


Immunizations and Developmental Milestones for Your Child from Birth Through 6 Years Old

Child's Name _____

Birth Date _____

		Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS
Recommended Immunizations	Hepatitis B	<input type="radio"/> HepB	<input type="radio"/> HepB ¹			<input type="radio"/> HepB
	Rotavirus			<input type="radio"/> RV	<input type="radio"/> RV	<input type="radio"/> RV
	Diphtheria, Tetanus, Pertussis			<input type="radio"/> DTaP	<input type="radio"/> DTaP	<input type="radio"/> DTaP
	<i>Haemophilus influenzae</i> type b			<input type="radio"/> Hib	<input type="radio"/> Hib	<input type="radio"/> Hib
	Pneumococcal			<input type="radio"/> PCV	<input type="radio"/> PCV	<input type="radio"/> PCV
	Inactivated Poliovirus			<input type="radio"/> IPV	<input type="radio"/> IPV	<input type="radio"/> IPV
	Influenza (Flu)					<input type="radio"/> Influenza, first dose ² <input type="radio"/> second dose
Milestones*	<p>Milestones should be achieved by the end of the age indicated.</p> <p>Talk to your child's doctor about age-appropriate milestones if your child was born prematurely.</p> <ul style="list-style-type: none"> <input type="radio"/> Recognizes caregiver's voice <input type="radio"/> Turns head toward breast or bottle <input type="radio"/> Communicates through body language, fussing or crying 	<ul style="list-style-type: none"> <input type="radio"/> Starts to smile <input type="radio"/> Raises head when on tummy <input type="radio"/> Calms down when rocked, cradled or sung to 	<ul style="list-style-type: none"> <input type="radio"/> Begins to smile at people <input type="radio"/> Coos, makes gurgling sounds <input type="radio"/> Begins to follow things with eyes <input type="radio"/> Can hold head up 	<ul style="list-style-type: none"> <input type="radio"/> Babbles with expression <input type="radio"/> Likes to play with people <input type="radio"/> Reaches for toy with one hand <input type="radio"/> Brings hands to mouth 	<ul style="list-style-type: none"> <input type="radio"/> Knows familiar faces <input type="radio"/> Responds to own name <input type="radio"/> Brings things to mouth <input type="radio"/> Rolls over in both directions 	
Growth	<p>At each well child visit, enter date, length, weight, and percentile information to keep track of your child's progress.</p> <p>WEIGHT / PERCENTILE _____</p> <p>LENGTH / PERCENTILE _____</p> <p>HEAD CIRCUMFERENCE _____</p>	<p>WEIGHT / PERCENTILE _____</p> <p>LENGTH / PERCENTILE _____</p> <p>HEAD CIRCUMFERENCE _____</p>	<p>WEIGHT / PERCENTILE _____</p> <p>LENGTH / PERCENTILE _____</p> <p>HEAD CIRCUMFERENCE _____</p>	<p>WEIGHT / PERCENTILE _____</p> <p>LENGTH / PERCENTILE _____</p> <p>HEAD CIRCUMFERENCE _____</p>	<p>WEIGHT / PERCENTILE _____</p> <p>LENGTH / PERCENTILE _____</p> <p>HEAD CIRCUMFERENCE _____</p>	

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

VISIT DATE

VISIT DATE

VISIT DATE

VISIT DATE

VISIT DATE

¹ The second dose of HepB may be given either at the 1 month or 2 month visit.

² Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.

* Milestones adapted from Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

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



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



American Academy of Pediatrics




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Immunizations and Developmental Milestones for Your Child from Birth Through 6 Years Old

