

1 MONTH OLD



Proactive in your child's care.
Empowering families for over 50 years.

Please take the time to read through this material. We provide this information because we see value in educating our patients.



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1 Month Visit: Immunizations

Your child is due to receive the following immunizations at this visit:

NONE

We strongly recommend that all siblings, parents and other caregivers receive an annual Influenza (flu) vaccine.

For our complete immunization schedule:
wmpeds.com/topic/immunization-schedule



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VIDEOS



Let us help you be proactive and educated
in your child's care!

These following videos are just a few that we feel may help you and your child at this specific age. Please view our website at www.wmpeds.com for these and many more.

Birth - 1 Month

Care For Your Infant – basic information about feeding, sleep position and car seats

The Irritable Baby - discusses some causes of irritable babies

What's Good About Vaccines? - discusses the benefits of vaccines

Postpartum Depression

Having a baby is a joyous time for most women. But many women feel sad, afraid, angry, or anxious after childbirth. Most new mothers have these feelings in a mild form called **postpartum blues**. Sometimes these feelings are called "baby blues." Postpartum blues almost always go away in a few days.

About 10% of new mothers have a more serious problem called **postpartum depression**. Postpartum depression lasts longer and is more intense. It often requires counseling and treatment. Postpartum depression can occur after any birth, not just the first.

This pamphlet will help you learn about

- causes of postpartum depression
- how to tell if you have postpartum depression
- what you can do to ease these feelings

Baby Blues

Many new mothers are surprised at how weak, alone, and upset they feel after giving birth. Their feelings do not seem to match the feelings they thought they would have. They wonder, "What have I got to be depressed about?" They fear that these feelings mean that they are bad mothers.

In fact, about 70–80% of women have baby blues after childbirth. About 2–3 days after birth, they begin to feel depressed, anxious, and upset. For no clear reason, they may feel angry with the new baby, their partners, or their other children. They may also

- cry for no clear reason
- have trouble sleeping, eating, and making choices
- almost always question whether they can handle caring for a baby

These feelings may come and go in the first few days after childbirth. The baby blues often go away in a few hours or a week or so without treatment.

Postpartum Depression

Women with postpartum depression have such strong feelings of sadness, anxiety, or despair that they have trouble coping with their daily tasks (see [box](#)). Postpartum depression can occur at any time after birth, but it most commonly starts 1–3 weeks after delivery. Women with postpartum depression need treatment with counseling and sometimes medication. Without treatment, postpartum depression may become worse or may last longer.

Postpartum depression does not seem to relate to the mother's age or number of children she has had. It is more likely to occur in women who lack emotional support or who have had

- postpartum depression before
- a psychiatric illness
- recent stress, such as losing a loved one, family illness, or moving to a new city

Postpartum depression also can occur in women without any of these risk factors.

A few new mothers will develop a more severe mental illness called postpartum psychosis. However, this condition is very rare. Women are more at risk if they have had manic depression (bipolar disorder) or schizophrenia or if family members have had these diseases.

Reasons for Postpartum Depression

Postpartum depression is likely to result from body, mind, and lifestyle factors combined. No two women have the same biologic makeup or life experiences. These differences may be why some women have postpartum depression and others do not. It also may help explain why a woman can cope with the demands of everyday life but find the stress of a new baby hard to handle.



When to Suspect Postpartum Depression

A new mother may be developing—or already have—postpartum depression if she has any of the following signs or symptoms:

- The baby blues do not start to fade after about 1 week, or if the feelings get worse.
- Strong feelings of depression and anger come 1–2 months after childbirth.
- Feelings of sadness, doubt, guilt, or helplessness seem to increase each week and get in the way of normal functions.
- She is not able to care for herself or her baby.
- She has trouble doing tasks at home or on the job.
- Her appetite changes.
- Things that used to bring her pleasure no longer do.
- Concern and worry about the baby are too intense, or interest in the baby is lacking.
- Anxiety or panic attacks occur. She may be afraid to be left alone in the house with the baby.
- She fears harming the baby. These feelings are almost never acted on by women with postpartum depression, but they can be scary. These feelings may lead to guilt, which makes the depression worse.
- She has thoughts of self-harm or suicide.

