

## WELL CHILD CARE AT ONE MONTH

### At Today's Visit

- We will ask for an update on your baby's health.
- We will discuss your baby's growth and development.
- Your baby will have a physical examination.
- Your baby will receive an immunization.
- You will receive the results of your infant's newborn screen done in the hospital if it was unavailable at your last visit.
- We will screen for post partum depression using the Edinburgh postnatal depression scale.
- You will have an opportunity to ask questions.

**Please refer to the two week well child section for descriptions of your infant's feeding, development, sleep, elimination, safety tips, and general recommendations.**

### Your Infant and her Environment

- Much of parenthood involves preparation. You have been planning for your new infant in many ways for almost a year now. Many important decisions have already been made. Please take some time to protect your precious infant from harm by reading the following selections by the American Academy of Pediatrics (AAP):
  - ▷ **Car Safety Seats: A Guide for Families**
  - ▷ **Home Safety Checklist**
  - ▷ **Your Child and the Environment: Guidelines for Parents**
    - ◆ **Part 1 Where Children Live**
    - ◆ **Part 2 What Children Eat and Drink**
    - ◆ **Part 3 Where Children Learn and Play**
  - ▷ **Keep Your Family Safe: Fire Safety and Burn Prevention at Home**
  - ▷ **Fun in the Sun: Keep Your Baby Safe**
  - ▷ **A Parent's Guide to Water Safety: Part 1 Infants and Toddlers**
  - ▷ **Choking Prevention and First Aid for Infants and Children**
  - ▷ **Toy Safety: Part 1 Guidelines for Parents**
  - ▷ **Toy Safety: Part 2 Age Appropriate Toys and Toys to Avoid**
  - ▷ **A Guide to Children's Medications**

## **How to Prepare for the Next Visit**

- Please bring in questions and observations about your baby that you would like to discuss.
- Keep track of any illnesses, including visits to other health care facilities and the ER.
- **We strongly believe in the advantages of immunizing your infant.** Become an advocate for your child; learn about immunizations and the important role they play in disease prevention. Please find the enclosed guide outlining the vaccinations your baby needs. Utilize the enclosed literature and our web site for reputable information and links to other sites that will provide additional, quality information. This will allow you to make an informed decision regarding immunizing your child against vaccine preventable diseases.

## **What to Expect at the Next Visit**

- Your baby will have a physical examination.
- Your child should return when he is **2 months old**.
- Your infant will receive her first set of immunizations at the two month well child visit to protect against diphtheria, pertussis, tetanus, polio, Hib, pneumococcal disease, and rotavirus.

## **Immunization Controversies:**

- Vaccines were developed to protect individuals from dangerous and sometimes deadly diseases. Vaccines are safe and effective, and such diseases are still a threat. **We strongly encourage that you immunize your child.**
- Empower yourself to objectively determine the facts regarding modern day immunization practices. Allow yourself to feel that your decision to vaccinate your child is medically founded, effective, and socially responsible. Most importantly, this proactive choice affords your child an opportunity to remain well against vaccine preventable diseases that others have not had- whether it be now or in the past or whether it be here in the United States or elsewhere in the world.
- Health care providers make decisions regarding their patients using a risk benefit analysis. Any elective decision should have greater benefit than potential risk. That is also true for most decisions that parents make (by proxy) for their children and adolescents regarding non health care related issues. In a time when vaccination is under scrutiny and immunization information is readily accessible, separating fact from fear can be very challenging. At Fox Valley Women and Children's Health Partners, our health care team believes that knowledge is power. We want to help you make informed decisions regarding vaccinating your child. Please challenge yourself to seek reputable sources of information that provide scientifically based answers to your immunization questions.
- The following overview of common concerns that parents may have regarding vaccination issues was beautifully written by Dr. Offit of Children's Hospital of Philadelphia in 2003. His responses to these questions are timeless and universally accepted by respected authorities in the medical community and all national organizations that promote immunizations including the American Academy of Pediatrics and the Centers for Disease Control. All of the information remains

medically accurate and offers a wonderful, factual foundation to natural concerns parents may have regarding immunizing their children against vaccine-preventable diseases.

