



Helpful Newborn Information



Arch Pediatrics

Washington University
Clinical Associates

Arch Pediatrics

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Hours: Monday - Friday: 7 a.m. - 4:30 p.m.

Phones are answered from 7 a.m. - 4:30 p.m.

Phone: 314-525-0580

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Exchange: 314-273-4242

POISON CONTROL: 1-800-222-1222

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Arch Pediatrics is proud to be a member of Washington University Clinical Associates. This group of select pediatric and adult primary care providers has access to the technological and consultative support of Washington University specialists and shares the same excellence in care.



This information is intended to help you care for your new baby. Because no two babies are alike, it is important for you to rely on your own common sense and judgment. If you have any questions, please call your pediatrician.

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GENERAL PRACTICE INFORMATION

Congratulations on the newest member of your family. We are honored that you have chosen Arch Pediatrics to be part of your child's health care. At Arch Pediatrics, we strive to provide the highest quality care, following the guidelines of American Academy of Pediatrics. We aim to be partners in your effort to raise healthy kids and are here to help make your parenting experience as rewarding and meaningful as possible.

Office Hours

Monday-Friday: 7 a.m. - 4:30 p.m.

Phones are answered 7 a.m. - 4:30 p.m.

If you need to pick up or drop off papers to the office, we ask that you be here by 4pm.

Saturday-Sunday: Closed

Each provider has a scheduled day off during the week:

- Dr. Larsen is Tuesday
- Dr. Ganninger is Wednesday
- Dr. Odegard is Thursday
- Dr. Atteberry is Friday

Our office includes two nurse practitioners, Marti Ianiri and Teresa Dillard. They will see patients when the physician is out of the office or if the physicians' schedules are full. Dr. Ganninger and Dr. Atteberry also have our nurse practitioners see select well-baby/child visits.

We are proud of our ability to provide continuity of care. In most instances, your child will be cared for by his or her primary doctor. When your child's doctor is unavailable, the provider seen will share the same approach and follow the same guidelines as your child's primary provider.

After Hours Exchange/Emergencies

If an emergency should arise after office hours, please call our exchange at **314-273-4242**. Trained pediatric nurses from St. Louis Children's Hospital will answer your calls and provide advice. In case of an emergency, go to your nearest emergency room.

Insurance

We advise contacting your insurance company as soon as possible to start the enrollment process. It can take up to 30 days to process and become effective. We advise selecting an insurance plan that includes routine well infant/child visits, as well as immunizations.

Hospital Affiliation

The physicians are affiliated with St. Louis Children's Hospital, Missouri Baptist Medical Center and Mercy Hospital (Creve Coeur). During registration upon delivery, please let them know the name of the pediatrician you have chosen for your child. This allows for the hospital to send birth information/records to our office.

First Office Visit

During your child's hospital stay, your newborn's care will be managed by the pediatric hospitalist. The policies of the referring hospital and Arch Pediatrics are that the pediatrician must evaluate all newborns within 24-72 hours after discharge from the hospital. This first visit after discharge is a necessary visit to establish care and perform the first clinical assessment to determine your newborn's weight progression, feeding issues, and evaluating for jaundice, which often peaks after discharge from the hospital. **This first visit is considered a new patient visit and not part of the well-child visits, thus most likely incurring a co-pay for this visit, depending on your insurance policy.** Please remember to call your HR department to get your baby added to your policy within the first week.

Our office will schedule the first newborn follow-up after discharge and two week well-baby appointments at 8:15 a.m. or 12:45 p.m. These are the first appointments of the morning / afternoon. These appointment times help limit possible exposure from other children to your new baby.

Scheduling Appointments

We encourage you to schedule your next well baby/child visit before you leave your current visit. Our schedules are open three months in advance. By scheduling as you leave, you are more likely to get the day and time you prefer.

Well Baby Visits:

2 weeks	4 month	12 month	24 month
1 month	6 month	15 month	30 month
2 month	9 month	18 month	

Sick Visit Appointments

These are scheduled same-day only. You will be seen by your physician, a nurse practitioner or another physician in the group depending on availability.

