



BRIGHT FUTURES HANDOUT ► PARENT

1 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.
- Ask us for help if you have been hurt by your partner or another important person in your life. Hotlines and community agencies can also provide confidential help.
- Tobacco-free spaces keep children healthy. Don't smoke or use e-cigarettes. Keep your home and car smoke-free.
- Don't use alcohol or drugs.
- Check your home for mold and radon. Avoid using pesticides.

✓ HOW YOU ARE FEELING

- Take care of yourself so you have the energy to care for your baby. Remember to go for your post-birth checkup.
- If you feel sad or very tired for more than a few days, let us know or call someone you trust for help.
- Find time for yourself and your partner.

✓ 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 she is hungry. Look for her to
 - Put her hand to her mouth.
 - Suck or root.
 - Fuss.
- Stop feeding when you see your baby is full. You can tell when she
 - Turns away
 - Closes her mouth
 - Relaxes her arms and hands
- Know that your baby is getting enough to eat if she has more than 5 wet diapers and at least 3 soft stools each day and is gaining weight appropriately.
- Burp your baby during natural feeding breaks.
- Hold your baby so you can look at each other when you feed her.
- Always hold the bottle. Never prop it.

If Breastfeeding

- Feed your baby on demand generally every 1 to 3 hours during the day and every 3 hours at night.
- Give your baby vitamin D drops (400 IU a day).
- Continue to take your prenatal vitamin with iron.
- Eat a healthy diet.

If Formula Feeding

- Always prepare, heat, and store formula safely. If you need help, ask us.
- Feed your baby 24 to 27 oz of formula a day. If your baby is still hungry, you can feed her more.

✓ CARING FOR YOUR BABY

- Hold and cuddle your baby often.
- Enjoy playtime with your baby. Put him on his tummy for a few minutes at a time when he is awake.
- Never leave him alone on his tummy or use tummy time for sleep.
- When your baby is crying, comfort him by talking to, patting, stroking, and rocking him. Consider offering him a pacifier.
- *Never hit or shake your baby.*
- Take his temperature rectally, not by ear or skin. A fever is a rectal temperature of 100.4°F/38.0°C or higher. Call our office if you have any questions or concerns.
- Wash your hands often.

Helpful Resources: National Domestic Violence Hotline: 800-799-7233 | Smoking Quit Line: 800-784-8669
 Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

1 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.
- Make sure your baby always stays in her car safety seat during travel. If she becomes fussy or needs to feed, stop the vehicle and take her out of her seat.
- 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 old.
 - 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.
- Swaddling should be used only with babies younger than 2 months.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Keep hanging cords or strings away from your baby. Don't let your baby wear necklaces or bracelets.
- Always keep a hand on your baby when changing diapers or clothing on a changing table, couch, or bed.
- Learn infant CPR. Know emergency numbers. Prepare for disasters or other unexpected events by having an emergency plan.

WHAT TO EXPECT AT YOUR BABY'S 2 MONTH VISIT

We will talk about

- Taking care of your baby, your family, and yourself
- Getting back to work or school and finding child care
- Getting to know your baby
- Feeding your baby
- Keeping your baby safe at home 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*.

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Baby Feeding Schedule

Age	Food	Number of Times per Day	Suggested Serving Size	Feeding Tips
0 to 4 months	Breast milk	On demand	Nurse 5-15 minutes per breast	6-8 wet diapers a day is a good sign your baby is getting enough.
	Formula			
	0 to 1 month	6 to 8 times	2 to 4 oz	Always hold baby and the bottle to feed. Don't microwave bottles. Don't force your baby to eat.
	1 to 2 months	5 to 7 times	3 to 5 oz	
	2 to 3 months	4 to 6 times	4 to 7 oz	
3 to 4 months	4 to 6 times	5 to 8 oz		
4 to 6 months	Breast Milk or Formula	4 to 6 times	6 to 8 oz	Don't prop the bottle Start with oatmeal cereal Don't put cereal in the bottle
	Baby Cereal	1 to 2 times	1 to 2 Tbsp	
6 to 8 months	Breast Milk	3 to 5 times	6 to 8 oz	Start one fruit or vegetable at a time. Give the same food at least 3 days in a row.
	Formula	3 to 5 times		
	Baby Cereal	1 to 2 times	2 to 4 Tbsp	
	Fruits and Veggies	2 to 3 times	2 to 3 Tbsp	
8 to 12 months	Breast Milk	3 to 4 times	6 oz	Try using a cup. Start soft finger foods and table foods. Feed in a high chair.
	Formula	3 to 4 times		
	Other Dairy Foods yogurt cottage cheese	1-2 times	1/4 to 1/2 cup	
	Grains baby cereal crackers/bread dry cereal	1 to 2 times	1 to 2 Tbsp 2 to 4 Tbsp Small amount	
	Fruits and Veggies	3 times	3 to 4 Tbsp	
	Meat	1 to 2 times	2 to 3 Tbsp	

Hepatitis B 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?