It seems that almost every month newspaper articles and television programs depict the horrors of vaccines. The villains of these stories are greedy vaccine manufacturers, disinterested doctors, and burdensome regulatory agencies. The focus of the stories is that children are hurt unnecessarily by vaccines, and the tone is one of intrigue and cover-up.

Perhaps the most dangerous part of these stories (apart from the fact that they may cause many children to miss the vaccines they need) is that the explanations are presented in a manner that seem believable. Below we have listed the most commonly aired stories about vaccines and have tried to separate fact from myth.

▷ **CONCERN: Vaccines don't work.**

Probably the best example of the impact of vaccines is the vaccine that prevents meningitis caused by the bacterium *Haemophilus influenzae* type b (Hib).

The current Hib vaccine was first introduced to this country in 1990. At that time Hib was the most common cause of bacterial meningitis, accounting for approximately 15,000 cases and 400 to 500 deaths every year. The incidence of cases and deaths per year had been steady for decades. After the current Hib vaccine was introduced, the incidence of Hib meningitis declined to fewer than fifty cases per year! The power of the Hib vaccine is that most pediatricians and family practitioners working today saw its impact.

The story of the Hib vaccine is typical of all widely used vaccines. A dramatic reduction in the incidence of diseases such as measles, mumps, German measles, polio, diphtheria, tetanus, and pertussis occurred within several years of the introduction of vaccines against them.

Vaccines not only work, but they work phenomenally well.

▷ **CONCERN: Vaccines aren't necessary.**

In some ways, vaccines are victims of their own success. Most young parents today have never seen a case of measles, mumps, German measles, polio, diphtheria, tetanus, or whooping cough. As a result, some of these parents question the continued need for vaccines.

**Vaccines should be given for three reasons:**

- ◆ Some diseases are so prevalent in this country that a decision not to give a vaccine is a decision to risk that disease (for example, pertussis).

- ◆ Some diseases are still present in the environment. These diseases continue to occur, but at fairly low levels (for example, measles, mumps, and German measles). If immunization rates drop, outbreaks of these diseases will again occur and children will die from our lack of vigilance. This is exactly what happened in the late 1980s and early 1990s when immunization rates against measles dropped. The result was 11,000 hospitalizations and more than a hundred deaths caused by measles. Now, due to an increase in measles immunization rates, there are only about a hundred cases of measles and no deaths every year in the United States.
- ◆ Some diseases have been virtually eliminated from this country (such as polio and diphtheria). However, these diseases continue to cause outbreaks in other areas of the world. Given the high rate of international travel, these diseases could be easily imported by travelers or immigrants.

▷ **CONCERN: Vaccines are not safe.**

**What does the word safe mean?**

The first definition of the word safe is "harmless." This definition would imply that any negative consequences of vaccines would make the vaccine unsafe. Using this definition, no vaccine is 100 percent safe. Almost all vaccines can cause pain, redness, or tenderness at the site of injection. And some vaccines cause more severe side effects. For example, the pertussis (or whooping cough) vaccine can be a very rare cause of persistent, inconsolable crying or high fever. Although none of these severe symptoms results in permanent damage, they can be quite frightening to parents.

But, in truth, few things meet the definition of "harmless." Even everyday activities contain hidden dangers. For example, each year in the United States, 350 people are killed in bath- or shower-related accidents, 200 people are killed when food lodges in their windpipe, and 100 people are struck and killed by lightning. However, few of us consider eating solid food, taking a bath, or walking outside on a rainy day as unsafe activities. We just figure that the benefits of the activity clearly outweigh its risks.

