes
 - ☐ Not very often
 - ☐ No, not at all
- *8. I have felt sad or miserable
 - ☐ Yes, most of the time
 - ☐ Yes, quite often
 - ☐ Not very often
 - ☐ No, not at all
- *9. I have been so unhappy that I have been crying
 - ☐ Yes, most of the time
 - ☐ Yes, quite often
 - ☐ Only occasionally
 - ☐ No, never
- *10. The thought of harming myself has occurred to me
 - ☐ Yes, quite often
 - ☐ Sometimes
 - ☐ Hardly ever
 - ☐ Never

Administered/Reviewed by: _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale British Journal of Psychiatry 150:782-786.

²Source: K.L. Wisner, B.L. Parry, C.M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002.

Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies.

This Page Left Intentionally Blank



BRIGHT FUTURES HANDOUT ► PARENT

4 MONTH VISIT

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

✓ HOW YOUR FAMILY IS 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 us 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 us 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).

Helpful Resources:

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

4 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 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

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

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

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this handout and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.

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 ☐ PCV ☐ Polio

(Provider: Check appropriate boxes.)

1. Why get vaccinated?

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

Diphtheria, tetanus, and pertussis (DTaP)

- **Diphtheria (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **Tetanus (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **Pertussis (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious, especially in babies and young children, causing pneumonia, convulsions, brain damage, or death.

Hib (*Haemophilus influenzae* type b) disease

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

Hepatitis B

Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness. Acute hepatitis B infection is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach. Chronic hepatitis B infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death.

Pneumococcal disease (PCV)

Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Besides pneumonia, pneumococcal bacteria can also cause ear infections, sinus infections, meningitis (infection of the tissue covering the brain and spinal cord), and bacteremia (infection of the blood). Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.



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

Polio

Polio (or poliomyelitis) is a disabling and life-threatening disease caused by poliovirus, which can infect a person's spinal cord, leading to paralysis. Most people infected with poliovirus have no symptoms, and many recover without complications. Some people infected with poliovirus will experience sore throat, fever, tiredness, nausea, headache, or stomach pain, and most people with these symptoms will also recover without complications. A smaller group of people will develop more serious symptoms: paresthesia (feeling of pins and needles in the legs), meningitis (infection of the covering of the spinal cord and/or brain), or paralysis (can't move parts of the body) or weakness in the arms, legs, or both. Paralysis can lead to permanent disability and death.

2. DTaP, Hib, hepatitis B, pneumococcal conjugate, and polio 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 **pneumococcal conjugate vaccine (PCV)**
- 4 doses of **polio vaccine**

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

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

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

3. Talk with your health care provider

Tell your vaccination provider if the child getting the vaccine:

For all of these vaccines:

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

For DTaP:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against diphtheria, tetanus, or pertussis**
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**
- Has **seizures or another nervous system problem**
- Has ever had **Guillain-Barré syndrome** (also called "GBS")
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against diphtheria or tetanus**

For PCV:

- Has had an **allergic reaction after a previous dose of any type of pneumococcal conjugate vaccine (PCV13, PCV15, PCV20, or an earlier pneumococcal conjugate vaccine known as PCV7), or to any vaccine containing diphtheria toxoid** (for example, DTaP)

In some cases, your child's health care provider may decide to postpone vaccination until a future visit.

Children with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before being vaccinated.

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

4. Risks of a vaccine reaction

For all of these vaccines:

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

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

- Fever can happen after vaccination.

For DTaP vaccine:

- Fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, vaccination is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.

For PCV:

- Loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after PCV vaccination.
- Young children may be at increased risk for seizures caused by fever after a pneumococcal conjugate vaccine if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

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 members 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- 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.



This Page Left Intentionally Blank

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 commonly causes severe, watery diarrhea, mostly in babies and young children. Vomiting and fever are also common in babies with rotavirus. Children may become dehydrated and need to be hospitalized and can even die.

2. Rotavirus vaccine

Rotavirus vaccine is administered by putting drops in the child's mouth. Babies should get 2 or 3 doses of rotavirus vaccine, depending on the brand of vaccine used.

- The first dose must be administered before 15 weeks of age.
- The last dose must be administered by 8 months of age.

Almost all babies who get rotavirus vaccine will be protected from severe rotavirus diarrhea.

Another virus called "porcine circovirus" can be found in one brand of rotavirus vaccine (Rotarix). This virus does not infect people, and there is no known safety risk.