A new mother having any of these signs or symptoms should take steps right away to get help

Body Changes

The postpartum period is a time of great changes in the body. These changes can affect a woman's mood and behavior for days or weeks.

Levels of the hormones **estrogen** and **progesterone** decrease sharply in the hours after childbirth. This change may trigger depression in the same way that much smaller changes in hormone levels can trigger mood swings and tension before menstrual periods. Some women are more bothered by these changes than others. They may be more likely to have postpartum blues or depression.

Hormone levels produced by the thyroid gland also may decrease sharply after birth. If these levels are too low, the new mother may have depression-like symptoms, such as mood swings, nervousness, fatigue, trouble sleeping, and tension.

Many women feel very tired after giving birth. It can take weeks for a woman to regain her normal strength. Some women have their babies by **cesarean birth**. Because this is major surgery, it will take them longer to feel strong again.

Also, new mothers seldom get the rest they need. In the hospital, sleep is disturbed by visitors, hospital routine, and the baby's feedings. At home, the baby's feedings and care must be done around the clock, along with household tasks. Fatigue and lack of sleep can go on for months. They can be a major reason for depression.

Emotional Aspects

Many emotional factors can affect a woman's self-esteem and the way she deals with stress. This can add to postpartum depression.

Feelings of doubt about the pregnancy are common. The pregnancy may not have been planned. Even when a pregnancy is planned, 40 weeks may not be enough time for a couple to adjust to the extra effort of caring for a baby.

The baby may be born early. This can cause changes in home and work routines that the parents did not expect. If the baby is born with a birth defect, it may be even harder for the parents to adjust.

Having a baby who must stay in the hospital after birth can cause sadness and guilt. A woman may feel guilty that she did something wrong during pregnancy. Sadness about coming home without the baby is very common.

Mixed feelings sometimes arise from a woman's past. She may have lost her own mother early or had a poor relationship with her. This might cause her to be unsure about her feelings toward her new baby. She may fear that caring for the child will lead to pain, disappointment, or loss. Feelings of loss are common after having a baby. This can add to depression. The loss can take many forms:

- Loss of freedom. This can include feelings of being trapped and tied down.
- Loss of an old identity. The mother may be used to someone else taking care of her or of being in control.
- Loss of prepregnancy shape and feelings of having sex appeal.

Lifestyle Factors

A major factor in postpartum depression is lack of support from others. The steady support of a new mother's partner, other family members, or friends is a comfort during pregnancy and after the birth. It helps when others can assume household chores and share in child care. If a woman lives alone or far away from her family, support may be lacking.

Breast-feeding problems can make a new mother feel depressed. New mothers need not feel guilty if they cannot breast-feed or if they decide to stop. The baby can be well nourished with formula. Your partner or other supportive person can help with some of the feedings, giving you more time for yourself or for rest.

The Role of Myths

Women who have an idea of the "perfect mother" are more likely to feel let down and depressed when faced with the needs of day-to-day mothering. Three myths about being a mother are common:

Myth No. 1: Motherhood Is Instinctive. First-time mothers often believe that they should just know how to care for a newborn. In fact, new mothers need to learn mothering skills just as they learn any other life skill. It takes time and patience. It takes reading child care books, watching skilled child caregivers, and talking with other mothers. As a mother's skills grow, she will become more sure of herself.

Mothers also may believe that they must feel a certain way toward their newborns or they are not "maternal." In fact, some women feel very little for their infants at first. Mother love, like mothering skills, does not just happen. Bonding often takes days or even weeks. When the special feelings of motherhood begin to emerge, they should be nurtured.

Myth No. 2: The Perfect Baby. Most women dream about what their newborns will look like. When the baby arrives, it may not match the baby of their dreams.

Also, babies have distinct personalities right from birth. Some infants are easier to care for. Others are fussy, have upset stomachs, and are not easy to comfort. A new mother may find it hard to adjust to the baby.

Myth No. 3: The Perfect Mother. For some women, being perfect is a never-ending goal. A mother may think she is not living up to the ideal. She may feel that she is a failure.

Of course, no mother is perfect. It is not true that every woman can “have it all.” Most women have trouble finding a balance between caring for a new baby and keeping up with household duties, other children, and a job. They often feel this way even with a lot of support.

