



WHAT TO EXPECT[®]

Guide to Well-Baby Visits and Immunizations

By Heidi Murkoff, Author of *What to Expect When You're Expecting*

Why Are Well-Baby Visits So Important?

The first two years of your baby's life will be packed with more magical milestones than you can even imagine — from the first coos to the first giggles, steps and words. The skills your newborn will develop in what seems like a blink of an eye will not only make you fall in love every step of the way, but will also prepare your precious bundle for the momentous accomplishments that lie ahead (including, before you know it, those first steps on two feet). Even more important, these 24 months will create the foundation for all the many ones to follow — helping shape your child's future happiness, health and well-being.



You'll be a vital part of your baby's wellness, both emotional and physical, of course — nurturing, encouraging and protecting your little one like no one else can. But you'll also have a vital partner in your baby's wellness, one you'll likely see a lot of (and speak to even more often) during the first few years: your baby's doctor.

And that's where well-baby visits come in. What's a well-baby visit, which your doctor might also call a well-child, wellness or well visit? It's a checkup for your baby, but so much more. Well-baby visits with your baby's doctor or other pediatric health care provider give you an opportunity to check in regularly to



make sure your baby's growing, feeding and developing as she should, and that she's getting the immunizations she'll need to prevent life-threatening diseases. They'll also give you a welcome chance to get

answers to all the many questions about your baby (you know, the ones about how long she should sleep, how much she should eat, what you can do about all that crying, how often she should be pooping...and, yes, what color and consistency that poop should be) that you've stored up since the last visit.

Your baby's first official checkup (and first immunization) will take place at the hospital. After that, well-baby visits are scheduled throughout the first two years — during the first week (usually a couple of days after you're discharged from the hospital) and at 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months and 24 months. While this schedule follows recommendations by the American Academy of Pediatrics (AAP), your baby's doctor may vary it (some health care practitioners, for example, skip the 9-month check-in). It still sounds like a lot of trips to the doctor just for wellness — without even counting those inevitable visits for runny noses and upset tummies. And it is. Yet well-baby visits are worth it — not only for the reassuring report your baby

will likely get each time, but also for the comfort of knowing that your baby's doctor will be able to spot, treat and usually remedy any little problems before they get bigger. And while no parent looks forward to their infant getting a shot, staying on top of the recommended immunizations is one of the best ways to make certain your baby (and the rest of the children in your community) stays healthy.

This guide will give you an overview of what to expect during the first two years of well-baby visits, including what's likely to happen at each visit and which vaccines your baby will get and when. Not sure how to prepare for these well-baby visits? There are tips on that, too.

Welcome to your baby's first two incredible years!

The Inside Scoop on What You'll Find in This Guide

- What to expect at every well-baby visit
- When to schedule well-baby visits
- What to bring along to the doctor
- How to make the most of each visit
- What you need to know about immunizations
- The recommended immunization schedule

What You Can Expect at Well-Baby Visits

You've scheduled a well-baby visit and now you're full of questions. What can you really expect once you and that teeny-tiny patient are welcomed into the examination room? What will the doctor be looking for? Will it be different every time?

As your baby's first year progresses, you'll probably find yourself looking forward to well-baby visits. They're an opportunity to see just how much your little one's grown and developed — and to get reassurance regarding any concerns (from sleep habits to crying) that have come up since your last visit. Though every well-baby visit may differ slightly, your doctor (or, sometimes, a nurse) will do most of the following at each appointment:

- Give you a chance to ask all the baby-related questions (don't forget to write them down!) that you've had on your mind since the last visit
- Ask about how you and baby are doing, and about baby's feeding, sleeping and development
- Measure your baby's weight, length and head circumference (and plot those measurements on a growth chart to track baby's progress)
- Complete a physical exam that will include checking your baby's...
 - Heartbeat and breathing with a stethoscope
 - Belly by gently pressing to feel for anything out of the ordinary
 - Hips, legs, arms, back and spine to make sure they're moving, growing and developing normally
 - Eyes
 - Ears and nose (with an otoscope)
 - Mouth and throat
 - Neck and underarms, gently pressing on lymph glands located there
 - Fontanels (the soft spots on the head)
 - Genitals for hernias or undescended testicles (and the doctor may also check the femoral pulse in the groin for a strong, steady beat)
 - Skin color and tone (and any rashes or birthmarks)
 - Reflexes specific to your baby's age

Before wrapping up your well-baby visit, your doctor or a nurse will administer any scheduled immunizations. Why leave this step for last? It's so your baby will be as happy and relaxed as possible during the exam — and you'll be able to concentrate on your conversation with the doctor. Also, with your questions already asked and answered, you'll be able to focus on offering comfort to your little one after the immunization (that jab can cause momentary pain).



Baby's Very First Checkup

In the rush of excitement at meeting your newborn (and the flurry of activity in those first hours post-delivery), you might not realize your little one gets his very first well-baby checkup, including a physical exam, while you're still in the hospital — either from your chosen pediatrician or a staff pediatrician.

Beyond baby's very first test (the Apgar, which is a basic assessment of baby's condition at one minute and again at five minutes after birth), in-hospital screens will include a hearing test; a blood test to help identify rare but sometimes serious conditions babies are sometimes born with (including ones that can be easily treated if they are diagnosed early) and a blood test to screen for jaundice (it will check bilirubin levels). A screening for congenital heart disease (heart disease that a baby is born with) is recommended, but not always offered. If you're not sure if baby has had these screens or what the results were, make sure you ask. After baby's checkup you should be given an infant growth chart with your newborn's measurements: Be sure to bring this to your first well-baby visit!

Baby gets her first shots, too, before leaving the hospital — including a vitamin K injection (important for helping her blood to clot) and the first immunization against hepatitis B (learn more on page 9). Was your baby born at home? Ask the pediatrician about scheduling all of these as soon as possible.



Making the Most of Well-Baby Visits

Wondering how you'll manage to wrangle a wriggly newborn while still remembering all the questions you wanted to ask the pediatrician (not to mention the answers you'll get)? Two words: **come prepared.**

Time it right.

It's not always possible to schedule appointments to avoid nap times, mealtimes and fussy times — especially when your infant doesn't have anything approximating a predictable routine yet. But if you can and your pediatrician's office or health care clinic offers flexibility, schedule your visits to the doctor when your little one is likely to be well-rested, well-fed and at his most cheerful (or least cranky). Also key: Find a time of day when the office is least likely to be packed (usually after school or before work, but this varies from office to office, so ask before you book). Scheduling the first appointment of the day or the first after lunch often minimizes your wait time.



Make a checklist.

Your insurance card, plenty of diapers, a change of clothes, a burp cloth, a paci: Check, check and check. Put your gear in order the night before with a checklist (**see the suggested checklist on the next page**), and getting out the door on time will be much less stressful.

Write down your questions.

Keep a running list of non-urgent questions and concerns on your phone so you'll have them ready when the doctor asks, "Any questions or concerns?" From "how much weight should

my baby be gaining?" to "when will she start sleeping through the night?" and "am I burping her right?," well-baby visits are your chance to get the advice and reassurance you're craving. And if you've run into a breastfeeding roadblock, your pediatrician or a trained lactation consultant in the office (or through referral) can help you troubleshoot and get back on the road to success.

Have some answers, too.

Nobody knows your baby better than you do. That's why the doctor will want you to rattle off a list of baby's accomplishments (so be ready to brag). Keep a note on your phone (or use a tracking app) to help track your little one's hours spent sleeping, time and duration of feedings, and number of wet and dirty diapers each day — all of these will be especially important to report in the early months.