Child's Name _____

Birth Date _____

		12 MONTHS	15 MONTHS	18 MONTHS	19–23 MONTHS	2–3 YEARS	4–6 YEARS
Recommended Immunizations	Hepatitis B	<input type="radio"/> HepB (Final dose administered between 6 and 18 months)					
	Diphtheria, Tetanus, Pertussis		<input type="radio"/> DTaP				<input type="radio"/> DTaP
	Haemophilus influenzae type b	<input type="radio"/> Hib					
	Pneumococcal	<input type="radio"/> PCV					
	Inactivated Poliovirus	<input type="radio"/> IPV					<input type="radio"/> IPV
	Influenza (Flu)	<input type="radio"/> Influenza , first dose ² <input type="radio"/> second dose (if needed)			Age 2 Age 3 <input type="radio"/> <input type="radio"/> Influenza , first dose ² <input type="radio"/> <input type="radio"/> second dose (if needed)		Age 4 Age 5 Age 6 <input type="radio"/> <input type="radio"/> <input type="radio"/> Influenza , first dose ² <input type="radio"/> <input type="radio"/> <input type="radio"/> second dose (if needed)
	Measles, Mumps, Rubella	<input type="radio"/> MMR					<input type="radio"/> MMR
	Varicella	<input type="radio"/> Varicella					<input type="radio"/> Varicella
	Hepatitis A	<input type="radio"/> <input type="radio"/> Hep A ³					
Milestones*	Milestones should be achieved by the end of the age indicated. Talk to your child's doctor about age-appropriate milestones if your child was born prematurely.	<input type="radio"/> Cries when mom or dad leaves <input type="radio"/> Says "mama" and "dada" <input type="radio"/> Copies gestures (for example, waves "bye bye") <input type="radio"/> May stand alone	<input type="radio"/> Imitates what you are doing <input type="radio"/> Drinks from a cup <input type="radio"/> Scribbles on his own <input type="radio"/> Walks well	<input type="radio"/> Points to show others something interesting <input type="radio"/> Says several single words <input type="radio"/> Points to one body part <input type="radio"/> May walk up steps and run	<input type="radio"/> Plays mainly beside other children <input type="radio"/> Follows two-step commands <input type="radio"/> Plays simple make-believe games <input type="radio"/> Throws ball overhand	<input type="radio"/> Can name most familiar things <input type="radio"/> Shows affection for friends without prompting <input type="radio"/> Turns book pages one at a time <input type="radio"/> Kicks a ball	<input type="radio"/> Speaks very clearly <input type="radio"/> Tells stories <input type="radio"/> Can print some letters or numbers <input type="radio"/> Hops; may be able to skip
	Growth	At each well child visit, enter date, length, weight, and percentile information to keep track of your child's progress.	WEIGHT / PERCENTILE	WEIGHT / PERCENTILE	WEIGHT / PERCENTILE	WEIGHT / PERCENTILE	WEIGHT
		LENGTH / PERCENTILE	LENGTH / PERCENTILE	LENGTH / PERCENTILE	LENGTH / PERCENTILE	HEIGHT	HEIGHT
		HEAD CIRCUMFERENCE	HEAD CIRCUMFERENCE	HEAD CIRCUMFERENCE	HEAD CIRCUMFERENCE	BMI	BMI

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

VISIT DATE

VISIT DATE

VISIT DATE

VISIT DATE

VISIT DATE

VISIT DATE

² Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.

³ 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 6 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.

* Milestones adapted from *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

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Babies & Tummy Time

Tummy time is an important activity and needs to be part of a baby's daily routine.

In the first months of life, babies learn about movement of their body and develop the physical skills required for rolling over, sitting and crawling. They learn to respond and adapt to challenges. For this reason, a baby needs the opportunity to play on its tummy during waking hours (while being supervised) and to spend limited time in an infant seat/carrier, swing or other restrictive devices which inhibit free movement.

Visual stimulation is another benefit of the tummy position. Unlike a baby on its back (who sees only the ceiling and objects on either side) a baby placed on the tummy will lift its head and view the world at eye-level.

In 1992 the American Academy of Pediatrics (AAP) published recommendations to put healthy babies to sleep on their backs, resulting in a dramatic reduction of SIDS (Sudden Infant Death Syndrome). The AAP's "Back to Sleep – Tummy to Play" campaign reminds parents to provide babies with adequate supervised tummy time, to promote growth and development.

Not all babies enjoy tummy time. Some may cry or refuse to lift up their head. We have provided guidelines to help you with this challenge and to make tummy time an enjoyable bonding experience and a productive part of your baby's life, while mastering important skills.