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

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of rotavirus vaccine**, or has any **severe, life-threatening allergies**
- Has a **weakened immune system**
- Has **severe combined immunodeficiency (SCID)**
- Has had a type of bowel blockage called "**intussusception**"

In some cases, your child's health care provider may decide to postpone rotavirus vaccination until a future visit.

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

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

4. Risks of a vaccine reaction

- Irritability or mild, temporary diarrhea or vomiting can happen after rotavirus vaccine.

Intussusception is a type of bowel blockage that is treated in a hospital and could require surgery. It happens naturally in some infants every year in the United States, and usually there is no known reason for it. There is also a small risk of intussusception from rotavirus vaccination, usually within a week after the first or second vaccine dose. This additional risk is estimated to range from about 1 in 20,000 U.S. infants to 1 in 100,000 U.S. infants who get rotavirus vaccine. Your health care provider can give you more information.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.



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

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.

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 members 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

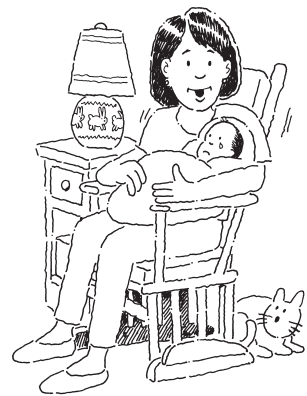
7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- 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.



Crying and Your Baby:

How to Calm a Fussy or Colicky Baby



Babies cry for different reasons. Crying is one way babies try to tell us what they need. They may be hungry, have a soiled diaper, or just want a little attention. (See checklist at the end of this brochure.) If a crying baby cannot be comforted, the cause may be colic. Read on for more information from the American Academy of Pediatrics about colic and ways to calm a crying baby.

What is colic?

Colic is a word used to describe healthy babies who cry a lot and are hard to comfort. No one knows for sure what causes colic, but it may be an immaturity of the digestive system. In general, babies with colic will be fussy but continue to gain weight and develop normally. If you are concerned, it is best to check with your child's doctor to make sure there is not another medical cause.

Who gets colic?

About 1 out of every 5 babies develops colic. Each baby is different, but in general

- Colic starts when a baby is 2 to 4 weeks of age and usually peaks around 6 weeks.
- Colic usually starts to get better when babies are cooing and smiling sociably, around 8 weeks.
- Colic usually resolves by 3 to 4 months but can last until 6 months.

How can I tell if my baby has colic?

Here are different ways babies with colic may act.

- Crying is intense, sometimes up to 3 to 5 hours a day. Between crying episodes, babies act normal.
- Crying is often predictable, often at the same time each day. It usually occurs in the late afternoon to evening.
- When crying, babies often pass gas, pull their legs up, or stretch their legs out.

Ways to calm a fussy or colicky baby

Here are ways you can try to comfort a crying baby. It may take a few tries, but with patience and practice you'll find out what works and what doesn't for your baby.

- **Swaddle your baby** in a large, thin blanket (ask your nurse or child's doctor to show you how to do it correctly) to help her feel secure.
- **Hold your baby** in your arms and place her body either on her left side to help digestion or stomach for support. Gently rub her back. If your baby goes to sleep, remember to always lay her down in her crib on her back.

- **Turn on a calming sound.** Sounds that remind babies of being inside the womb may be calming, such as a white noise device, the humming sound of a fan, or the recording of a heartbeat.
- **Walk your baby in a body carrier or rock her.** Calming motions remind babies of movements they felt in the womb.
- **Avoid overfeeding your baby** because this may also make her uncomfortable. Try to wait at least 2 to 2½ hours from the beginning of one feeding to the next.
- **If it is not yet time to feed your baby, offer the pacifier or help your baby find her thumb or finger.** Many babies are calmed by sucking.
- **If food sensitivity is the cause of discomfort, a change in diet may help.**
 - For breastfed babies, moms may try changing their own diet. See if your baby gets less fussy if you cut down on milk products or caffeine. If there is no difference after making the dietary changes, resume your usual diet. Avoiding spicy or gassy foods like onions or cabbage has worked for some moms, but this has not been scientifically proven.
 - For bottle-fed babies, ask your child's doctor if you should try a different formula. This has been shown to be helpful for some babies.
- **Keep a diary of when your baby is awake, asleep, eating, and crying.** Write down how long it takes your baby to eat or if your baby cries the most after eating. Talk with your child's doctor about these behaviors to see if her crying is related to sleeping or eating.