Dress baby for success.

Since your baby will be getting undressed for his checkup, think easy-off, easy-back-on when it comes to his outfit. That onesie with lots of snaps may be adorable, but it won't be so cute when you're in a rush and your infant is getting restless or squirmy. The same goes for snug clothes that are tricky to pull over baby's head or off those constantly moving legs. And don't forget that backup outfit!



Don't Leave Home Without It: Your Well-Baby Visit Checklist

You know all that stuff you've already got jammed in your diaper bag? You may need it and more when you're heading to the pediatrician's office or clinic. Here are some must-haves you won't want to leave home without:

- ✓ Up-to-date insurance information
- ✓ A change of clothes
- ✓ Diapers and wipes
- ✓ Burp cloths
- ✓ A blanket to put over crinkly exam-table paper
- ✓ A favorite toy, blanket or comfort object
- ✓ A teething ring and/or paci (and a spare)
- ✓ A nursing cover, if you use one
- ✓ A ready-to-serve bottle, if you're bottle-feeding
- ✓ Snacks, if your baby's on solids
- ✓ Snacks for you (low blood sugar isn't sweet when you're under stress!)
- ✓ A list of questions and concerns for the doctor
- ✓ A list of baby's skills so far — plus, for a newborn, a record of sleep, dirty diapers and feedings
- ✓ Your baby's medical history, if you're visiting a new doctor



The First Week Well-Baby Visit

You've dreamed of your baby-to-be for nine months, and now your precious bundle is finally home. You're bound to be flooded by emotions, from over-the-moon happiness to over-the-top nervousness. And whether you're a first-time parent or a veteran, you're likely to have a lot of questions. At your first well-baby visit, usually scheduled at two to five days after birth, your baby's doctor will answer those questions and address your concerns. She'll also perform a complete examination of your new arrival. Here's what you can expect.

Physical checkup.

If your baby had a different pediatrician in the hospital, be sure to bring along the infant growth chart you received, documenting those first stats. The pediatrician will be adding to it during this visit and keeping it on file for future visits. Keep in mind that newborns usually lose weight before they start gaining, and your little one will likely still be under his birthweight at this first visit. Exclusively breastfed babies take longer to regain their birthweight, but by two weeks, most babies start gaining — often fast. Baby's length may be the same, but it may be longer or even shorter, since measuring a newborn isn't a precise science. In addition to taking measurements and doing a complete physical exam (learn more on page 4), the doctor will:

- Check to see how the umbilical stump is healing, as well as baby's circumcision, if he had one
- Check for newborn jaundice, a common and usually temporary condition in which your baby's skin may appear yellow — though that may be difficult to determine in darker-skinned babies (which is why a blood test to check bilirubin levels may also be given).



Developmental milestones.

Even as early as his first week of life, your little one is starting to master new skills that your doctor will look for during the checkup. At this visit (or soon after), your baby may already be able to:

- Move arms and legs on both sides of the body equally well
- Focus on objects within 8 to 15 inches (especially your face!)
- Lift head briefly when on tummy

Developmental milestones like these follow roughly the same timeline for most babies in the first year, but every baby is (beautifully, wonderfully) different, and will achieve milestones at a different pace. So why assess them at all? If a delay is identified within the (very) wide range of what's considered normal, further examination by your doctor can help determine whether there's any reason for concern.

The doctor will also look for reflexes that are standard issue at birth and are signs that a baby's new nervous system and brain are working well. These include the rooting and sucking reflex (both designed to make sure he locates and secures that food source, thereby getting fed), the Moro reflex (also



What Is the HepB Vaccine?

The HepB vaccine protects your child from hepatitis B, a liver disease that's spread through contact with the blood or other bodily fluids of an infected person. Babies born to mothers with the hepatitis B virus can be infected too. This vaccine helps reduce the risk of getting the disease from moms or family members who may not know they are infected with hepatitis B.

Hepatitis B can be a short-term illness with symptoms that include fever, loss of appetite, stomach pain, vomiting and jaundice — or it can be a severe and possibly lifelong condition.

The CDC recommends that your baby get three doses of the vaccine, the first shortly after birth, the second at between 1 to 2 months and the third at between 6 to 18 months.

Minor reactions following the hepatitis B vaccine include soreness where the shot was given and a temperature of 99.9°F or higher. If these problems occur, they usually begin soon after the shot and last one to two days. Talk to your baby's doctor if you have any major concerns.

called “startling,” which is that jumpy reaction when baby’s laid on his back or is startled by a noise or other sensation), the tonic neck reflex (this one makes a baby look like he’s fencing), the grasp reflex (baby’s fingers will curl up in a grasp when his palm is stroked), and the stepping reflex (baby will seem to take steps when held upright).

Immunizations.

This well-baby visit is injection-free. However, if your baby didn’t get the CDC-recommended HepB (hepatitis B) vaccine at birth, he should receive it now. Not sure if he did? Ask!

Time to talk.

If you suddenly find yourself searching for operating instructions (don’t all babies come with them?), give yourself time. You’ll be surprised at how much of a natural you really

are when it comes to being a parent. In the meantime, take advantage of well-baby visits to get answers to your questions, which could now include:

- How do I know if I’m feeding my baby enough?
- How should I safely bathe my baby and how often?
- How do I trim those itty-bitty nails (they’re often long in a full-term infant)?
- How do I make certain my baby’s sleep environment is safe?

You may also want to ask the results of any newborn screening that was done at the hospital and/or find out when all the results will be in. **And don’t forget to make the one-month appointment!**

The One-Month Well-Baby Visit

Your little one is a whole month old! You may still be fumbling over feedings and diaper changes (and you really can't remember the last time you got a good night's sleep), but you're giving parenting everything you've got, and all that hard work is paying off in ever-more-manageable daily routines, and of course, the best cuddles of your life. But even as your parenting confidence grows, you're likely wondering about, well, just about everything. The one-month well-baby visit is your chance to share what's been on your mind — and show off your growing newborn.

Physical checkup.

All that breast milk or formula is adding up: Your one-month-old is likely rounder and chubbier every day. He's gaining weight steadily now, roughly 6 to 8 ounces a week, for a total of 1 ½ to 2 added pounds since birth. It will be time once again for your baby's doctor to add the latest stats to your baby's growth chart and perform a thorough examination of baby's overall health (learn more on page 4). During this visit, the doctor will also:

- Test baby's newborn reflexes
- Check the umbilical site (the stump has likely fallen off by now and the site should be healed and looking more like a belly button) and, if applicable, the circumcision site (this should also be healed)
- Check baby's tongue movements, if he's having trouble breastfeeding, to make certain they're not restricted by a lip or tongue tie



Developmental milestones.

Your baby has been hard at work developing important skills that the doctor will want to make note of. By now, your baby may:

- Briefly lift the head during tummy time
- Bring hands to his face
- Focus on your face (as much as possible!)

Remember, some babies may speed past typical developmental milestones, while others get a late start, eventually catching up or even zipping ahead.



Immunizations.

The CDC recommends vaccinations to help protect your baby. Depending on how your doctor likes to space vaccinations, your baby might get her second dose (out of the series of three doses) of the HepB (hepatitis B) immunization at the one-month visit (learn more on page 9). This is also a good time to ask about the vaccines your baby will receive at the 2-month visit.

Time to talk.