The second definition of the word *safe* is "having been preserved from a real danger." This definition implies that vaccines provide safety. Using this definition, the danger (the disease) must be significantly greater than the means of protecting against the danger (the vaccine). Or, said another way, a vaccine's benefits must clearly and definitively outweigh its risks.

To better understand the definition of the word safe when applied to vaccines, let's examine four different vaccines and the diseases they prevent.

▷ **CONCERN: Infants are too young to get vaccinated.**

Children are immunized in the first few months of life because several vaccine-preventable diseases infect them when they are very young. For example:

- ◆ Pertussis infects about 8,000 children, causing five to ten deaths every year in the United States. Almost all of the cases are in children less than one year of age.
- ◆ Children under two years old are 500 times more likely to catch Hib meningitis if someone with a Hib infection is living in the home.
- ◆ About 90 percent of newborns whose mothers are infected with hepatitis B will contract hepatitis and go on to develop chronic liver disease, cirrhosis, and possibly liver cancer.

For these reasons, it is very important for infants to be fully immunized against certain diseases by the time they are six months old.

Fortunately, young infants are surprisingly good at building immunity to viruses and bacteria. About 95 percent of children given DTaP, Hib, and hepatitis B virus vaccines will be fully protected by two years of age.

- ▷ **CONCERN: It's better to be naturally infected than immunized.**  
It is true that "natural" infection almost always causes better immunity than vaccination (only the Hib, pneumococcal, and tetanus vaccines are better at inducing immunity than natural infection). Whereas natural infection causes immunity after just one infection, vaccines usually create immunity only after several doses are given over a number of years. For example, DTaP, hepatitis B, and IPV are each given at least three times.

However, the difference between vaccination and natural infection is the price paid for immunity. The price paid for vaccination is the inconvenience of several shots and the occasional sore arm. The price paid for a single natural infection is usually considerably greater: paralysis from natural polio infection, mental retardation from natural Hib infection, liver failure from natural hepatitis B virus infection, deafness from natural mumps infection, or pneumonia from natural varicella infection are high prices to pay for immunity.

- ▷ **CONCERN: Children get too many shots.**  
Infants and young children commonly encounter and manage many challenges to their immune system at the same time. Twenty years ago, seven vaccines were routinely recommended, and children received five shots by two years of age and as many as two shots at one time. Now that we have eleven routinely recommended vaccines, children could receive as many as twenty shots by two years of age and five shots at a single visit. Many parents are concerned about whether children can handle all these vaccines.

But vaccines are just a small part of what babies encounter every day. Although the mother's womb is free from bacteria and viruses, newborns immediately face a host of different challenges to their immune system. For

example, from the minute they are born, thousands of different bacteria start to live on the skin as well as the lining of the nose, throat, and intestines. By quickly making an immune response to these bacteria, babies keep the bacteria from invading their bloodstream and causing serious disease.

In fact, babies are capable of responding to millions of different viruses and bacteria because they have billions of immunologic cells circulating in their bodies. Therefore the vaccines given in the first two years of life are literally a raindrop in the ocean of what infants' immune systems successfully encounter in their environment every day.

It is interesting to note that although children receive more vaccines today than they did a hundred years ago, when only the smallpox vaccine was routinely recommended in infancy, the number of separate immunologic challenges contained in vaccines has actually decreased! The smallpox vaccine contained about 200 viral proteins. If you add up today's eleven routinely recommended vaccines, the number of vaccine proteins and polysaccharides (complex sugars) is less than 130: diphtheria (1), tetanus (1), pertussis (2-5), polio (15), measles (10), mumps (9), rubella (5), Hib (2), varicella (69), conjugate pneumococcus (8), and hepatitis B (1).

▷ **CONCERN: Vaccines weaken the immune system.**

Natural infection with certain viruses can indeed weaken the immune system. This means that when children are infected with one virus, they can't fight off other viruses or bacteria as easily. This happens most notably during natural infection with either chickenpox or measles. Children infected with chickenpox are susceptible to infection with certain bacterial infections (like "flesh-eating" bacteria). And children infected with measles are more susceptible to bacterial infections of the bloodstream (sepsis).