Baby's Daily Log

Date:

Time	Description	Notes

- **Limit each daytime nap to no longer than 3 hours a day.** Keep your baby calm and quiet when you feed or change her during the night by avoiding bright lights and noises, such as the TV.

What your baby may need checklist

Here are some other reasons why your baby may cry and tips on what you can try to meet that need.

If your baby is...

Hungry. Keep track of feeding times and look for early signs of hunger, such as lip-smacking or moving fists to his mouth.

Cold or hot. Dress your baby in about the same layers of clothing that you are wearing to be comfortable.

Wet or soiled. Check the diaper. In the first few months, babies wet and soil their diapers a lot.

Spitting up or vomiting a lot. Some babies have symptoms from gastroesophageal reflux (GER), and the fussiness can be confused with colic. Contact your child's doctor if your baby is fussy after feeding, has excessive spitting or vomiting, and is losing or not gaining weight.

Sick (has a fever or other illness). Check your baby's temperature. If your baby is younger than 2 months and has a fever, call your child's doctor right away.

Overstimulated. See Ways to calm a fussy or colicky baby.

Bored. Quietly sing or hum a song to your baby. Go for a walk.

Parents and caregivers need breaks from crying babies

If you have tried to calm your crying baby but nothing seems to work, you may need to take a moment for yourself. Crying can be tough to handle, especially if you're physically tired and mentally exhausted.

1. Take a deep breath and count to 10.
2. Place your baby in a safe place, such as crib or playpen without blankets and stuffed animals; leave the room; and let your baby cry alone for about 10 to 15 minutes.
3. While your baby is in a safe place, consider some actions that may help calm you down.
 - Listen to music for a few minutes.
 - Call a friend or family member for emotional support.
 - Do simple household chores, such as vacuuming or washing the dishes.
4. If you have not calmed after 10 to 15 minutes, check on your baby but *do not* pick up your baby until you feel you have calmed down.
5. When you have calmed down, go back and pick up your baby. If your baby is still crying, retry soothing measures.
6. Call your child's doctor. There may be a medical reason why your baby is crying.

Try to be patient. Keeping your baby safe is the most important thing you can do. It is normal to feel upset, frustrated, or even angry, but it is important to keep your behavior under control. Remember, **it is never safe to shake, throw, hit, slam, or jerk any child**—and it never solves the problem!

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

From your doctor

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

American Academy of Pediatrics
Web site—www.HealthyChildren.org

© 2008 American Academy of Pediatrics, Updated 05/2016.
All rights reserved.



SpoonfulONE™

FEEDING BABY

THE NEW GUIDE TO INTRODUCING SOLIDS

SIGNS OF READINESS



GROSS MOTOR

Able to sit up without support, and maintain great head control when sitting



REFLEXES

Loss of the tongue-thrust reflex so they don't automatically push food out of their mouth



INTEREST

Follows foods with their eyes and shows eagerness and interest



COORDINATION

Opens mouth wide when you offer food on a spoon

FUN FACT: Babies have more taste buds than adults & even plain food is a taste explosion!

STARTING SOLIDS + EARLY ALLERGEN INTRODUCTION

START AT 4-6 MONTHS

The American Academy of Pediatrics (AAP) recommends babies starting solids **between 4 and 6 months of age**.¹

DON'T DELAY, INTRODUCE TODAY

Research now shows that **feeding potential allergens early and often** can help babies grow up accustomed to food as food.²⁻⁸

DIET DIVERSITY MATTERS

Introduce common allergens (e.g., egg, peanut, fish, sesame) when you **introduce fruits and vegetables**.⁷

ASK YOUR DOC

If your child has severe eczema (atopic dermatitis/dry skin) **talk with your pediatrician** about introduction and timing.