Make the most of your well-baby visits by keeping a list of questions on your phone to talk over with your doctor. In the first month, for example, you may want to ask:

- How can I tell if my baby's still hungry after I've fed her?
- If my baby spits up, should I feed her again?
- What's the best way to burp her?
- What's up with that poop? How do I tell when it's normal and when it's not?
- How do I soothe my baby when she cries?
- Should I start tummy time? What do I do if she doesn't like it?
- Where should my baby sleep?

You should always be prepared to answer a few questions as well — and not only about your baby. The doctor will most likely ask about how you and your partner are handling this major transition into parenthood, as well as how any older children are handling becoming big siblings. Postpartum depression screening is also recommended (see below).

Screening for Postpartum Depression

Sure, the pediatrician is your baby's doctor. But you'll be seeing plenty of her in the months to come — most likely, far more than you'll see a doctor of your own. That makes the pediatrician an important first line of defense when it comes to finding and fighting postpartum depression (PPD) — and that's why the American Academy of Pediatrics (AAP) recommends that all pediatricians screen new moms for postpartum depression and other mood disorders at the 1-, 2-, 4- and 6-month well-baby visits, using the Edinburgh Postnatal Depression Scale (a 10-question survey) or a simpler 2-question approach. Maternal (or paternal) depression can devastate you, but it can also have short- and long-term developmental and emotional impacts on your baby if it's not diagnosed and treated. If you're not sure whether you've had the screening, or if you are concerned that you or your partner has symptoms of PPD or another mood disorder, ask the pediatrician (or your OB practitioner) for help as soon as possible.

The Two-Month Well-Baby Visit

Let's face it: caring for a newborn is exhausting (sleep — what's that?) and sometimes challenging (um, was that a projectile poop?). But that makes the rewards (the first gummy smile, the first sweet sounds) even more worth it. Wondering what you can expect at the two-month well-baby visit? Here's a quick look.

Physical checkup.

Does your baby suddenly seem longer when she's on the changing table? As your constantly squirming, ever-growing little one exercises her arms and legs, her limbs loosen up and her muscles stretch out, making her appear to have added inches almost overnight. Of course, the doctor or nurse will measure her during her regular physical exam, so you'll know for sure — approximately that is, since measuring a wriggly newborn is an imprecise science (learn more on page 4). The AAP recommends that moms be screened for PPD (learn more on



page 11) at this checkup — ask if you have any questions about your moods or your partner's.

Developmental milestones.

Your baby's body and brain are busy these days. Thanks to big strides in how well your little one's using her senses, she's much more aware of the huge world around her. Here are some of the developmental milestones the pediatrician may check for or ask about:

- Smiling in response to a smile (more likely, Mom's or Dad's), aka "social smile"
- Vocalizing in ways besides crying (yay!), like sweet little coos

Do Milestones Vary If My Baby Was Born Prematurely?

If your baby arrived early enough to require NICU care, she's already had many more than her share of checkups (and needle jabs and tests and procedures) during her hospital stay. Still, her first in-office pediatrician visit (whenever it comes) will be momentous — and an opportunity to ask all the questions you've collected since leaving the comforting round-the-clock care of the NICU. One of the first questions you may have: how will my baby's development match up to that of her full-term peers? Generally, development will track according to a preemie's "adjusted" age — based on the date she was due, not the date she actually arrived (so if she arrived two months early, she will likely reach two-month milestones closer to four months). This developmental gap typically narrows over time and disappears by the second birthday, at which point she'll be assessed by her birth age.

What about baby's immunization schedule? This is usually set to her birth age, which means she will probably get her immunizations right on time, no adjustments needed! Check with your baby's doctor if you have concerns or are unclear about your preemie's immunization schedule.



- Turning her head toward a sound, or crying or quieting when hearing a loud noise
- Noticing her hands
- Following and watching an object held about six inches above the face and moved from side to side (this skill may not appear until next month)
- Lifting her head and possibly part of her chest during tummy time
- Kicking energetically when lying on her back

Immunizations.

Needle pricks can look a lot worse than they actually feel. But remember, immunizations will almost be harder on you than they are for your baby — and a few tears (on baby's side or yours) are a small price to pay to protect your baby from a vaccine-preventable illness. Here are the CDC-recommended immunizations your baby will receive at two months:

- **DTaP** (diphtheria, tetanus and pertussis)
- **Hib** (haemophilus influenzae type b)
- **IPV** (inactivated poliovirus)
- **PCV** (pneumococcal)
- **RV** (rotavirus), which is an oral vaccine, and not a needle prick
- **HepB** (hepatitis B), if baby didn't receive it at one-month visit

Ask the doctor or nurse to show you how to hold your baby for comfort during vaccinations. Also feel free to ask questions about the vaccines, the diseases they help prevent, and how to care for your baby after vaccination.

Time to talk.

You've been writing down all your non-urgent questions for the doctor, right? They really do stack up between visits. At two months, you may be wondering about the following:

- How do I find good child care, especially if I'm going back to work?
- What should I know about pumping, storing and bottle-feeding breast milk?
- When can I expect my baby to give up nighttime feeds?
- How can I prevent SIDS (Sudden Infant Death Syndrome)?
- How do I know if I'm giving my baby enough stimulation?
- What are good toys to buy for my baby that encourage her development?

Don't forget to make an appointment for the four-month visit before you leave!

Baby Vaccines at a Glance

Here are some of the basics you need to know about baby's key childhood immunizations. For the complete CDC-recommended immunization schedule, see page 17.



DTaP Vaccine

The DTaP vaccine protects against diphtheria, tetanus and pertussis. Diphtheria is a serious infection that affects the respiratory tract and can lead to death. Tetanus affects the nervous system and is also called lockjaw, because most commonly the first symptom is a tightening of the jaw muscles. Pertussis (also known as whooping cough) is a highly contagious and often severe respiratory illness that causes violent coughing and often leads to hospitalization in babies and young children. The DTaP vaccine is given in five doses (at 2 months, 4 months, 6 months, 15 to 18 months and 4 to 6 years). Common reactions to the DTaP vaccine one to three days after the shot can include fussiness, tiredness, loss of appetite and in some cases vomiting. In very rare cases, seizures, high fevers of 105°F and allergic reactions may occur. If you notice any serious symptoms, call your baby's doctor or 911 immediately.

Hib Vaccine

The Hib (haemophilus influenzae type b) vaccine prevents bacterial meningitis and other bloodstream infections in children younger than five years old. Hib disease is very serious and usually requires hospitalization. Even with treatment, as many as 1 out of 20 children with Hib meningitis dies. As many as 1 out of 5 children who survive Hib meningitis will have brain damage or become deaf. The Hib vaccine is given in four separate doses: at 2 months, 4 months, 6 months (depending on the brand) and 12 or 15 months. When side effects do occur, they are usually mild and last two or three days. They include redness, swelling, warmth or pain where the shot was given and fever.

IPV Vaccine

IPV (inactivated poliovirus vaccine) prevents polio, a viral infection that can cause permanent paralysis or even death. Before a vaccine was introduced in 1955, polio was common and devastating. It has been eliminated in the U.S., but still occurs in some areas of the world where vaccines are not as routine. Doses of IPV are usually given at 2 months, 4 months, 6 to 18 months and 4 to 6 years of age. The schedule might be different for some children (including those traveling to certain countries and those who receive IPV as part of a combination vaccine). Side effects, if any occur, are usually minor and include redness, pain, swelling or a lump where the shot was given; low fever; body aches; drowsiness or vomiting. If your child suffers from extreme drowsiness, fainting, seizures or high fever within a few hours or days after the vaccines, call your baby's doctor or 911 immediately.