Phone Calls


All incoming phone calls will be answered within 24 hours. A call back will be made to you by a triage nurse, nurse practitioner or your pediatrician. If your question requires a response by a certain provider, and they are not available to respond within 24 hours, we will inform you of this and when you can expect to hear from the provider.

MyChart

MyChart allows online access to your child's medical record. You can review previous appointments, review test results or email your pediatrician any questions you might have. If you are interested in signing up for this, please stop by our check-in/check-out desks and someone will get you the appropriate forms. Once complete, you will receive a confirmation email with instructions on completing the registration online.

MyChart is not for emergencies. If you have an emergent question or concern – we advise calling the office directly, our after-hours exchange or 911.

For Up-to-date Practice Information

Find us on  or visit Archpediatrics.wustl.edu. Please check our Facebook page frequently for updates regarding current health updates and office information.

WHAT TO EXPECT DURING YOUR HOSPITAL STAY

During your stay in the hospital, the pediatric hospitalist will be examining your newborn.

Vitamin K Injection

Vitamin K is needed for blood to clot normally. Babies are born with very small amounts of vitamin K in their bodies, which can lead to serious bleeding problems. Vitamin K does not cross the placenta to the developing baby, and the gut does not have any bacteria to make vitamin K before birth. After birth, there is little vitamin K in breast milk, and breastfed babies can be low in vitamin K for several weeks until the normal gut bacteria start making it. Infant formula has added vitamin K, but even formula-fed babies have very low levels of vitamin K for several days. Research shows that a single vitamin K shot at birth protects your baby from developing dangerous bleeding that can lead to brain damage and even death.

Newborn Screen (often called the PKU test)

This test screens for congenital hypothyroidism, congenital adrenal hyperplasia, hemoglobinopathies (i.e., sickle cell), galactosemia, fatty acid disorders, organic acid disorders and amino acids disorders.

Hepatitis B Vaccine

Hepatitis B is an infection of the liver caused by Hepatitis B virus. The virus spreads through exchange of blood or other body fluids, for example, from sharing personal items, such as razors or during sex. Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain and jaundice. The virus stays in the liver of some people for the rest of their lives and can result in severe liver diseases, including fatal cancer.

Tdap

We recommend for parents and grandparents to receive the Tdap vaccine. Tetanus, diphtheria and pertussis are serious diseases. Tdap vaccine can protect us from these diseases. Tdap vaccine given to pregnant women can protect newborn babies against pertussis.

- **Tetanus** (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.
- **Diphtheria** is also rare in the United States today. It can cause a thick coating to form in the back of the throat.
- **Pertussis** (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

Vitamin D Supplements

The American Academy of Pediatrics recommends that all infants and children (both breast-fed and formula-fed) should have a daily intake of vitamin D of at least 400 IU, starting soon after birth. This recommendation is based on recent research that this level of vitamin D can be given safely in babies, strengthening their immune system and preventing diseases such as diabetes and cancer.

FIRST NEWBORN VISIT AFTER DISCHARGE

Your child will see more of your pediatrician in your baby's first year than at any other time. The Bright Futures/American Academy of Pediatrics (AAP) developed a set of comprehensive health guidelines for well-child care, known as the "periodicity schedule." It is a schedule of screenings and assessments recommended at each well-child visit from infant through adolescence. The number of well visits in the first year is determined by your insurance coverage. At Arch Pediatrics, these well visits begin at two weeks of age.

During your child's hospital stay, your newborn's care will be managed by the pediatric hospitalist at the hospital. At time of discharge, please call our office to set up your first office visit.

The physicians at Arch Pediatrics would like to evaluate all newborns **within 24-72 hours after discharge** from the hospital for a weight check follow-up. This first visit after discharge is necessary to establish care and perform the first clinical assessment by your child's pediatrician.