WHAT FOODS TO FEED YOUR BABY



FOODS TO AVOID DURING INFANCY

HONEY

has a rare risk for causing botulism, a serious illness, if introduced in infancy

CHOKING HAZARDS

like whole nuts, popcorn, whole grapes, and thick/dense nut butters

JUICE

unless recommended by a pediatrician

✗ One-at-a-time

✗ Go very slowly when starting solids

✗ Wait days in between introductions



OLD THINKING

Unfortunately, this thinking often leads to a delay in getting baby a diverse diet

HOW TO PACE FOOD INTRODUCTION

DIET DIVERSITY

✓ A diverse diet is important for their flavor preferences

✓ Diet diversity helps your baby grow up accustomed to foods as foods



NEW THINKING

EARLY & OFTEN

✓ Safe to start multiple foods at once

✓ Important to start diverse foods early and feed often (consistently in baby's diet)

THE NEW APPROACH TO FEEDING

BASED ON GLOBAL, LANDMARK RESEARCH



1. EARLY INTRODUCTION²⁻⁸

Begin early introduction of commonly allergenic foods around 4-6 months of age (ideally with continued breastfeeding).



2. DIET DIVERSITY^{3,5-8}

Based on excellent safety data, experts advocate diversifying babies' diets to include the most commonly allergenic foods.

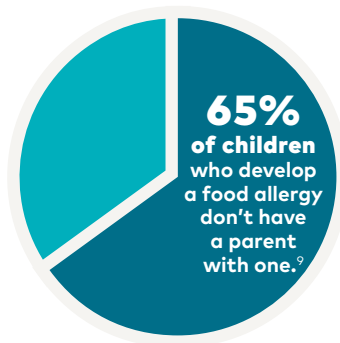


3. ROUTINE FEEDING^{2-4,8}

Consistency is key, feed commonly allergenic foods multiple times per week through infancy and early childhood.

FOOD ALLERGY STATS & FACTS

FOOD ALLERGIES ARE NOT JUST GENETIC



↑ RAPIDLY INCREASING FOOD ALLERGY RATES

1 in 13 children in the US have a food allergy¹⁰

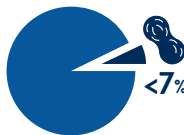


HIGH-RISK FACTORS

Babies with eczema are **600% MORE LIKELY** to develop a food allergy.¹¹

600%

PROTECT BEYOND JUST PEANUT



LESS THAN 7% OF CHILDREN & ADULTS WITH FOOD ALLERGIES are only allergic to peanuts.^{12,13}

1. Greer FR, Sicherer SH, Burks AW, COMMITTEE ON NUTRITION, SECTION ON ALLERGY AND IMMUNOLOGY. The effects of early nutritional interventions on the development of atopic disease in infants and children: the role of maternal dietary restriction, breastfeeding, hydrolyzed formulas, and timing of introduction of allergenic complementary foods. *Pediatrics*. 2019;143(4). doi:10.1542/peds.2019-0281 2. Du Toit G, et al; LEAP Study Team. Randomized trial of peanut consumption in infants at risk for peanut allergy. *N Engl J Med*. 2015;372(9):803-813. 3. Perkin M, et al; EAT Study Team. Randomized trial of introduction of allergenic foods in breast-fed infants. *N Engl J Med*. 2016;374(18):1733-1743. 4. Natsume O, et al; PETIT Study Team. *Lancet*. 2017;389(10066):276-286. 5. Roduit C, et al; PASTURE Study Group. *J Allergy Clin Immunol*. 2014;133(4):1056-1064. 6. Tran MM, et al; CHILD Study Investigators. Timing of food introduction and development of food sensitization in a prospective birth cohort. *Pediatr Allergy Immunol*. 2017;28(5):471-477. 7. Nwaru BI, et al. Food diversity in infancy and the risk of childhood asthma and allergies. *J Allergy Clin Immunol*. 2014;133(4):1084-1091. 8. Ierodiakonou D, et al. Timing of allergenic food introduction to the infant diet and risk of allergic or autoimmune disease. *JAMA*. 2016;316(11):1181-1192. 9. Gupta RS, Singh AM, Walkner M, et al. Hygiene factors associated with childhood food allergy and asthma. *Allergy Asthma Proc*. 2016;37(6):e140-e146. doi:10.2500/aap.2016.37.3988 10. FARE. Food Allergy Facts and Statistics for the U.S. <https://www.foodallergy.org/sites/default/files/migrated-files/file/facts-stats.pdf>. Accessed November 14, 2018. 11. Martin PE, Eckert JK, Koplin JJ, et al. Which infants with eczema are at risk of food allergy? Results from a population-based cohort. *Clin Exp Allergy*. 2015;45(1):255-264. doi:10.1111/cea.12406 12. Gupta RS, Warren CM, Smith BM, et al. The Public Health Impact of Parent-Reported Childhood Food Allergies in the United States. *Pediatrics*. 2018;142(6). doi:10.1542/peds.2018-1235 13. Gupta RS, et al. Prevalence and severity of food allergens among US adults. *JAMA Network Open*. 2019;2(1):e185630. For more information visit: SpoonfulONE.com/USDAGuidelines

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 104 °F or 40 °C or higher,
or if you have questions, call your healthcare provider.