What You Can Do

If you are feeling depressed after the birth of your child, there are some things you can do to take care of yourself and your baby:

- Get plenty of rest. Do not try to do it all. Try to nap when the baby naps.
- Ask for help from family and friends, especially if you have other children. Have your partner help with feedings at night.
- Take special care of yourself. Shower and dress each day, and get out of the house. Get a baby sitter or take the baby with you. Go for a walk, meet with a friend, and talk with other new mothers.
- Tell your partner or a friend how you feel. Often just talking things out with someone you trust can provide relief.

Call your doctor if your feelings do not improve or if you feel hopeless. Blues that do not go away after about a week or feelings that get worse may be signs of a more severe depression. Tell your doctor if you are afraid you might neglect or hurt your baby.

Your doctor can refer you to experts in treating depression. These experts will give emotional support, help you sort through your feelings, and help you make changes in your life. You also may be given **antidepressants**. These drugs generally are considered safe to use during breastfeeding.

Hotlines and support groups are available for women with postpartum depression. Talk to your doctor about finding help in your area.

To get well, women with postpartum depression need realistic goals and support. Learn how to nurture yourself as well as your family. Small, daily things can make a big difference. It is important to take time for yourself, get out of the house, and reach out to family and friends. Do only what is needed, and let the rest go.

Women who have had postpartum depression before are at risk for having it again after another pregnancy. Your doctor may suggest that you begin treatment right after your next pregnancy to prevent postpartum depression.

Finally...

Many new mothers feel sadness, fear, anger, and anxiety after having a baby. This is normal. It does not mean that you are a failure as a woman or mother or that you have a mental illness. Having these feelings means that you are adjusting to the many changes that follow the birth of a child.

If the baby blues do not improve or get worse, you may have postpartum depression. Talk with your doctor. Use resources for counseling and treatment. Even if your depression is severe, treatment can help you return to normal soon.

Glossary

Antidepressants: Medications used to treat depression.

Cesarean Birth: Delivery of a baby through an incision made in the mother's abdomen and uterus.

Estrogen: A female hormone produced in the ovaries.

Postpartum Blues: Feelings of sadness, fear, anger, or anxiety occurring about 3 days after childbirth and usually fading after 1 week (sometimes called “baby blues”).

Postpartum Depression: Intense feelings of sadness, anxiety, or despair after childbirth that interfere with a new mother's ability to function and do not go away after a few weeks.

Progesterone: A female hormone that is produced in the ovaries and prepares the lining of the uterus during the second half of the menstrual cycle to nourish a fertilized egg.



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Postpartum Therapists

We strongly suggest you speak with your obstetrician if you feel you might be experiencing signs of postpartum depression.

Therapists

JoAnn Feldstein, Ed.D.

93 Union St, Suite 401
Newton Center, MA 02459
www.drjoannfeldstein.com/
617-332-9887

Debra Greenberg, LICSW

15 Cottage St
Norwood, MA 02492
dgreenberglcsw@comcast.net
781-329-6696

Eda Spielman, Psy.D

6 Fairfield St
Newtonville, MA 02360
<http://www.jfcsboston.org/>
617-969-4117

Kathleen O'Meara, APRN

27 Mica Ln
Wellesley, MA 02481
781-431-0207

Ellis Waingrow, MSW, LICSW

24 Lincoln St
Newton Highlands, MA 02461
<http://www.selfleadership.org/>
617-244-8132

Wendy Hrubec, LICSW

275 Turnpike St, Suite 108
Canton, MA 02021
<http://www.selfleadership.org/>
781-821-2063

Janet Leibowitz, PsyD

345 Neponset St, Suite 6
Canton, MA 02021
<http://www.janetleibowitz.com/>
781-258-3587

Christine Gardosik, LICSW

21 Cohasset St, Suite 3
Foxborough, MA 02035
978-808-1635

Needham Psychotherapy Associates, LLC

992 Great Plain Ave
Needham, MA 02492
<http://npaonline.com/>
781-449-7522

Psychiatrist

Ann Briley, MD

18 Wareland Rd
Wellesley, MA 02481
781-237-7896

Allison Phillips, MD

27 Mica Ln
Wellesley, MA 02481
781-431-0207



Ages & Stages - A Parent's Guide to Safe Sleep

Did You Know?