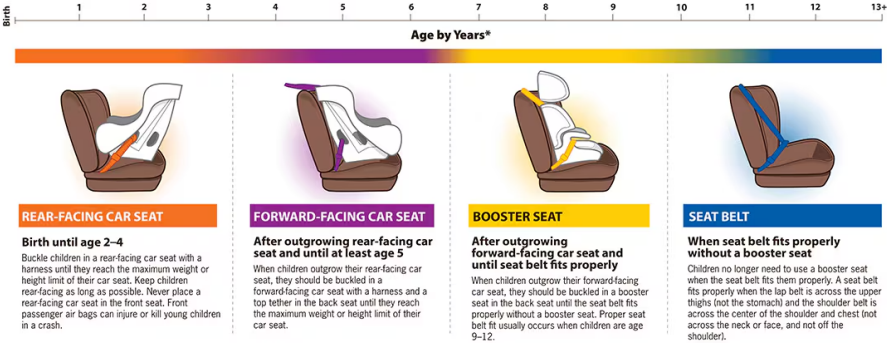
CAR SEAT SAFETY

Make sure children are properly buckled in a car seat, booster seat or seat belt – whichever is appropriate for their weight, height and age. Check the car seat manual and labels on the car seat for weight and height limits.

Use a **rear-facing car seat** from birth until ages 2-4. For the best possible protection, infants and toddlers should be buckled in a rear-facing car seat, in the back seat, until they reach the maximum weight and height limits of their car seat.

After outgrowing the rear-facing car seat, use a **forward-facing car seat** until at least age 5. When children outgrow their rear-facing car seats, they should be buckled in a forward-facing car seat, in the back seat, until they reach the upper weight or height limit of their car seat.

Make sure your child is always buckled in a car seat, booster seat, or seat belt that is appropriate for their age and size.



REAR-FACING CAR SEAT

Birth until age 2-4
Buckle children in a rear-facing car seat with a harness until they reach the maximum weight or height limit of their car seat. Keep children rear-facing as long as possible. Never place a rear-facing car seat in the front seat. Front passenger air bags can injure or kill young children in a crash.

FORWARD-FACING CAR SEAT

After outgrowing rear-facing car seat and until at least age 5
When children outgrow their rear-facing car seat, they should be buckled in a forward-facing car seat with a harness and a top tether in the back seat until they reach the maximum weight or height limit of their car seat.

BOOSTER SEAT

After outgrowing forward-facing car seat and until seat belt fits properly
When children outgrow their forward-facing car seat, they should be buckled in a booster seat in the back seat until the seat belt fits properly without a booster seat. Proper seat belt fit usually occurs when children are age 9-12.

SEAT BELT

When seat belt fits properly without a booster seat
Children no longer need to use a booster seat when the seat belt fits them properly. A seat belt fits properly when the lap belt is across the upper thighs (not the stomach) and the shoulder belt is across the center of the shoulder and chest (not across the neck or face, and not off the shoulder).

Keep children properly buckled in the back seat until age 13.

*Recommended age ranges for each seat type vary to account for differences in child growth and weight/height limits of car seats and booster seats. Use the car seat or booster seat manual to check for important information about installation, the seat weight and height limits, and proper seat use.

Child passenger safety recommendations: American Academy of Pediatrics 2018.
www.cdc.gov/child-passenger-safety/about



KEEPING YOUR NEWBORN SAFE AND HEALTHY

Exposure

Your baby's immune system is not mature yet. You should avoid exposure to large crowds for the first six to eight weeks of life. Practice good handwashing to help minimize exposure to germs. Avoid taking your infant to places like large family gatherings, church, shopping centers, etc.

Signs of a sick newborn less than two months of age:

Office number: 314-525-0580

Exchange: 314-273-4242

If your infant shows any of the following signs, call your pediatrician's office immediately:

- Rectal temperature greater than 100.4° F
You may monitor axillary (underarm) temperature; if axillary temperature is greater than 99.5° F, please recheck temperature rectally
- Inconsolable crying or extreme irritability for more than two hours.
- Blue or yellow skin color
- Decreased appetite or feeding
- Decreased activity or difficulty to wake for feedings
- Difficulty breathing, retracting or increased respiratory rate greater than 60 breaths/ minute

Fever

If your child has a fever greater than 100.4° F (38° C) rectally in the first six weeks of life, you need to call your pediatrician immediately. If you are unable to contact your pediatrician, you should bring your infant to the emergency department.