Newborn To 2 months

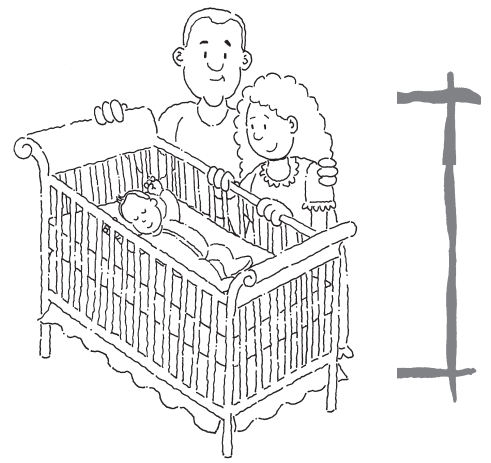
Activity: Place your baby on its stomach. If the baby cannot lift its head, place your hand on the baby's bottom to shift the weight from the upper body. If the baby is still unable to lift its head, put a rolled towel under the chest or place the baby over your leg. Another option is to lay the baby on your chest, offering a secure, cuddly feeling while encouraging a head lift.

Benefit: Your baby will develop better head control and upper body strength, while learning to lift the head and neck.



Special thanks to
Phoebe and
her family.

Safe Sleep and Your Baby: How Parents Can Reduce the Risk of SIDS and Suffocation



About 3,500 babies die each year in the United States during sleep because of unsafe sleep environments. Some of these deaths are caused by entrapment, suffocation, or strangulation. Some infants die of sudden infant death syndrome (SIDS). However, there are ways for parents to keep their sleeping baby safe.

Read on for more information from the American Academy of Pediatrics (AAP) on how parents can create a safe sleep environment for their babies. This information should also be shared with anyone who cares for babies, including grandparents, family, friends, babysitters, and child care center staff.

Note: These recommendations are for healthy babies up to 1 year of age. A very small number of babies with certain medical conditions may need to be placed to sleep on their stomach. Your baby's doctor can tell you what is best for your baby.

What you can do

- **Place your baby to sleep on his back for every sleep.**
 - Babies up to 1 year of age should always be placed on their back to sleep during naps and at night. However, if your baby has rolled from his back to his side or stomach on his own, he can be left in that position if he is already able to roll from tummy to back and back to tummy.
 - If your baby falls asleep in a car safety seat, stroller, swing, infant carrier, or infant sling, he should be moved to a firm sleep surface as soon as possible.
 - Swaddling (wrapping a light blanket snugly around a baby) may help calm a crying baby. If you swaddle your baby, be sure to place him on his back to sleep. Stop swaddling your baby when he starts to roll.
- **Place your baby to sleep on a firm sleep surface.**
 - The crib, bassinet, portable crib, or play yard should meet current safety standards. Check to make sure the product has not been recalled. Do not use a crib that is broken or missing parts or that has drop-side rails. For more information about crib safety standards, visit the Consumer Product Safety Commission Web site at www.cpsc.gov.
 - Cover the mattress with a tight-fitting sheet.
 - Do not put blankets or pillows between the mattress and fitted sheet.
 - Never put your baby to sleep on a sofa, a cushioned chair, a water bed, a cushion, or a sheepskin.
- **Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation out of the crib.**
 - Pillows, quilts, comforters, sheepskins, bumper pads, and stuffed toys can cause your baby to suffocate. Note: Research has not shown us when it's 100% safe to have these objects in the crib; however, most experts agree that these objects pose little risk to healthy babies after 12 months of age.
- **Place your baby to sleep in the same room where you sleep but not the same bed.** Do this for at least 6 months but preferably up to 1 year of age. Room sharing decreases the risk of SIDS by as much as 50%.
 - Keep the crib or bassinet within an arm's reach of your bed. You can easily watch or breastfeed your baby by having your baby nearby.
 - The AAP cannot make a recommendation for or against the use of bedside sleepers or in-bed sleepers until more studies are done.
 - Babies who sleep in the same bed as their parents are at risk of SIDS, suffocation, or strangulation. Parents can roll onto babies during sleep, or babies can get tangled in the sheets or blankets.
- **Breastfeed as much and for as long as you can.** This helps reduce the risk of SIDS.
 - The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months. You can continue to breastfeed after 12 months if you and your baby desire.
- **Schedule and go to all well-child visits.** Your baby will receive important immunizations.
 - Recent evidence suggests that immunizations may have a protective effect against SIDS.
- **Keep your baby away from smokers and places where people smoke.** This helps reduce the risk of SIDS.
 - If you smoke, try to quit. However, until you can quit, keep your car and home smoke-free. Don't smoke inside your home or car, and don't smoke anywhere near your baby, even if you are outside.
- **Do not let your baby get too hot.** This helps reduce the risk of SIDS.
 - Keep the room where your baby sleeps at a comfortable temperature.
 - In general, dress your baby in no more than one extra layer than you would wear. Your baby may be too hot if she is sweating or if her chest feels hot.
 - If you are worried that your baby is cold, use a wearable blanket, such as a sleeping sack, or warm sleeper that is the right size for your baby. These are made to cover the body and not the head.
- **Offer a pacifier at nap time and bedtime.** This helps reduce the risk of SIDS.
 - If you are breastfeeding, wait until breastfeeding is going well before offering a pacifier. This usually takes 3 to 4 weeks. If you are not breastfeeding, you can start a pacifier as soon as you like.
 - It's OK if your baby doesn't want to use a pacifier. Some babies don't like to use pacifiers.
 - If the pacifier falls out after your baby falls asleep, you don't have to put it back in.
 - Do not use pacifiers that attach to infant clothing.
 - Do not use pacifiers that are attached to objects, such as stuffed toys and other items that may be a suffocation or choking risk.