PCV Vaccine

The pneumococcal vaccine is given to help prevent invasive forms of pneumococcal disease, including meningitis (a brain infection) and bacteremia (blood

infections) that are caused by certain strains of the disease. The CDC recommends four doses of the vaccine to be given at 2, 4, and 6 months and again between 12 and 15 months.

Reactions to the vaccine are usually mild and go away on their own. They can include redness or tenderness where the shot was given, mild fever, loss of appetite, drowsiness and fussiness.

Rotavirus Vaccine

This vaccine protects against a common and extremely contagious virus that can cause diarrhea and vomiting. Diarrhea and vomiting can lead to serious dehydration (loss of bodily fluid), which is especially dangerous in babies and young children. If dehydration is not treated it can be deadly. Rotavirus vaccine is given by mouth in two or three doses (depending on the brand), at the 2-month, 4-month and (if necessary) 6-month visits. Most babies do not have any side effects related to the vaccine.

MMR Vaccine

The MMR vaccine protects against measles, mumps and rubella (aka German measles), highly contagious airborne viruses. Children get two doses of the MMR vaccine, the first between 12 to 15 months, and the second between ages 4 to 6 years. Infants 6 to 11 months should have one dose of MMR shot before traveling to another country, and get 2 more doses according to the recommended schedule (for a total of 3). Reactions to the MMR vaccine are usually very mild and don't usually occur until a week or two after the vaccine. Some children may get a fever or mild rash, which isn't contagious and will go away on its own (though report any concerning symptoms to your baby's doctor in case they're related to illness and not the vaccine).

HepA Vaccine

The Hepatitis A vaccine prevents a disease of the liver caused by the hepatitis A virus. Babies should get their first dose at 12 to 23 months and a booster shot at least six months later. Minor side effects following the HepA vaccine include soreness or redness where the shot was given, low-grade fever, headache and tiredness. If these problems do occur, they usually begin soon after the shot and last one to two days.

Varicella Vaccine

Chicken pox used to be one of the most common childhood diseases. The varicella vaccine protects against the highly contagious virus. Two doses of the vaccine are recommended, the first at 12 to 15 months and a second booster dose between ages 4 and 6 years. The varicella vaccine rarely causes any side effects. If they do occur, they are more likely after the first dose than after the second, and include soreness or redness where the shot was administered, fever or a mild rash (up to 3 weeks after vaccination).

All About Immunizations

You protect your baby from germs by washing your hands, wiping down toys he just won't stop putting in his mouth and suggesting Aunt Ida doesn't come visit until after she's gotten over her cold. The best way to prevent some of the most serious — and sometimes life-threatening — illnesses is to get your little one vaccinated completely and on schedule.

Why are immunizations so important?

Before immunizations, the only way to become immune to a disease was to become infected by it — and, in the case of many diseases, that was a potentially risky proposition. The risks were especially high for children, who often died or were left disabled by so-called childhood diseases, which spread rapidly through families and communities.

Thanks to immunizations (also called vaccines or shots), epidemics of these illnesses are mostly a thing of the past. With routine immunization, the chances are greatly reduced that your little one will contract any of these potentially serious yet preventable illnesses.

Between birth and age six, your baby will receive immunizations to help prevent 14 diseases, including diphtheria, hepatitis A and B, Hib diseases, measles, mumps, whooping cough (pertussis), polio, pneumococcal disease, rotavirus, rubella, seasonal flu (influenza), tetanus and chicken pox (varicella). Happily, many routine shots help prevent several diseases at once, so while they end up with alphabet-soup-sounding names like DTaP and MMR, the bottom line for your baby is more protection, with fewer injections. Even happier news: newer “combination vaccines” allow your child to be vaccinated against even more diseases with even fewer shots (for instance, one combines the DTaP, HepB and IPV, while another combines the MMR and the varicella vaccines).

Do immunizations work?

According to the Centers for Disease Control and Prevention (CDC), vaccines are very effective when given according to their recommended schedule and without missing or delaying doses. Routine immunization has eliminated some devastating diseases like polio and rubella in the U.S. But when vaccination rates dip, diseases that are now considered rare can make a comeback — as has been seen with outbreaks of diseases like measles.

Are immunizations safe?

According to the CDC and numerous studies, vaccines are safe. Years of testing are required by law before a vaccine can be licensed, and vaccines are continuously monitored to ensure their safety. Reactions may occur, and are almost always very mild (a little soreness at the injection site, maybe a little fussiness, a low-grade fever) and go away quickly.

There is no link between vaccines and autism, according to the CDC and numerous studies. And, even when multiple vaccines are given at the same time, they don't overwhelm your baby's immune system. In fact, they stimulate your baby's immune system to create antibodies against certain bacteria or viruses that could harm your baby.

How do I make sure my baby gets the necessary immunizations?

Talk with your pediatrician about following the recommended vaccination schedule (see following page). A few vaccine basics to keep in mind:

- **Start on time.** Babies get most of their immunizations between 2 and 18 months. That early start helps protect little ones when they're most vulnerable to diseases and serious complications.
- **Stay on schedule.** Experts determine the ideal vaccine schedule to optimize your baby's immune response and minimize her chance of getting sick. Stick to the schedule as closely as possible (that will be easy if you stick to the well-baby visit schedule, which incorporates the right shots at the right time).
Make the next well-baby appointment before you leave the pediatrician, and try not to cancel (and if you do cancel, rebook as soon as you possibly can). Shots are usually not delayed for a mild illness, like a cold or low-grade fever, or even if your little one is currently taking antibiotics. Still, always check with baby's doctor first if your baby's under the weather (that's another good thing about well-baby visits — your little one will get a checkup before any scheduled shot).
- **Complete each series.** Most vaccines are given in more than one dose to best build your baby's immune system. Your baby needs all the recommended doses to help ensure he or she is best protected. If your baby has missed a dose (because of a canceled appointment, for instance), talk to the doctor about catching up as soon as possible.
- **Keep a record.** All those immunizations and doses are a lot to keep track of — so don't rely on your memory. Your pediatrician will keep a record of each vaccine, including the manufacturer's name and lot/batch

number — but you should keep one, too (go to vaccinecalendar.com to create a free personalized immunization calendar for your baby). This is a good backup in case you move or switch doctors, or in case of an emergency. It will also help you keep track of any reaction your baby may have to a specific vaccine. Bring the record with you to each appointment so it can be updated. You'll need it anyway if your baby attends day care and when he heads off to preschool (it'll happen before you know it!).

- **Ask about reactions.** Side effects can occur with any vaccine, and are usually mild (soreness or redness at the injection site, low-grade fever, fussiness and in some cases vomiting) and don't last long, but they should be reported to your doctor. Keep in mind that what seems like a reaction after a shot might be the symptom of an unrelated virus or other infection. Serious reactions, such as seizures, rash, high fever and listlessness, can occur with any vaccine but are rare — fewer than 1 in a million doses. If you notice any serious symptoms, call your doctor or 911 immediately.

How can I make vaccinations easier for my baby?