DO NOT give any medications to your newborn unless directed by your pediatrician or nurse exchange, this includes **NO** acetaminophen (Tylenol®). Ibuprofen (Motrin® or Advil®) is **not** ever to be used in infants less than six months old.

If your newborn skips more than one feeding, feels hot or is irritable or lethargic, you should take a rectal temperature with a digital thermometer. Oral (mouth), tympanic (ear) and axillary (underarm) temperatures are **NOT** accurate in an infant.

Taking a Rectal Temperature

To take a rectal temperature, lubricate the silver tip with petroleum jelly, lay infant on his or her stomach and spread buttocks so anus is seen. Slowly and gently insert the thermometer only until the silver tip is no longer visible, hold the thermometer in place for two minutes (or until it beeps), remove the thermometer, record the temperature. Wash the thermometer with cool, soapy water or alcohol.

Nasal Congestion, Sneezing and Hiccups

Newborns are often stuffy and congested, especially after feeding. This congestion occurs without fever or illness. Use a bulb syringe to clear secretions. Saline nasal drops can be purchased at the drug store and are safe to use to help suction out nasal secretions. If your baby becomes ill, fussy or feverish, call your pediatrician immediately. They will also sneeze quite a bit in the first few days of life as they clear their airway. Hiccups are normal and harmless to your child.

Handwashing

All caretakers should always practice good handwashing to reduce your baby's exposure to viruses and bacteria. If someone has cold symptoms, cough or fever, their contact with your baby should be minimized if possible. A surgical-type disposal or fabric mask should be worn around the baby if a caregiver is sick to reduce airborne droplets that can be exhaled and spread disease.

Umbilical Cord Care

The umbilical cord should be gently cleaned with water once a day. If you notice redness on the baby's abdomen or around the cord, notify your physician immediately. Some drainage is normal as the cord separates. The cord should be exposed to air or loosely covered with clean clothing as much as possible. The diaper should be folded down below and away from the cord to prevent contamination from urine or stool. The base of the cord should be left open to air as much as possible. The cord usually falls off in seven days to four weeks; however, sometimes it takes longer. Until the cord is off, do not give the baby a bath. Sponge bathing is adequate.

Circumcision Care, Newborn

Care for circumcisions varies based on the type of procedure performed by your obstetrician. Routine care includes applying Vaseline® or A&D ointment® and gauze to the tip of the penis with each diaper change for the first four days. If your baby is irritable and has swelling or discoloration of the penis, call your physician.

If your baby boy was circumcised, wash the penis gently with a soft cloth or cotton ball and dry it. You may apply Vaseline to his penis several times a day when changing his diaper, until well healed.

If a Plastibell circumcision was done, gently wash and dry the penis. It is not necessary to apply Vaseline. The plastic ring at the end of the penis will loosen around the edges and drop off within five to eight days after the circumcision. The ligature (string) will dissolve or fall off by itself. If the Plastibell has not dropped off after eight days, or if the penis becomes very swollen and has drainage or bright bleeding, notify your pediatrician. **Call your provider if you have any questions about how your baby's circumcision is doing.**

Vaginal Discharge and Breast Enlargement in an Infant

Newborn females will often have scant whitish or bloody discharge from the vagina. This is a normal effect of maternal estrogen they were exposed to in the womb. You may also see breast enlargement in infants of both sexes. This may resolve in the first few weeks of life. These can appear as lumps or firm nodules under the infant's nipples. If you note any redness or warmth around your infant's nipples, call your pediatrician.

JAUNDICE

Jaundice is a yellowing of the skin caused by bilirubin, a breakdown product of blood. Mild jaundice of the face in an otherwise healthy newborn is common, but if you notice that your baby is yellow, especially in the eyes, abdomen or extremities, call your pediatrician.

NUTRITION

Feeding Guidelines for Infants

To estimate by weight, an average baby should consume two to three ounces of formula per day for every pound of his or her body weight, up to a maximum of 32 ounces.

Example 1: A newborn who weighs seven pounds will require between 14 and 21 ounces per day.

Example 2: A four-month-old who weighs 14 pounds will require between 28 and 32 ounces per day.