But vaccines are different. The viruses in the measles and chickenpox vaccines (the so-called vaccine viruses) are very different from those that cause measles and chickenpox infections (the "wild-type" viruses). The vaccine viruses are themselves so disabled that they cannot weaken the immune system. Vaccinated children are not at greater risk of other infections (meaning infections not prevented by vaccines) than unvaccinated children.

▷ **CONCERN: Vaccines cause autism.**

Recently, stories carried by the media have caused some parents to fear that the combination measles-mumps-rubella (MMR) vaccine causes autism. Summarized below are (1) studies used to support the notion that MMR causes autism, (2) studies that disprove the notion that MMR causes autism, and (3) other investigations into the causes of autism.

### *The "Wakefield" studies*

Two studies have been cited by those claiming that the MMR vaccine causes autism. Both studies are critically flawed.

In 1998, Andrew Wakefield and colleagues published a paper in the journal *Lancet*. Wakefield's hypothesis was that the MMR vaccine caused a series of events that include intestinal inflammation, entrance into the bloodstream of proteins harmful to the brain, and consequent development of autism. In support of his hypothesis, Dr. Wakefield described twelve children with developmental delay, of whom eight had autism. All of these children had intestinal complaints and developed autism within one month of receiving MMR.

The Wakefield paper published in 1998 is flawed for two reasons: (1) About 90 percent of children in England received MMR at the time this paper was written. Because MMR is administered at a time when many children are diagnosed with autism, it would be expected that most children with autism would have received an MMR vaccine, and that many would have received the vaccine recently. The observation that some children with autism recently received MMR is, therefore, expected. However, determination of whether MMR causes autism is best made by studying the incidence of autism in *both* vaccinated and unvaccinated children. This wasn't done. (2) Although the authors claim that autism is a consequence of intestinal inflammation, intestinal symptoms were observed *after*, not before, symptoms of autism in all eight cases.

In 2002, Wakefield and coworkers published a second paper examining the relationship between measles virus and autism. The authors tested intestinal biopsy samples for the presence of measles virus from children with and without autism. Of children with autism, 75 of 91 were found to have measles virus in intestinal biopsy tissue as compared with only five of 70 patients who didn't have autism.

On its surface, this is a concerning result. However, the second Wakefield paper is also critically flawed for the following reasons: (1) Measles vaccine virus is live and attenuated. After inoculation, the vaccine virus probably replicates (or reproduces itself) about fifteen to twenty times. It is likely that measles vaccine virus is taken up by specific cells responsible for virus uptake and presentation to the immune system (termed antigen-presenting cells, or APCs). Because all APCs are mobile, and can travel throughout the body (including the intestine), it is plausible that a child immunized with MMR would have measles virus detected in intestinal tissues using a very sensitive assay. To determine whether MMR is associated with autism, one must determine whether the finding is *specific* for children with autism. Therefore, children with or without autism must be identical in two ways. First, children with or without autism must be matched for immunization status (that is,

receipt of the MMR vaccine). Second, children must be matched for the length of time between receipt of MMR vaccine and collection of biopsy specimens. Although this information was clearly available to the investigators and critical to their hypothesis, it was omitted from the paper. (2) Because natural measles virus is still circulating in England, it would have been important to determine whether the measles virus detected in these samples was natural measles virus or vaccine virus. Although methods are available to distinguish these two types of virus, the authors did not use them. (3) The method used to detect measles virus in these studies was very sensitive. Laboratories that work with natural measles virus (such as the lab where these studies were performed) are at high risk of getting results that are incorrectly positive. No mention is made in the paper as to how this problem was avoided. (4) As is true for all laboratory studies, the person who is performing the test should not know whether the sample is obtained from a case with autism or without autism (blinding). No statements were made in the methods section to assure that blinding occurred.