Hepatitis B vaccine can prevent **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** 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** 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. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a pregnant person has hepatitis B, their baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2. Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age. **The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.**

Anyone **59 years of age or younger** who has not yet gotten the vaccine should be vaccinated.

Hepatitis B vaccination is recommended for **adults 60 years or older** at increased risk of exposure to hepatitis B who were not vaccinated previously. **Adults 60 years or older** who are not at increased risk and were not vaccinated in the past may also be vaccinated.

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

Hepatitis B 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 hepatitis B vaccine**, or has any **severe, life-threatening allergies**



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

In some cases, your health care provider may decide to postpone hepatitis B vaccination until a future visit.

Pregnant or breastfeeding people who were not vaccinated previously should be vaccinated. Pregnancy or breastfeeding are not reasons to avoid hepatitis B vaccination.

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

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness where the shot is given, fever, headache, and fatigue (feeling tired) can happen after hepatitis B vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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

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.*

Vaccine Information Statement (Interim)
Hepatitis B Vaccine

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.

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IMMUNIZATION INFORMATION STATEMENT

Respiratory Syncytial Virus (RSV) Preventive Antibody: *What You Need to Know*

Why get immunized with a RSV preventive antibody?

A respiratory syncytial virus (RSV) preventive antibody can prevent severe lung disease caused by RSV.

RSV is a common respiratory virus that usually causes mild, cold-like symptoms but can also affect the lungs. Symptoms of RSV infection may include runny nose, decrease in appetite, coughing, sneezing, fever, or wheezing.

Anyone can become infected by RSV, and almost all children get an RSV infection by the time they are 2 years old. While most children recover from an RSV infection in a week or two, RSV infection can be dangerous for infants and some young children, causing difficulty breathing, low oxygen levels, and dehydration. In the United States, RSV is the most common cause of bronchiolitis (inflammation of the small airways in the lungs) and pneumonia (infection of the lungs) in children younger than 1 year of age. Children who get sick from RSV may need to be hospitalized, and some might even die.

RSV Preventive Antibodies

The RSV preventive antibody (generic name nirsevimab, trade name Beyfortus) is a shot that prevents severe RSV disease in infants and young children. Antibodies are proteins that the body's immune system uses to fight off harmful germs. Like traditional vaccines, preventive antibodies are immunizations that provide protection against a specific pathogen. While both are immunizations, the way they provide immunity is different. Nirsevimab is an immunization that provides antibodies directly to the recipient. Traditional vaccines are immunizations that stimulate the recipient's immune system to produce antibodies.

Infants born during the RSV season (typically fall through spring) should receive a single dose of the RSV Immunization within 1 week after birth. Most infants whose mothers got the RSV vaccine don't need to get nirsevimab, too. Both protect infants from severe RSV by providing antibodies, either from the mother to the infant or directly to the infant. Most infants will likely only need protection from either the maternal RSV vaccine or nirsevimab (not both). However, there may be some situations in which nirsevimab would be recommended for an infant after the mother received an RSV vaccine.

Infants born outside of the RSV season who are younger than 8 months should receive a single dose of the RSV Immunization shortly before their first RSV season (typically the fall), but infants who are younger than 8 months who have not yet received a dose may receive a dose at any time during the season.

Some infants and young children who are at increased risk for severe RSV disease may need a single dose of the RSV antibody before or during their second RSV season.

RSV preventive antibodies can be given at the same time as vaccines routinely recommended for infants and young children.



U.S. Department of
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Centers for Disease
Control and Prevention

Talk with your health care provider

Tell your health care provider if the person getting the preventive antibody has a:

- History of serious allergic reactions to an RSV preventive antibody (nirsevimab) or any of its components,
- Bleeding disorder, or
- Moderate or severe acute illness.

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

People who have a minor illness, such as a cold, can safely receive an RSV preventive antibody. People who are moderately or severely ill should usually wait until they recover.

Your health care provider can give you more information.

Risks of a reaction to RSV preventive antibodies

After getting an RSV preventive antibody, your child might have temporary pain, redness, swelling where the injection was given, or a rash.

As with any medicine, there is a very remote chance that RSV Immunization could cause a severe allergic reaction, other serious injury, or death.

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

Call your health care provider if you see any other symptoms that concern you.

What if there is a serious problem?