Dreading your little one's shots? Of course you are — no parent wants to see their baby in pain, even the fleeting pain of a needle prick. But it's a small pain with considerable gain: helping protect against diseases that would hurt so much more and for so much longer. A few ways to help your little one (and yourself!) through the process: Hold your baby while he gets the shot. If you're breastfeeding, consider nursing him during the immunization or as soon as it's over. You can also try distracting him with a toy or offering a paci or bottle. Afterward, you can soothe any soreness at the injection site with a cool compress.

CDC-Recommended Immunization Schedule

	birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	23 months
HepB	●	▬			▬				
RV*			●	●	●				
DTaP			●	●	●		▬		
Hib**			●	●	●	▬			
PCV			●	●	●	▬			
IPV			●	●	▬				
MMR						▬			
Varicella						▬			
HepA						▬			

* 2 or 3 dose series depending on vaccine used. ** 3 or 4 dose series depending on vaccine used.

8 Immunization Myths and Realities

Myth: Getting so many vaccines at once isn't safe.

Reality: Current vaccines are just as safe and effective when given together as when given separately, according to the CDC.

Myth: If everyone else's children are immunized, mine can't get sick.

Reality: There's the risk that other parents are also not vaccinating their children, creating the potential for an outbreak of a vaccine-preventable disease. Not only does that put your child at risk if he's not vaccinated, but it can increase risks for seriously ill, immune-compromised children who can't be vaccinated and infants too young to be vaccinated.

Myth: Vaccines have wiped out childhood diseases, so my child won't get sick.

Reality: These diseases are still around and can harm unvaccinated children.

Myth: One vaccine in a series gives a child enough protection.

Reality: Your child needs all recommended doses of each vaccine to help ensure he or she is best protected.

Myth: So many vaccines put babies at increased risk for other diseases.

Reality: There's no evidence that multiple immunizations increase the risk for autism, developmental delays, asthma, allergies or auto-immune diseases.

Myth: Shots are very painful for a baby.

Reality: The pain caused by a vaccination is only momentary, and nothing in comparison to the pain that could be suffered if they caught a vaccine-preventable disease.

Myth: There's mercury in vaccines.

Reality: Most of the recommended childhood vaccines (MMR, IPV, varicella and PCV, for instance) never contained mercury (thimerosal) at all. And since 2001, all routinely recommended childhood vaccines have been mercury-free, with the exception of flu vaccine in multi-dose vials. Many studies have proved that this extremely low level of thimerosal doesn't cause harm, and the type of mercury used in the flu vaccine is expelled from a child's body quickly, leaving little chance for a buildup. Thimerosal-free flu vaccines are available, too, so ask the baby's doctor if you're still concerned.

Myth: Vaccines cause autism or other developmental disorders.

Reality: Multiple published large-scale studies have concluded that there is no evidence showing vaccines cause autism. Further, the CDC has discredited a link between vaccines and autism. There's no such connection.

The Four-Month Well-Baby Visit

Rolling over, reaching, grabbing and giggles — at four months, your infant's changing so fast that it's hard to keep up! Your baby's doctor will want to note every adorable new skill at this month's checkup, which will also include another round of immunizations. Here's what you can expect.

Physical checkup.

It's checkup time — and that means you get to check out your little one's growth. Your baby's doctor will look at the overall trend of your baby's height, weight and head circumference measurements. Are your baby's height and weight increasing at a healthy pace? Is he happy, active and alert? Is development on target? If the answer to these questions is yes, then whether he's in the tenth or the ninetieth percentile at his four-month visit doesn't matter...he's just the right size for him! Your doctor will also perform checks of baby's vision, hearing and overall health (learn more on page 4). The AAP recommends that moms be screened for PPD at the two-month checkup, too — ask if you have any questions about your moods or your partner's (learn more on page 11).



Developmental milestones.

Your little one does much of her developing while she sleeps — although you may be wondering when she'll develop the ability to sleep through the night! Some (but certainly not all) babies start to sleep for longer stretches at night around 12 weeks — and some even sleep through the night. The doctor will want to know all about your infant's sleep patterns (including

naps and nighttime sleep), so keep notes handy on your phone. Your baby's doctor will also want to know if your baby is...

- Doing baby push-ups — raising her head and possibly her chest while on her tummy
- Rolling from tummy to back (some babies will have started flipping over, while others may not)
- Holding her head up when in your arms or even when held upright
- Paying attention to small objects and trying to reach for everything she sees
- Watching an object move in a 180-degree arc, from one side to the other
- Mixing up those breathy coos with some consonants and other sweet sounds (laughing! giggling!)

Remember, every baby is one of a kind — and there's a wide range of normal when it comes to development. Still, if you have any concerns about your little one's milestones, make sure you check with your doctor. You can also ask him about ways to keep your baby's development on track or boost it.

Immunizations.

With a cuddle, a calming cue from you, a favorite toy or paci, or maybe a soothing snack from the Mommy Milk Bar or a bottle, your baby will likely sail through this month's vaccines.

Most will be the second dose in a series — each one of the doses recommended is vital in helping protect your little one against serious illnesses. Vaccines given at the four-month visit include:

- **DTaP** (diphtheria, tetanus and pertussis)
- **Hib** (haemophilus influenzae type b)
- **IPV** (inactivated poliovirus)
- **PCV** (pneumococcal)
- **RV** (rotavirus)

For details about each of these vaccines and the diseases they prevent, see page 14.

Time to talk.

With new milestones, there are sure to be new questions. Here are some things you may want to ask the pediatrician about at this well-baby visit:

- My baby is starting to sleep for longer stretches overnight. Is it time to start sleep training?
- She is drooling up a storm and sucking on everything — could she be teething already?
- My baby is starting to suck her thumb. Should I discourage her from doing it?
- When should we transition her from her bassinet to a crib?
- Is it safe to keep swaddling her?
- How many poops should she be making per day now?

As always, don't forget to make the next appointment (this time for baby's six-month visit!) before leaving the office.



The Six-Month Well-Baby Visit

Just like that (wasn't it just yesterday she was born?), your little one has clocked in six months — and so have you! While there will be so much more to come, give yourself a pat on the back for the amazing progress you've both made. With this momentous half-year milestone comes another well-baby visit, and there will be lots to check on and check in about. What's in store at your baby's six-month checkup? There will be another round of immunizations (so be sure to bring along a soothing toy, and your best distraction and comfort skills), and a chance to get all your questions answered on another truly exciting milestone: starting solids.

Physical checkup.

Are those pearly whites beginning to push through — or is baby gumming on anything she can fit in her mouth? In addition to all the routine checks (learn more on page 4), at this visit your baby's doctor will be looking at your little one's gums for signs of teeth. While most babies get their first tooth at about six months old, some babies pop their first pearly as early as three months old, while others celebrate their first birthday without tooth one. The pediatrician will show you how to keep any brand-new teeth clean — while offering tips on managing teething symptoms, including drooling, fussiness and night waking. The AAP recommends that pediatricians screen moms for PPD at the six-month well-baby visit (symptoms often don't appear until late in the first half of the first year or even beyond), but be sure to ask if you have any concerns about PPD or other mood disorders in you or your partner (learn more on page 11).



Developmental milestones.