### ***Studies showing that MMR vaccine does not cause autism***

Four studies have been performed that disprove the notion that MMR causes autism.

In 1999, Brent Taylor and coworkers examined the relationship between receipt of MMR and development of autism in a well-controlled study. Taylor examined the records of 498 children with autism or autism-like disorder. Cases were identified by registers from the North Thames region of England before and after the MMR vaccine was introduced into the United Kingdom in 1988. Taylor then examined the incidence and age at diagnosis of autism in vaccinated and unvaccinated children. He found that (1) the percentage of children vaccinated was the same in children with autism as in other children in the North Thames region; (2) no difference in the age of diagnosis of autism was found in vaccinated and unvaccinated children; and (3) the onset of symptoms of autism did not occur within two, four, or six months of receiving the MMR vaccine.

Subsequent studies by Natalie Smith published in the *Journal of the American Medical Association* and by Hershel Jick in the *British Medical Journal* found that the increase in the number of children reported to have autism was not associated with an increase in the use of the MMR vaccine.

The largest study to examine the relationship between the MMR vaccine and autism was reported in the *New England Journal of Medicine* in November 2002. About 537,000 children in Denmark who either did or did not receive the MMR vaccine were examined for about six years. The incidence of autism was the same in children who did or did not receive the MMR vaccine.

### *Studies on the causes of autism*

One of the best ways to determine whether a particular disease or syndrome is genetic is to examine the incidence in identical and fraternal twins. Using a strict definition of autism, when one twin has autism, approximately 60 percent of identical and 0 percent of fraternal twins have autism. Using a broader definition of autism (that is, autistic spectrum disorder), approximately 92 percent of identical and 10 percent of fraternal twins have autism. Therefore, autism clearly has a genetic basis.

Clues to the causes of autism can be found in studies examining when the symptoms of autism are first evident. Perhaps the best data examining when symptoms of autism are first evident are the "home-movie studies." These studies took advantage of the fact that many parents take movies of their children during their first birthday (before they have received the MMR vaccine). Home movies of children who were eventually diagnosed with autism and those who were not diagnosed with autism were coded and shown to developmental specialists. Investigators were, with a very high degree of accuracy, able to separate autistic from nonautistic children at one year of age. These studies found that subtle symptoms of autism were present earlier than some parents had suspected, and that receipt of the MMR vaccine did not precede the first symptoms of autism.

Other investigators extended the home-movie studies of one-year-old children to include videotapes of children taken at two to three months of age. Using a sophisticated movement analysis, videos from children eventually diagnosed with autism or not diagnosed with autism were coded and evaluated for their capacity to predict autism. Children who were eventually diagnosed with autism were predicted from movies taken in early infancy. This study supported the hypothesis that very subtle symptoms of autism are present in early infancy and argues strongly against vaccines as a cause of autism.

Toxic or viral insults to the fetus that cause autism, as well as certain central nervous system disorders associated with autism, support the notion that autism is likely to occur in the womb.

For example, children exposed to thalidomide during the first or early second trimester were found to have an increased incidence of autism. However, autism occurred in children with ear but not arm or leg abnormalities. Because arms and legs develop after 24 [days\*] gestation, the risk period for autism following receipt of thalidomide must be before 24 [days\*] gestation. In support of this finding, Rodier and colleagues found evidence for structural abnormalities of the nervous system in children with autism. These abnormalities could have occurred only during development of the nervous system in the womb.

Similarly, children with congenital rubella syndrome are at increased risk for development of autism. Risk is associated with exposure to rubella before birth but not after birth.

\*IAC has substituted the word “days” for the word “weeks” to correct two typos that occur in this paragraph in the book.

### ***Conclusions***

Studies of (1) the genetics of autism, (2) the timing of the first symptoms of autism (home-movie studies), (3) the relationship between autism and the receipt of the MMR vaccine, (4) the nervous system of children with autism, and (5) thalidomide and natural rubella infection all support the fact that autism occurs during development of the nervous system early in the womb.