If your child got an RSV preventive antibody without getting a vaccine at the same time, and you suspect an adverse reaction, you or your health care provider can submit a report through <https://www.fda.gov/medwatch> or by phone at 1-800-FDA-1088.

If your child got an RSV preventive antibody and a vaccine at the same time and you suspect an adverse reaction, you or your health care provider should report it to the [Vaccine Adverse Event Reporting System \(VAERS\)](https://vaers.hhs.gov/) <https://vaers.hhs.gov/> or call [1-800-822-7967](https://vaers.hhs.gov/). In your report, note that your child got an RSV Immunization along with a vaccine.

Note: MedWatch and VAERS are only for reporting reactions. MedWatch and VAERS staff members do not give medical advice.

How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit U.S. Food and Drug Administration website at [Drugs@FDA: FDA-Approved Drugs](mailto:Drugs@FDA).
- Contact the Centers for Disease Control and Prevention (CDC):
 - o Call 1-800-232-4636 (1-800-CDC-INFO) or
 - o [Visit the CDC website https://www.cdc.gov/rsv/about/prevention.html](https://www.cdc.gov/rsv/about/prevention.html)

Immunization Information Statement

Respiratory Syncytial Virus (RSV) Preventive Antibody:

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Acetaminophen (Tylenol®) Dosage Chart for Infants and Children

Dosing Instructions: Give every 4–6 hours as needed for fever or pain. Do NOT give more than 5 doses in 24 hours. Do NOT use with any other medicine containing acetaminophen. If possible, use weight to dose; otherwise, use age. Talk with your child's doctor if you have a dosing question or your child does not fit into the weight/age range listed.

Age	0–3 months	4–11 months	12–23 months	2–3 years	4–5 years	6–8 years	9–10 years	11 years	12+ years
Weight (pounds)	6.6–11 lbs	11–17 lbs	17–23 lbs	23–35 lbs	35–46 lbs	46–60 lbs	60–70 lbs	70–95 lbs	95+ lbs
Infants Acetaminophen Liquid (160 mg / 5 mL)	1.25 mL (40 mg)	2.5 mL (80 mg)	3.75 mL (120 mg)	—	—	—	—	—	—
Acetaminophen Liquid (160 mg / 5 mL)	—	—	—	5 mL (160 mg)	7.5 mL (240 mg)	10 mL (320 mg)	12.5 mL (400 mg)	15 mL (480 mg)	20 mL (640 mg)
Acetaminophen Chewables (160 mg)	—	—	—	1 tablet	1 ½ tablets	2 tablets	2 ½ tablets	3 tablets	4 tablets
Acetaminophen Tablets (325 mg)	—	—	—	—	—	1 tablet	1 tablet	1 tablets	2 tablets

Liquid Medicines: Use the syringe or dosing cup that comes with the medication to give an accurate dose. Kitchen teaspoons or tablespoons should not be used.

See reverse side for ibuprofen dosing table. Updated October 2024.

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Ibuprofen (Motrin®, Advil®) Dosage Chart for Infants and Children

Dosing Instructions: Give every 6–8 hours as needed for fever or pain. Do NOT give more than 4 doses in 24 hours.

Do NOT use with any other medicine containing ibuprofen. If possible, use weight to dose; otherwise, use age.

Talk with your child's doctor if you have a dosing question or your child does not fit into the weight/age range listed.

Age	6–11 months	12–23 months	2–3 years	4–5 years	6–8 years	9–10 years	11 years	12+ years
Weight (pounds)	11*–17 lbs	17*–23 lbs	23*–35 lbs	35*–46 lbs	46*–60 lbs	60*–70 lbs	70*–95 lbs	95+ lbs
Infant's Ibuprofen Drops (50 mg / 1.25 mL)	1.25 mL (50 mg)	2 mL (80 mg)	2.5 mL (100 mg)	—	—	—	—	—
Liquid Ibuprofen (100 mg / 5 mL)	2.5 mL (50 mg)	4 mL (80 mg)	5 mL (100 mg)	7.5 mL (150 mg)	10 mL (200 mg)	12.5 mL (250 mg)	15 mL (300 mg)	20 mL (400 mg)
Ibuprofen Chewable Tablets (100 mg)	—	—	1 tablet	1½ tablets	2 tablets	2½ tablets	3 tablets	4 tablets
Ibuprofen Tablets (200 mg)	—	—	—	—	1 tablet	1 tablet	1½ tablets	2 tablets

Age Limits: Do NOT use ibuprofen for infants less than 6 months old unless your child's doctor tells you.

Liquid Medicines: Use the syringe or dosing cup that comes with the medication to give an accurate dose. Kitchen teaspoons or tablespoons should not be used.

See reverse side for acetaminophen dosing table. Updated October 2024.

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