Your baby is full of personality these days, a personality all her own — and she's busy socializing with you and just about anyone whose eye she catches. The doctor will be

checking for or asking about all of your little one's latest skills, including:

- Playing with toes
- Bringing things to her mouth (maybe everything!)
- Passing objects from one hand to another
- Rolling over in both directions
- Sitting assisted with good head control (or even sitting on her own!)
- Laughing
- Interacting with the baby in the mirror (herself!)
- Babbling (stringing together vowel sounds at first, then adding some consonants)
- Holding a bottle (or, more likely, trying to *help* hold it) during feedings

Don't forget, every baby is one of a kind — and there's a wide range of normal when it comes to development. Still, if you have any concerns about your little one's milestones, make sure you check with your baby's doctor. Talk to the doctor too, if your baby isn't laughing or squealing, isn't smiling socially or otherwise expressing happiness or affection, doesn't make vowel sounds, doesn't respond to sounds around her or try to reach for things and doesn't roll over in either direction (learn more on page 25).



What Is the Influenza Vaccine?

The influenza (flu) vaccine protects against seasonal flu, an illness caused by a variety of influenza viruses that can cause fever, runny nose, coughs, sore throat, headache, chills and muscle aches. Flu can be very serious in babies and toddlers, and can lead to complications like pneumonia and hospitalization.

Flu is usually spread when an infected person coughs, sneezes or even talks, spraying virus-containing droplets into the air that can travel up to six feet. Your baby may also catch the flu by mouthing an object or surface droplets have landed on.

A yearly influenza vaccine is recommended during flu season, starting at six months. The first year your baby receives the vaccine, two doses will be given, each four weeks apart (this applies to all children under age 9 receiving the flu shot for the first time). The first dose prepares the immune system, and the second one provides immune protection.

Most children who get a flu shot don't get a reaction. Minor side effects can include soreness, redness or swelling where the shot was given; hoarseness; sore, red or itchy eyes; cough; fever; aches; headache; itching or fatigue. If these problems do occur, they usually begin after the shot and last one or two days.

Immunizations.

At six months, your baby's due for additional doses of several immunizations (remember, your little one needs all the recommended doses to be fully protected). These CDC-recommended vaccines will include:

- **DTaP** (diphtheria, tetanus and pertussis)
- **Hib** (haemophilus influenzae type b), depending on the vaccine given
- **IPV** (polio)
- **PCV** (pneumococcal)
- **HepB** (hepatitis B)
- **RV** (rotavirus), depending on the vaccine given

For details about each of these vaccines and the diseases they prevent, see pages 9 and 14.

If flu season is near, it might be time for your baby's first influenza shot (see above). For protection during baby's first flu season, she'll need a second flu shot four weeks after her first one. The first dose "primes" the immune system, and the second one provides immune protection. After that, the CDC recommends one shot at the start of each flu season to stay protected. If flu season hasn't yet started, your baby should get immunized as soon as the year's current vaccine becomes available.

Time to talk.

It's time to take your baby's taste buds to the next level. If your baby hasn't started solid foods already, the doctor can offer tips for transitioning to solids. Here are some questions that would be helpful to ask:

- What kinds of food should I offer my baby when I introduce solids? How do I introduce new foods?
- What if she spits the food out?
- Do you recommend baby-led weaning (starting babies on table foods)?
- How much breast milk or formula versus solid foods should I be feeding?
- How can I make sure she's getting the nutrients she needs?
- Do I have to worry about food allergies if they run in the family?
- Are there any vitamin supplements I should be giving her?

Your baby's next visit will be at nine months — don't forget to get an appointment on the books now!

The Nine-Month Well-Baby Visit

By now, it might seem like your little genius is picking up a new skill every day. Is that adorable baby babble starting to sound more and more like words? Words you really love to hear, like “dada” or “mama”? It’s hard to know whether she’s saying those wonderful words with meaning yet, but really, does it matter when they sound so heart-meltingly sweet? Also music to your ears: At the nine-month visit, there will be no shots, unless your baby needs to catch up on a previously missed dose. But there will be plenty to cover as the doctor tracks your infant’s growth and development!

Physical checkup.

The doctor will once again complete a full physical examination and see how your little (but much bigger) one is measuring up (learn more on page 4). There may also be a routine finger stick to test for anemia (or this may be done later in the first year instead).

Developmental milestones.

You know all those skills your baby has been perfecting? Of course you do, but the doctor will want to see them, too — or if baby’s not in the mood to perform them, to hear about them from you. Some nine-month milestones include:



- Getting into a sitting position, sitting unassisted
- Pulling up to stand or standing holding onto someone/something
- Working to get a toy that’s out of reach, and objecting if you take a toy away
- Responding to his name
- Laughing, squealing with delight
- Copying sounds and gestures
- Pointing and using other gestures to communicate

- Following your gaze when you look away
- Saying “dada” or “mama,” without meaning (or maybe even with!)

As always, there is a wide range of normal when it comes to baby development. Still, if you have a concern about your baby’s development, ask the doctor about it. Ask too if your baby doesn’t respond to his own name or recognize familiar people, doesn’t babble or make back-and-forth sounds or gestures or eye contact, doesn’t look where you point, doesn’t sit with help, or doesn’t transfer toys from one hand to the other (learn more on page 25).

Immunizations.

Unless your baby has some catching up to do, or flu season is starting and he hasn’t received his two doses of this year’s influenza vaccine, there likely won’t be any shots this time (learn more on page 21).

Time to talk.

Have you noticed any changes in your little one’s sleep patterns (just when you thought you could count on a schedule?). Sleep regression is common in months 8 to 10. Several factors may be standing in your baby’s way of getting the solid sleep she needs, including that compulsion to stand (in bed, too)

and practice other exciting skills. Have questions about sleep regression, feeding, milestones or anything else? Now's the time to ask:

- How do I know if my baby is getting enough sleep?
- My baby is starting to get super clingy around strangers. Is that normal?
- Is it time for finger foods? Which ones are safe to start with?
- How do I take care of my baby's teeth?
- Should I teach my baby signs?
- My baby isn't pulling up yet. Should I be worried?
- Are there any games, toys or activities I should introduce to help my baby learn?
- Can I let my baby watch TV?



The 12-Month Well-Baby Visit

Happy birthday, baby — and welcome to toddlerhood! Time sure flew, and now the teeny newborn you cradled in your arms just yesterday may be walking, talking or on the brink of either or both. Happily, your fledgling toddler won't have to brake for as many regular checkups in the second year — but each one will be an important opportunity to make sure everything's on track (and a welcome chance for you to ask the questions you'll collect in between visits!).

Physical checkup.

The doctor will once again complete a full physical examination (learn more on page 4) and probably do a quick finger prick to test for lead levels in your baby's blood, and iron stores, too, if that screen wasn't performed at the last visit. He'll also ask your toddler to show off that dazzling smile to see how many teeth he has (typically between two and eight) and also to check for signs of decay. Keep in mind: a few little ones are still sporting an all-gums grin and that's fine, too.



- Responding to her name, or to words like “no” or “bye-bye”
- Saying a word or two or even several with meaning (though many don't say a first word before 14 months)
- Trying to imitate words you say
- Playing games like peekaboo or patty-cake
- Banging two objects together, putting objects into a container and then taking them out

Don't forget, every baby is one of a kind — and there's a wide range of normal when it comes to development. Still, if you have any concerns about your little one's milestones, make sure you check with your baby's doctor.

Developmental milestones.

Many little ones crawl their way well into their second year (not taking those first momentous unassisted steps until 14 months or later), while some start walking solo weeks (even months) earlier. Some have a handful of meaningful words, while others haven't said an intelligible word. The doctor will try to observe some of these skills (though if your newly independent toddler refuses to show them off, you'll have to tell all):

- Pulling himself up to stand and cruising (walking while holding onto furniture)
- Using a few gestures to get what he needs (such as pointing, showing, reaching and waving)
- Using fingers to feed himself

Immunizations.