- **Do not use home cardiorespiratory monitors to help reduce the risk of SIDS.**
 - Home cardiorespiratory monitors can be helpful for babies with breathing or heart problems, but they have not been found to reduce the risk of SIDS.
- **Use caution when using products that claim to reduce the risk of SIDS.**
 - Products such as wedges, positioners, special mattresses, and specialized sleep surfaces have not been shown to reduce the risk of SIDS.

What expectant moms can do

- Schedule and go to all prenatal doctor visits.
- Do not smoke, drink alcohol, or use drugs while pregnant or after the birth of your newborn.
- Stay away from smokers and places where people smoke.
- Hold your newborn skin to skin while breastfeeding. If you can, breastfeed as soon as you can after birth. Skin-to-skin contact is also beneficial for bottle-fed newborns.

What sleepy parents need to know

- It is safer to feed your baby on your bed than on a sofa or cushioned chair. Make sure to remove pillows, blankets, or other soft bedding, in case you fall asleep while feeding. If you do fall asleep, move your baby back into her own bed as soon as you awake.
- Be careful not to fall asleep on a sofa or cushioned chair while holding your baby.

Remember Tummy Time

Give your baby plenty of “tummy time” when she is awake. This will help strengthen neck muscles and help prevent flat spots on the head. Always stay with your baby during tummy time, and make sure she is awake.

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication.

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

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The American Academy of Pediatrics (AAP) is an organization of 66,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of all infants, children, adolescents, and young adults.

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

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Baby-sitting Reminders

IMPORTANT PHONE NUMBERS

PARENTS _____ POLICE _____
NEIGHBOR(S) _____ POISON HELPLINE 1-800-222-1222 _____
DOCTOR _____ HOME PHONE _____
FIRE/RESCUE _____ HOME ADDRESS _____

PARENTS SHOULD

- Meet the sitter and check references and training in advance.
- Be certain the sitter has had first aid training and knows CPR.
- Be sure the sitter is at least 13 years old and mature enough to handle common emergencies.
- Have the sitter spend time with you before baby-sitting to meet the children and learn their routines.
- Show the sitter around the house. Point out fire escape routes and potential problem areas. Instruct the sitter to leave the house right away in case of fire and to call the fire department from a neighbor's house.
- Discuss feeding, bathing, and sleeping arrangements for your children.
- Tell your sitter of any allergies or specific needs your children have.
- Have emergency supplies available including a flashlight, first aid chart, and first aid supplies.
- Tell the sitter where you will be and when you will return.
- Be sure any guns are stored unloaded in a locked cabinet, and lock and store the ammunition in a separate place.

SITTERS SHOULD

- Be prepared for an emergency.
- Always phone for help if there are any problems or questions.
- Never open the door to strangers.
- Never leave the children alone in the house — even for a minute.
- Never give the children any medicine or food unless instructed to do so by the parents.
- Remember that your job is to care for the children. Tender loving care usually quiets an unhappy child.

From Your Doctor

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