Healthcare provider phone number 605-721-8939

Medicines and Doses to Reduce Pain and Fever

Choose the proper medicine, and measure the dose accurately.

1. Ask your healthcare provider or pharmacist which medicine is best for your child.
2. Give the dose based on your child's weight. If you don't know your child's weight, give the dose based on your child's age. Do not give more medicine than is recommended.
3. If you have questions about dosage amounts or any other concerns, call your healthcare provider.
4. **Always use a proper measuring device when giving acetaminophen liquid (e.g., Tylenol) or ibuprofen liquid (e.g., Advil, Motrin):**
 - Use the device enclosed in the package.
 - If you misplace the device, consult your healthcare provider or pharmacist for advice.

■ **Meal-time spoons are not accurate measures. Never use a meal-time spoon for giving medication.**

Take these two steps to avoid causing a serious medication overdose in your child.

1. Don't give your child a larger amount of acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Motrin, Advil) than is shown in the table below. Too much of any of these medicines can be extremely dangerous.
2. When you give your child acetaminophen or ibuprofen, don't also give them over-the-counter cough or cold medicines. This can cause a medication overdose because cough and cold medicines often contain acetaminophen or ibuprofen. In fact, to be safe, don't ever give over-the-counter cough and cold medicines to your child unless you talk to your child's healthcare provider first.

ACETAMINOPHEN (Tylenol or another brand): How much to give?

Give every 4 to 6 hours, as needed, no more than 5 times in 24 hours (unless directed to do otherwise by your healthcare provider).

Child's weight	Child's age	Infants' or children's liquid 160 mg in each 5 mL	Children's chewables – current product 160 mg in each tablet	Infants' drops 80 mg in each 0.8 mL	Children's chewables 80 mg in each 0.8 mL
6–11 lbs (2.7–5 kg)	0–3 mos	Advised dose* _____		OLD PRODUCT	OLD PRODUCT
12–17 lbs (5.5–7.7 kg)	4–11 mos	2.5 mL		Throw away this product. It is out of date and should not be used.	Throw away this product. It is out of date and should not be used.
18–23 lbs (8.2–10.5 kg)	12–23 mos	3.75 mL			
24–35 lbs (10.9–15.9 kg)	2–3 yrs	5 mL	1 tablet		
36–47 lbs (16.4–21.4 kg)	4–5 yrs	7.5 mL	1½ tablets		
48–59 lbs (21.8–26.8 kg)	6–8 yrs	10 mL	2 tablets		
60–71 lbs (27.3–32.3 kg)	9–10 yrs	12.5 mL	2½ tablets		
72–95 lbs (32.7–43.2 kg)	11 yrs	15 mL	3 tablets		

IBUPROFEN (Advil, Motrin, or another brand): How much to give?

Give every 6 to 8 hours, as needed, no more than 4 times in 24 hours (unless directed to do otherwise by your healthcare provider).

Child's weight	Child's age	Infants' drops 50 mg in each 1.25 mL 	Children's liquid 100 mg in each 5 mL 	Children's chewables or junior tablets 100 mg in each tablet	Children's chewables 50 mg in each tablet
less than 11 lbs (5 kg)	0–5 mos				OLD PRODUCT
12–17 lbs (5.5–7.7 kg)	6–11 mos	1.25 mL	Advised dose* 2.5 mL		Throw away this product. It is out of date and should not be used.
18–23 lbs (8.2–10.5 kg)	12–23 mos	1.875 mL	Advised dose* 3.75 mL		
24–35 lbs (10.9–15.9 kg)	2–3 yrs		5 mL	1 tablet	
36–47 lbs (16.4–21.4 kg)	4–5 yrs		7.5 mL	1½ tablets	
48–59 lbs (21.8–26.8 kg)	6–8 yrs		10 mL	2 tablets	
60–71 lbs (27.3–32.3 kg)	9–10 yrs		12.5 mL	2½ tablets	
72–95 lbs (32.7–43.2 kg)	11 yrs		15 mL	3 tablets	

* **HEALTHCARE PROVIDER:** Please fill in the advised dose.