Depending on how the doctor likes to space vaccines, your toddler might get a few new ones today, or they may come at the next visit. The CDC recommends:

- **MMR** (measles, mumps and rubella)
- **HepA** (hepatitis A)
- **Varicella** (chicken pox)

Now may also be the time for another dose of these vaccines (remember, your little one needs all the recommended doses to be fully protected):

- **HepB** (hepatitis B)
- **Hib** (influenza type B)
- **PCV** (pneumococcal)
- **IPV** (polio)

Remember some of these vaccines are given in a series and your little one needs all of the recommended doses. For details about each of these CDC-recommended vaccines and the diseases they prevent, see pages 9 and 14.

If flu season is starting and your child hasn't yet gotten the influenza vaccine (see page 21) this year, she'll get that at this visit, too.

Time to talk.

Baby's no longer putty in your hands? That's because he's no longer a baby. You're probably starting to glimpse some signs of independence, and they can take their form in all kinds of baffling (and possibly frustrating) behaviors — like suddenly rejecting favorite foods or refusing boots on a rainy day...or even hitting and biting.

What does it all mean, and how should you deal with it? Ask the doctor:

- Is it okay that my toddler is so attached to his blanket?
- Can I start putting a pillow in his crib? What about bumpers?
- My toddler is still breastfeeding to sleep, even during the night. Is that okay?
- When should I start my toddler on milk? What kind?
- When should I wean off the bottle?
- My toddler is suddenly becoming a picky eater. How do I make sure he's getting the right nutrition?
- When should I schedule my toddler's first dental checkup?
- He loves playing with my smartphone. Is that okay?

Know the Signs

You've heard it over and over again by now, and it's true: There's a wide range of normal when it comes to a baby's development. And most babies who don't make all of their milestones on a developmental timetable that's based on averages still fall within that normal range. But sometimes a lag or slowdown in development or a sudden loss of skills are out of the norm and do need evaluation and possibly intervention — and the earlier any necessary intervention is made, the greater the impact it will have on a child's developmental future and lifelong success and well-being. Experts agree that parents can be invaluable in the diagnosis of developmental disorders — and early diagnosis can lead to the kind of early intervention that can make an enormous difference in a child's future. That's why it's so important to know the signs.

So, don't keep concerns about your baby's development to yourself. Let the doctor know if you're worried that she's falling behind; if it seems she's forgotten skills she had already mastered; or if you've just got a nagging feeling something's not right. Also be sure to know the signs of a developmental disorder and to tell the doctor if your baby doesn't do the following by 12 months of age (or seems to stop doing them altogether):

- Exchange back-and-forth sounds with you
- Babble
- Smile socially (smiling back and forth with others)
- Make and keep eye contact with you
- Point or use other gestures to get needs met
- Respond when you call her name
- Look when you point at something
- Bear weight on his legs with support, doesn't sit with help

The 15-Month Well-Baby Visit

Walking, rolling a ball, saying more words, understanding (if not always following) some directions: your little one's hitting lots of impressive milestones lately, and it's exciting to see your toddler taking steps — or even a running start — toward becoming a big kid. At this month's checkup, your doctor will take a close look at your child's development and administer a round of essential shots.

Physical checkup.

The doctor will once again complete a full physical examination of your child (learn more on page 4), and a dental check. First molars may be cutting their way through soon — ouch!



Developmental milestones.

Has your little one tried taking those first wobbly solo steps? Or is she off and running? Or still at a standstill? Every little one follows their own developmental timetable — some zoom ahead socially, others physically, and still others seem to understand (receptive language) everything but say nothing (expressive language). Here are some skills the doctor may check for this month:

- Understanding simple commands
- Shaking his head “no” (sometimes when he means “yes”)
- Using a sippy or big-kid cup
- Enjoying looking at books
- Pointing to get what he wants and to show you something interesting
- Picking up and moving toys intentionally
- Saying two to three words

Remember, every child is one of a kind — and there's a wide range of normal when it comes to development. If you're concerned about something in your toddler's development

or if you just have a nagging feeling something's not quite right, speak up. Also check in if your child seems to have lost skills he already mastered (especially verbal or social skills), isn't gaining skills (adding new words), shows little affection or joyful emotions, or has picked up repetitive or unusual actions, like spinning or flapping his arms (learn more on page 25). Something else to ask about: if your toddler hasn't spoken a word by the time he's 16 months old.

Immunizations.

This checkup is a big one when it comes to immunizations — that is, unless your toddler already had these shots at the 12-month visit. To distract her from any pain, cuddle her (which research has shown results in less crying) while you sing a song or read from a favorite book. And don't forget to heap on the praise (and maybe a sticker or two) when it's over.

If your child didn't get the following CDC-recommended vaccinations at the 12-month visit, now's the time:

- **Hib** (haemophilus influenzae type b), the last dose in this series
- **MMR** (measles, mumps and rubella)
- **PCV** (pneumococcal), the last dose in this series
- **Varicella** (chicken pox)

Your toddler may also get the following shots now or at a later visit:

- **DTaP** (diphtheria, tetanus and pertussis)
- **HepA** (hepatitis A)

Remember some of these vaccines are given in a series and your little one needs all of the recommended doses. For details about each of these CDC-recommended vaccines and the diseases they prevent, see page 14.

If it's flu season, your doctor may recommend an influenza shot (see page 21), which all children age six months and up should get once a year (two doses, four weeks apart, are needed if your toddler has never received the flu vaccine).

Time to talk.

As you serve a variety of new solid foods to entice your adventurous eater, diarrhea or constipation sometimes happen, so let your

doctor know if your toddler's bowel habits have changed and ask if there are ways to help. Here are other questions you may want to bring up at the 15-month well-child visit:

- How much juice should my toddler be drinking?
- How can I get my toddler to drink milk?
- What do I do if my child won't eat any vegetables?
- My child clings to me all the time. How can I get her to separate more easily?
- My toddler is addicted to her paci. Will that hurt her teeth?
- How do I discipline my toddler if she won't take "no" for an answer?
- What do I do about biting and hitting?



The 18-Month Well-Baby Visit

What a difference a few months make. At 18 months old, your curious cutie has been busy putting his many new skills to use, from conquering the stairs at home to chatting up the family pet. One word that might be increasingly familiar: “No!” Here’s what else to expect at this month’s checkup.

Physical checkup.

It’s time to weigh in and measure up (never an easy feat with a squirmy toddler) to make sure growth is staying on the approximate trajectory that’s right for him. The doctor will also complete a full physical examination (learn more on page 4).

Developmental milestones.

Catch her if you can (it won’t be easy!). At a year and a half, your intrepid toddler can scale a counter or take off down the block in the blink of an eye, so keep your eyes on her at every moment and always overestimate her ability to get herself (or your home) into trouble. Every day your ever-bigger kid is picking up nifty new skills in language, balance and coordination. And oh that silly — and often hilarious — sense of humor! With so many tricks up those little sleeves of hers, the doctor will spend the bulk of this visit checking whether your toddler can:

- Say as many as 10 to 20 words
- Scribble on her own
- Understand simple commands (“pick up your blankie, please”)
- Walk upstairs while holding your hand
- Run
- Help undress herself
- Eat with a spoon (though fingers are likely



still preferred)

- Point to at least one body part
- Start to pretend play (“feeding” a teddy bear, for example)

Remember, just because your friend’s daughter and yours struggle to pull off a sock does *not* mean anything’s wrong. But do let your baby’s doctor know if your child says fewer than five words and isn’t gaining words (or is losing them) or doesn’t imitate others, walk, make eye contact, point to interesting things or understand or respond to simple commands — or if you notice regression (losing skills) (learn more on page 25).