For the first four-six months, your infant should only receive breast milk or formula. The baby should be held while being fed. Feedings are times of closeness for you and your baby. You should not prop the bottle. This practice can lead to tooth decay, choking, increased ear infections and other problems. Honey should not be given to the baby until his or her first birthday. Vitamin, iron and fluoride supplementation should be discussed with your physician.

Breast Feeding

Your newborn will feed every one and a half to four hours. They may feed more frequently during growth spurts. Your baby should be having at least three to four wet diapers and may have three to four stools per day. Stools will appear yellow and seedy.

Lactation Consultant

We are proud to offer in-office lactation consultants. Please call the office to arrange an appointment with lactation concerns.

Storing Pumped Breast Milk

Fresh-Pumped Breast Milk	
Room temperature:	4 hours
Cooler with freezer pack:	24 hours
Refrigerator:	4 days
Freezer:	3 months
Deep freezer:	6 months
Thawed Breast Milk (<i>Never refreeze breast milk</i>)	
Room temperature:	1 hour
Refrigerator:	24 hours
Cooler with freezer pack:	24 hours

Storing Formula

Powder	After mixed with water, store in refrigerator up to 24 hours.
Ready-to-Use (Pre-mixed)	Feed immediately. After feeding begins, do not refrigerate feeding bottle. The bottle must be used within one hour or discarded. If not feeding from the original container, you can recap original container and store in refrigerator up to 48 hours. Never heat bottles (breastmilk or formula) in the microwave.

Feeding Amounts, Birth to Six Months (breast milk or formula only)

0 - 3 weeks:	Formula / Pumped: 1/2 oz. to 1 oz., increasing to 4 oz. every 2 to 3 hours about 8 times per day (12-24 oz. total)
	Breastfeeding: Every 2 to 3 hours
3 Weeks - 4 Months:	Formula or Pumped: 4 oz. to 6 oz. every 3 to 4 hours about 6 times per day (24-32 oz. total)
	Breastfeeding: On demand every 2 to 4 hours

Your infant's digestive tract is still developing, so keep all feedings liquid. No solids yet.

Rooting reflex, a reflex seen in newborn babies causing them to automatically turn their face toward the stimulus and make sucking movements, helps your baby find nourishment organically. Use a pacifier if baby just wants to suck. For safety reasons, do not attach pacifier to clothing with a cord.

Spitting Up

It is common for infants to spit up after a feeding. If you note that they have projectile vomiting, dark green bile or blood in their vomit, or consistently spit up their entire meal, you should call your pediatrician. Most infants will usually consume two to four ounces per feeding.

Burping your child between one to two ounces of formula will help decrease spitting.

BOWEL HABITS

A newborn infant's stool will change from black and tar-like (meconium) to yellow and seedy. Their bowel movement (BM) frequency can also be highly variable ranging from one BM after every feeding, to one every five to seven days. As long as the consistency is not pure liquid or rock-hard pellets, this is normal.

Infants often seem to strain when passing stool, but if the consistency is soft, they are not constipated. Any color other than putty white or blood is normal. It is also common for infants to grunt and groan when having a bowel movement. This is due to immature coordination. As long as your baby's stools are not watery or rock-hard pellets, groaning and turning red in the face is common.

They also can be profoundly "gassy" in the first month, with loud and frequent flatulence. This is also normal. Feel free to talk with your pediatrician about remedies that may be appropriate for your baby. Infants should have one stool at least every four to five days. Normal stools range from yellow, seedy to brown and are often very loose. Your child should be having three to four wet diapers per day.

SAFE SLEEPING

Safe to Sleep

Since 1992, the American Academy of Pediatrics has recommended that infants be placed to sleep on their backs to reduce the risk of sudden infant death syndrome (SIDS).

The safest way for your infant to sleep is on his or her back in a crib or bassinet. There should be no pillows, no stuffed animals, no bumper pads, no loose blankets or no egg shell mattress pads in the crib. Only a mattress cover and crib sheet are recommended. Other objects could block the infant's airway. Since this recommendation by American Academy of Pediatrics began, the incidence of SIDS (Sudden Infant Death Syndrome) has dropped over 50%.