Unfortunately for parents who will someday bear children diagnosed with autism, the controversy surrounding vaccines has diverted attention and resources away from a number of promising leads.

▷ **CONCERN: A mercury-containing preservative (thimerosal) contained in many vaccines harms children.**

On October 1, 2001, the Institute of Medicine (IOM) issued a report on the use of thimerosal in vaccines. The IOM advises the federal government on health matters and was established in 1970 by the National Academy of Sciences. The IOM recommended the use of thimerosal-free DTaP, Hib, and hepatitis B vaccines in the United States.

### ***What is thimerosal?***

Thimerosal is a preservative that is used in vaccines. It is made of thiosalicylic acid and mercury. The mercury contained in thimerosal is an organic form called ethylmercury.

### ***Why do vaccines contain the preservative thimerosal?***

Preservatives such as thimerosal prevent vaccines from becoming contaminated with bacteria or fungi. Preservatives are especially important when the vial of vaccine contains more than one dose (multidose vials). Studies from about fifty years ago showed that multidose vials of vaccine could become contaminated with bacteria. Bacteria in the vial could then be injected inadvertently into the child and cause serious and occasionally fatal infections.

### ***Is mercury harmful?***

Yes. Mercury at high levels can damage the nervous system and kidneys. Studies in places such as the Faroe Islands, the Seychelles, and Iraq found that the unborn fetus might be harmed when pregnant women ingest large quantities of mercury contained in contaminated fish or fumigated

(disinfected) grain. The form of mercury that contaminates the environment is called methylmercury (not the ethylmercury contained in vaccines).

***Does thimerosal contain an amount of mercury that could harm children?***

The FDA was recently required to compile a list of drugs and foods that contained mercury (the FDA Modernization Act of 1997). Because some vaccines contain thimerosal, they were included in the list generated by the FDA. The amount of mercury contained in vaccines was then compared with acceptable levels of mercury published by the FDA, Environmental Protection Agency (EPA), Agency for Toxic Substance and Disease Registry (ATSDR), and World Health Organization (WHO).

Cumulative levels of mercury contained in multiple vaccines were not greater than those considered to be safe by the FDA, WHO, or ATSDR. However, the levels of mercury contained in multiple vaccines did slightly exceed those considered to be safe by the EPA.

***How did the EPA determine what levels of mercury were safe for children?***

The EPA looked closely at a study performed in Iraq where pregnant women were exposed to large quantities of methylmercury that had been used to fumigate grain. The EPA then estimated the lowest dose of mercury that was found to cause neurodevelopmental delay in the fetus whose mother ingested this seed grain. From this they calculated the lowest dose of methylmercury that could possibly harm an unborn child. They then divided this dose by a safety factor of ten to determine the lowest acceptable dose of mercury.

There are many problems with using the study in Iraq to determine levels of thimerosal in vaccines that would be safe in children. First, thimerosal doesn't contain the form of mercury that contaminates the environment. Environmental mercury is usually methylmercury, whereas the mercury contained in vaccines is in the form of ethylmercury. Ethylmercury is excreted in the urine more quickly than methylmercury and is less likely to accumulate in the body. Second, vaccines are administered to children after, not before, they are born. The nervous system of a child is still developing early in a woman's pregnancy, but by the time a child gets a vaccine, the nervous system is more mature and, therefore, much less likely to be susceptible to the harmful effects of mercury. Third, by including a safety factor of ten, the EPA estimate was very conservative.

***Has thimerosal contained in vaccines ever been shown to harm children?***

No. Studies have never shown that mercury at the level contained in vaccines causes neurological problems.