Immunizations.

Here’s a happy development: Odds are good that your toddler got all of this year’s necessary shots at one of the last checkups. If not, your doctor will offer one or more of the following CDC-recommended vaccinations:

- **DTaP** (diphtheria, tetanus and pertussis)
- **HepB** (hepatitis B)
- **HepA** (hepatitis A)
- **IPV** (polio)
- **Varicella** (chicken pox)

For additional details, see pages 9 and 14.

If your visit overlaps with flu season, your doctor will also give your tot an influenza vaccine (see page 21), which all little ones should get yearly.

Is Your Toddler Afraid of Going to the Doctor's Office? Here's How to Ease Those Fears



From his side of the exam table, it's where he's poked and prodded and asked to sit still. It's no wonder, especially with his newly improved memory, a toddler can begin to dread a visit to the doctor's office. Be patient with your little patient, and try these steps to help him overcome any anxiety:

- 1. Tell it like it is.** It may be tempting to put off telling your toddler he has an appointment to visit the doctor. But honesty's a much better policy. Share just enough information about the visit so that he can be prepared, but not so much that it increases his worry.
- 2. Read up.** With your comforting commentary as you turn the pages, read a picture book about visiting the doctor to your curious cutie. The most important takeaway you want him to have? The doctor's a nice person whose job is to keep children healthy.
- 3. Let him play doctor.** Buy a toy doctor's kit for your child and show him how the various instruments are used. Encourage him to practice playing doctor on himself, on you or on his stuffed animals.
- 4. Make it a treat.** While the well-child visit itself may not be fun for your child, a trip to his favorite playground or children's museum afterward will be. Have a plan in place no matter how he handles the visit and he'll have something to look forward to — and a happy memory he'll always think about when returning next time.
- 5. Check your own stress.** Seeing that you're calm and confident about the doctor's visit will help him stay calm and confident, too.
- 6. Share the applause.** Encourage his cooperation with the doctor by saying, "Great job!" On the other hand, don't lose it if he kicks or screams. Try to stay cool and understanding, while being firm about getting the checkup completed.

Time to talk.

Toddlers definitely play hard, and they usually sleep hard, too. But that doesn't mean you won't face some sleep struggles, like mutiny at bedtime or a habit of rising before the sun. No matter the sleep problem, your pediatrician likely has a solution — or at least a few suggestions. So speak up. Here's a list of additional questions you may be wanting answers for at this visit:

- When should I drop the morning nap?
What if my toddler doesn't want to nap at all?
- My toddler seems shy around other kids.
How do I get her to jump in and play?
- Why is my child so afraid of dogs (or the vacuum cleaner...or the bathtub... or the doctor)?
- How do I help my toddler make transitions better? She has a hard time at day-care drop-off.
- How can I stop my child from being so negative? It's always: "No!"
- One day she eats everything in sight, and the next day she eats next to nothing. Should I worry?
- How much TV should I let her watch?
What about educational games on the tablet?

The 24-Month Well-Baby Visit

What's new when you're two? Plenty! Your toddler's curiosity, resourcefulness and imagination know no bounds (or boundaries, as when she creates a marker masterpiece on the wall instead of on her easel or tests her scientific theories — and your patience — about what floats in the potty and what doesn't). And speaking of potties, your two-year-old may be showing all the signs that she's ready to get the potty party started...or none. If you're thinking it may be time to ditch the diapers, ask the doctor for some potty pointers. But keep in mind that many kids, especially boys, won't be ready to hop on the potty-training train until age three — and there's no point in pushing. Here's what else you and your doctor will review at the two-year well-baby visit.

Physical checkup.

The doctor will once again complete a full physical examination (learn more on page 4) and a check of those teeth, which will most likely include a full set of first molars. Some pediatricians will recommend a visit to the dentist, even if there are no dental concerns, but especially if there are.



Developmental milestones.

“What’s that?” may be your eager learner’s favorite phrase — and she may ask it repeatedly even when she knows exactly what “that” is. That’s because it’s satisfying to ask questions and receive answers. Your toddler’s brain is buzzing with activity and beginning to make sense of abstract concepts like “more” and “less.” At this checkup your doctor will be keeping an eye out for plenty of exciting milestones, which may include:

- Saying more than 50 words
- Putting two to four words together in a sentence
- Repeating words (watch what you say!)

- Following two-step commands (“pick up the giraffe and hand it to me, please”)
- Copying adults (“talking” on the phone, for example) and older kids
- Singing
- Jumping with both feet, kicking or throwing a ball
- Naming or identifying many body parts
- Naming familiar people
- Scribbling lines and “circles” with crayons
- Stacking four or more blocks
- Playing pretend
- Playing alongside other kids
- Turning pages and identifying objects and people in pictures

Remember, every child acquires new skills at their own unique pace — and there’s a wide range of what’s considered normal when it comes to development. If you’re concerned about something in your toddler’s development or if you just have a nagging feeling something’s not quite right, speak up. Also, check in if your two-year-old doesn’t communicate in two-word phrases, doesn’t know how to use familiar items (like a hairbrush, spoon or phone), doesn’t copy words or actions, doesn’t follow

simple instructions, doesn't show emotion appropriately or loses skills he has mastered (learn more on page 25).

Immunizations.

For most toddlers, the days of early-childhood immunizations are nearly over — and that's definitely something to celebrate. If your child missed a shot at a previous visit (for example, hepatitis B, DTaP or IPV), your doctor will get him caught up. Otherwise, the only remaining CDC-recommended shots that may be needed are hepatitis A (if your child hasn't already had the second of the two-shot series) and the influenza vaccine (if it's around flu season). Your doctor will also do a quick blood draw to check for certain conditions, like anemia, lead exposure and high cholesterol.

Time to talk.

As you watch your baby blossom into a talking, walking person, you may have more questions than ever. Here are a few to consider asking:

- When should I switch from whole milk to nonfat?
- When should I think about preschool for my toddler?
- How do I help my child express her feelings with words instead of throwing tantrums?
- My child is scared of the dark. How can I help her work through it?
- Could she be having nightmares already? Sometimes she wakes up screaming.
- How much TV or screen time is okay for my child now?
- Should I be trying to teach her letters and numbers?
- She doesn't like to sit still for books. Should I just not bother anymore?
- When I try to brush her teeth, she clamps her mouth shut. Can I just ask her to brush her own teeth?



WHAT TO EXPECT[®]

Guide to Well-Baby Visits and Immunizations



Keeping up with well-baby visits is one of the best ways to keep your child healthy.

And it's easier than you might think. In this guide, you'll find answers to your questions about what doctors' appointments are needed during the first 24 months, why well-baby visits are so important, why preventative immunizations matter, how you can make your trips to the doctor go smoothly and what milestones you can look forward to as your newborn becomes a two-year-old.



About Heidi

Heidi Murkoff is the creator of WhattoExpect.com and author of the world's bestselling and best-loved pregnancy and parenting series, *What to Expect*, which includes *What to Expect When You're Expecting*, *What to Expect: The First Year* and *What to Expect: The Second Year*. She is a passionate advocate for the health and well-being of all moms, dads and babies, and a strong supporter of childhood well-baby visits and immunizations.

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