Sleeping Habits

Newborns can initially sleep between 16 and 20 hours per day after birth. It is important in the first weeks of life that you wake them at least every four hours to feed, unless your pediatrician has instructed you differently.

All infants develop different patterns of sleeping, and these will change during the first month of life. It is advisable that caregivers learn to nap during this first month to maximize parental rest. Once your child has established a pattern of sleep/wake cycles, and it has been firmly established that they are thriving and gaining weight, you may allow for longer intervals between feeding.

After the first month, you should wake them if needed to eat in the day, but allow them to sleep longer at night. Infants may not start sleeping throughout the night until four to six months of age, but that is highly variable. The key is to learn to take advantage of the infant's sleep cycle to get some well-earned rest.

Tummy Time

A certain amount of "tummy time" is recommended while infants are awake for developmental reasons.

Bathing

Sponge bathe one to two times a week until umbilical cord falls off and the circumcision is healed. Never leave a child unattended in the water. Do not use cotton swabs to clean ears.

Teething

Teething usually starts during four to seven months of age. The two front teeth (central incisors), either upper or lower, usually appear first, followed by the opposite front teeth. The first molars come in next, followed by the canines, or eyeteeth. There is great variability in the timing of teething. If your child doesn't show any teeth until later than this age period, don't worry. The timing may be determined by heredity, and it doesn't mean that anything is wrong.

Teething occasionally may cause mild irritability, crying, a low-grade temperature (but not over 101° Fahrenheit or 38.3° Celsius), excessive drooling, and a desire to chew on something hard. More often, the gums around the new teeth will swell and be tender. Try gently rubbing or massaging the gums with one of your fingers. Pain relievers and medications that you rub on the gums are not necessary or useful since they wash out of the baby's mouth within minutes. Some medication you rub on your child's gums can even be harmful if too much is used and the child swallows an excessive amount.

Keep your baby's mouth clean by gently wiping the gums with a clean baby washcloth. Once you see the first teeth, gently brush using a soft

baby toothbrush and a smear (grain of rice) of fluoride toothpaste. To prevent cavities, never let your baby fall asleep with a bottle, either at nap time or at night. By avoiding this situation, you'll keep milk from pooling around the teeth and creating a breeding ground for decay.

All infants receive oral health risk assessments during well-child visits starting at six months of age and periodic fluoride varnish application from nine months through five years of age. All children should be referred to a dentist as early as six months of age to establish a dental home. If a dentist is not available, talk with your pediatrician about how to maintain your child's oral health and find a dental home.

SMOKE AND CARBON MONOXIDE DETECTORS

Every floor of your house should have a working smoke and carbon monoxide detector. Check the batteries twice a month and replace the batteries twice per year.

Secondhand Smoke

No one should smoke or vape inside a home or car where an infant resides or spends a lot of time. Secondhand smoke exposure can also occur when an infant is held or handled by someone who smokes. Infants exposed to secondhand smoke have an increased risk of SIDS (sudden infant death syndrome) and are more likely to develop colds, ear infections, asthma and gastroesophageal reflux. Smokers should take care to wash their hands and change clothing prior handling your infant. If you or a family member smokes and are interested in smoking cessation programs, please talk with your physician.

BATHING AND WATER

Water Temperature Settings

The thermostat on your water heater should not be set higher than 120° F (48.8° C). Do not hold or carry your infant while also handling hot liquid (such as coffee or tea) or while cooking.

Treatment for Scalding/Burns

If anyone is burned by scalding, run cool water over the burn. Cover the burn with a clean cloth and seek medical attention. Never put ointments, butter or anything greasy on a burn.

NEVER SHAKE YOUR BABY

Shaking a baby can cause permanent brain damage or death. If you find yourself frustrated or overwhelmed when caring for your infant, call family members, a trusted friend or neighbor, or your physician for help.

FALLS

Never leave your infant unattended on an elevated surface such as a changing table, bed, sofa or chair. Also, do not leave your baby unbelted in an infant carrier. They can fall out and become injured.