- About one in five **sudden infant death syndrome (SIDS)** deaths occur while an infant is in the care of someone other than a parent. Many of these deaths occur when babies who are used to sleeping on their backs at home are then placed to sleep on their tummies by another caregiver. We call this “unaccustomed tummy sleeping.”
- Unaccustomed tummy sleeping increases the risk of SIDS. Babies who are used to sleeping on their backs and are placed to sleep on their tummies are 18 times more likely to die from SIDS.
- **You can reduce your baby’s risk of dying from SIDS by talking to those who care for your baby, including child care providers, babysitters, family, and friends, about placing your baby to sleep on his back during naps and at night.**

Who Is At Risk For SIDS?

- SIDS is the leading cause of death for infants between 1 month and 12 months of age.
- SIDS is most common among infants that are 1-4 months old. However, babies can die from SIDS until they are 1 year old.

Know the Truth...SIDS Is Not Caused By:

- **Immunizations**
- **Vomiting or choking**

What Can I Do Before My Baby Is Born To Reduce The Risk of SIDS?

Take care of yourself during **pregnancy** and after the birth of your baby. During pregnancy, before you even give birth, you can reduce the risk of your baby dying from SIDS! **Don’t smoke or expose yourself to others’ smoke while you are pregnant and after the baby is born. Alcohol and drug use can also increase your baby’s risk for SIDS.** Be sure to visit a physician for regular prenatal checkups to reduce your risk of having a low birth weight or premature baby.

More Ways to Protect Your Baby

Do your best to follow the guidelines on these pages. This way, you will know that you are doing all that you can to keep your baby healthy and safe.

- **Breastfeed** your baby. Experts recommend that mothers feed their children human milk for as long and as much as possible, and for at least the first 6 months of life, if possible.
- It is important for your baby to be up to date on her immunizations and **well-baby check-ups**.

Where Is The Safest Place For My Baby To Sleep?

The safest place for your baby to sleep is in the room where you sleep, but not in your bed. Place the baby’s crib or bassinet near your bed (within arm’s reach). This makes it easier to breastfeed and to bond with your baby.

The **crib** or bassinet should be free from toys, soft bedding, blankets, and pillows.

Talk About Safe Sleep Practices With Everyone Who Cares For Your Baby!

When looking for someone to take care of your baby, including a child care provider, a family member, or a friend, make sure that you talk with this person about safe sleep practices. If a caregiver does not know the best safe sleep practices, respectfully try to teach the caregiver what you have learned about safe sleep practices and the importance of following these rules when caring for infants. Before leaving your baby with anyone, be sure that person agrees that the safe sleep practices explained in this brochure will be followed all of the time.

What Can I Do Reduce My Baby's Risk

Follow these easy and free steps to help you reduce your baby's risk of dying from SIDS:

Safe Sleep Practices

- Always place babies to sleep on their backs during naps and at nighttime. Because babies sleeping on their sides are more likely to accidentally roll onto their stomach, the side position is just as dangerous as the stomach position.
- Avoid letting the baby get too hot. The baby could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and rapid breathing. **Dress** the baby lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.
- Consider using a **pacifier** at nap time and bed time. The pacifier should not have cords or clips that might be a strangulation risk.

Safe Sleep Environment

- Place your baby on a firm mattress, covered by a fitted sheet that meets current safety standards. For more about crib safety standards, visit the Consumer Product Safety Commission's Web site at <http://www.cpsc.gov>.
- Place the crib in an area that is always smoke free.
- Don't place babies to sleep on adult beds, chairs, sofas, waterbeds, pillows, or cushions.
- **Toys** and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, bumper pads, and wedges should not be placed in the crib with the baby. Loose bedding, such as sheets and blankets, should not be used as these items can impair the infant's ability to breathe if they are close to his face. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets are better alternatives to blankets.

Is It Ever Safe To Have Babies On Their Tummies?

Yes! You should talk to your child care provider about making tummy time a part of your baby's daily activities. Your baby needs plenty of tummy time while supervised and awake to help build strong neck and shoulder muscles. Remember to make sure that your baby is having tummy time at home with you.

Tummy to Play and Back to Sleep

- Place babies to sleep on their backs to reduce the risk of SIDS. Side sleeping is not as safe as back sleeping and is not advised. Babies sleep comfortably on their backs, and no special equipment or extra money is needed.
- "Tummy time" is playtime when infants are awake and placed on their tummies while someone is watching them. Have tummy time to allow babies to develop normally.

What Can I Do To Help Spread The Word About Back To Sleep?

- Be aware of safe sleep practices and how they can be made a part of our everyday lives.
- When shopping in stores with crib displays that show heavy quilts, pillows, and stuffed animals, talk to the manager about safe sleep, and ask them not to display cribs in this way.
- Monitor the **media**. When you see an ad or a picture in the paper that shows a baby sleeping on her tummy, write a letter to the editor.
- If you know **teenagers** who take care of babies, talk with them. They may need help with following the proper safe sleep practices.
- Set a good example – realize that you may not have slept on your back as a baby, but we now know that this is the safest way for babies to sleep. When placing babies to sleep, be sure to always place them on their backs.

If you have questions about the health and safety of your child, talk to your child's pediatrician. If you have questions about safe sleep practices in the early education and child care settings, please contact Healthy Child Care America at the American Academy of Pediatrics at childcare@aap.org.

Last Updated: 2/28/2014

Source: A Parent's Guide to Safe Sleep (Copyright © American Academy of Pediatrics, Revised 4/2012)

For more information, refer to www.childrenshospital.org/health-topics/conditions/s/sudden-infant-death-syndrome-sids



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Carbon Monoxide

Know the Dangers of Carbon Monoxide and Prevent Them!

What is carbon monoxide and why is it a problem?

Carbon monoxide (CO) is odorless, colorless, tasteless and very toxic. If you breathe it in, CO prevents the blood from carrying oxygen to the tissues of the body. The brain and heart are extremely sensitive to lack of oxygen. If the level of CO builds up in your blood, you will eventually lose consciousness and could even die. Over 1,000 people die each year from CO poisoning, and thousands of others become ill.

While everyone in your home is at risk, unborn babies, infants, seniors, pets, and people with coronary or respiratory problems are more susceptible.

Where does carbon monoxide come from?

Many common devices produce carbon monoxide, including: cars, gas appliances, wood-burning stoves, heating oil, propane, kerosene, coal and even cigarettes. All fuel-burning equipment and appliances are potential sources.

What are the symptoms of exposure to carbon monoxide?

Exposure to carbon monoxide can cause symptoms that include: headache, nausea, dizziness, drowsiness, burning eyes, confusion, unconsciousness, loss of coordination and in severe cases, brain damage and death. Many people die in their sleep.

What can I do to prevent this?

- Avoid deteriorating equipment: natural gas heating system and appliances that are not properly maintained. Have your furnace checked and cleaned each year.
- Avoid confining gas-fired equipment: an adequate fresh air supply is necessary for safe burning and venting of exhausts: for example, renovating and enclosing a furnace room.
- Avoid dirt and blockage: for example, a blocked chimney or flue. Your chimney should be cleaned once a year. The air ducts in your home should be cleaned every few years to eliminate trapped dust, debris, animal hair, dust mites, fungi and bacteria.
- Avoid careless use of equipment: for example, running a gasoline-powered vehicle, snow blower or lawn mower in an attached garage.
- Obtain a CO detector. They are available at local home stores. They need to be checked monthly, so it may be better not to place them on the ceiling. Change batteries every year, and replace according to instructions (usually every 10 years). Have one in the garage, and on every floor of your home, especially one on the level where you sleep so that you can hear it if you are asleep.

**Influenza (Flu) Vaccine
(Inactivated or Recombinant):
*What you need to know***

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with

certain health conditions or a weakened immune system are at greatest risk.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombiant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown



thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots.
They cannot cause the flu.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3

Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**
If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to

any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.

- **If you ever had Guillain-Barré Syndrome (also called GBS).**
Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you are not feeling well.**
It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.

4

Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your

doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

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

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5**What if there is a serious reaction?****What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

6**The National Vaccine Injury Compensation Program**

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7**How can I learn more?**

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/flu