Infants can also experience falls by being dropped. Place your infant on his or her back on a safe sleep surface or hand the infant to another caregiver if you are feeling drowsy or lightheaded. **Do not use baby walkers.**

CHOKING PREVENTION

Infants will often put objects in their mouths. Any object or toy that is smaller than the size of his or her fist should be kept away. If there are older children in the home, it is important that you discuss this with them.

If your child is choking, DO NOT blindly do a finger sweep of his or her mouth. This may push the object back further. If you can see the object clearly, remove it. Otherwise, call 911. We recommend that all caregivers of infants be trained in CPR (cardiopulmonary resuscitation).

IMMUNIZATIONS

Arch Pediatrics supports all immunizations currently available. We believe that appropriate vaccination is the standard-of-care in pediatrics. Immunizations have a well-proven benefit worldwide and our experience completely supports this benefit.

As pediatricians, our primary concern is the health of your child. It would be unethical for us to participate in a practice that goes against our professional training, the recommendations of medical authorities and our experiences as pediatricians.

We are therefore unable to accept the request to be the provider of medical care for children who do not receive routine, regularly scheduled vaccinations. We are not dictating how you manage the health care of your children, but we cannot accept families who ask us to compromise our standards and the health of our patients.

We are happy to schedule time to discuss vaccines and to provide educational resources to help you understand our position.

Your pediatrician will give your child routine immunizations as recommended by the American Academy of Pediatrics, beginning at four weeks of life. Your child may receive the hepatitis B vaccination series prior to that time. It is common for the first dose of the hepatitis B vaccine to be given during hospitalization in the first few days of life.

For more health information regarding immunizations or general health information, please visit:

- AAP.org (American Academy of Pediatrics)
- CDC.gov (Centers for Disease Control and Prevention)
- Healthychildren.org (sponsored by the AAP)

See following page for our immunization schedule.

IMMUNIZATION SCHEDULE

Age	Vaccine
Birth	Hepatitis B #1
1 month:	Hepatitis B #2
2 months	Pentacel #1: Combination immunization of DTaP (diphtheria, tetanus and pertussis), IPV (polio) and HIB (haemophilus influenza type B) vaccines. Vaxneuvance #1: Pneumococcal vaccine Rotateq #1: Rotavirus
4 months	Pentacel #2 Vaxneuvance #2 Rotateq #2
6 months	Pentacel #3 Vaxneuvance #3 Rotateq #3
9 months	Hepatitis B #3
12 months	Vaxneuvance #4 MMR #1: Mumps-measles-rubella vaccine
15 months	Varivax #1: Varicella vaccine for chickenpox Hepatitis A #1
18 months	Pentacel #4
2 years old	Hepatitis A #2
4 years old	Quadracel: DTaP and IPV MMR #2 Varivax #2
11 years old	Menquadfi #1: ACYW meningococcal vaccine Tdap Gardasil: Human papillomavirus (HPV) vaccine. Two doses six months apart if started before age 15; three doses if started after age 15.
16-18 years old	Menquadfi #2 Tdap Bexsero: Serogroup B meningococcal vaccine. Two doses one month apart.

IMMUNIZATION SCHEDULE, CONTINUED

Influenza Vaccine	
Infants over 6 months: yearly (Infants over 6 months will get a second booster dose one month after their first dose.)	

Moderna COVID-19 Vaccine	
6 months - 4 years old	Unvaccinated: Two doses of Moderna. Second dose will be administered one month after the first dose.
	Vaccinated with one dose of Moderna monovalent or bivalent: One dose of Moderna COVID vaccine one month after previous dose.
	Vaccinated with two doses of Moderna monovalent or bivalent: One dose of Moderna vaccine two months after previous dose.
5 years old and older	Unvaccinated: Two doses of Moderna COVID-19 vaccine one month apart
	Vaccinated with one or more doses of Moderna monovalent or bivalent: One dose of Moderna COVID vaccine two months after previous dose.

Beyfortus (Nirsevimab): RSV Monoclonal Antibody	
Younger than 8 months born during or entering their first RSV season	
8 months to 19 months who are at increased risk of severe RSV disease and entering their second RSV season	



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