***If thimerosal has never been found to harm children, why are vaccine makers now making vaccines that don't use thimerosal as a preservative?***

Thimerosal is being taken out of vaccines for two reasons. First, single-dose

vials have largely replaced multidose vials in the United States. Therefore, the risk of contamination with bacteria or fungi is much lower. Second, other preservatives that don't contain any mercury can be used in some vaccines.

So the main reason that thimerosal is being taken out of vaccines is that it can be. Thimerosal (as a preservative) is absent from all vaccines routinely given to children in the United States.

▷ **CONCERN: Vaccine-preventable diseases occur more often in vaccinated people than in unvaccinated people.**

On its face, this statement is actually true. However, it is important to understand why it is true.

Let's take the situation of 100 young adults living in a college dormitory and say that 95 were vaccinated against measles and five were not vaccinated. An outbreak of measles strikes the college campus. In the dormitory, six of the 95 people who were vaccinated get measles, and four of the five unvaccinated people get measles. This would mean that vaccinated people get measles more commonly than unvaccinated people (in this case, by a margin of 6 to 4). However, the risk for measles in the unvaccinated group was 80 percent (4 of 5), whereas the risk for measles in the vaccinated group was only about 6 percent (6 of 95). So, people were much less likely to get measles if they had received the measles vaccine.

Indeed, a study recently reported in the *Journal of the American Medical Association* found that unvaccinated people were thirty-five times more likely to get measles than vaccinated people.

\* =found on our website

## QUESTIONS FOR 1 MONTH VISIT

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please answer the questions that apply to either your breast milk or formula fed infant.

### NUTRITION

#### BREAST MILK

Do you feel that breast feeding is going well?  yes  no

Are you:  breast feeding  exclusively pumping  both

YOUR PLAN FOR SUPPLYING BREAST MILK FOR YOUR INFANT INCLUDES:

- exclusively breast feeding  pumping and providing breast milk exclusively  
 breast feeding and supplementing with breast milk  breast feeding and supplementing with formula  undetermined

Is your infant latching on well?  yes  no  n/a

APPROXIMATE NUMBER OF FEEDINGS IN A 24 HOUR PERIOD:

- 5  6  7-8  9-10  10-12  >12

DOES YOUR INFANT BREAST FEED FROM ONE OR BOTH BREASTS?

- one  both  N/A

APPROXIMATE AMOUNT OF TIME PER BREAST?

- < 15 minutes  15-30 minutes  30-45 minutes  > 45 minutes  n/a

Have you introduced an occasional bottle?  yes  no  n/a

Are you currently taking your prenatal vitamins?  yes  no

Do you plan on returning to work while breast feeding or pumping breast milk?  yes  no

Do you want information regarding breast feeding/pumping while returning to work?  yes  no

Do you want information about breast feeding support groups?  yes  no

#### FORMULA FED

OUNCES PER FEEDING:

- ½ to 1 ounce  1 to 2 ounces  2 to 4 ounces  > 4 ounces

FREQUENCY OF FEEDING:

- every 1-2 hours  every 2-3 hours  every 3-4 hours  every 4-5 hours  > 5 hours

APPROXIMATE FEEDINGS IN A 24 HOUR PERIOD:

- 5  6  7-8  9-10  10-12  >12

APPROXIMATE TIME PER FEEDING:

- < 15 minutes  15-30 minutes  30-45 minutes  > 45 minutes

FORMULA TYPE:

- Enfamil Lipil  Nestle Goodstart  Prosobee  Enfacare  Other  
 Similac Advance  Isomil  Nutramigen  Neosure

M.A.R. 2.2008 SIGNATURE OF PROVIDER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## QUESTIONS FOR 1 MONTH VISIT

PATIENT NAME: \_\_\_\_\_

### ELIMINATION

Wet diapers per day:     1-3         4-6         >6

### BOWEL MOVEMENTS:

#### FREQUENCY:

< 3 per day     3-6 per day     > 6 per day

### SLEEP

Sleeps consecutively for:

1 hour     2 hours     3-4 hours     4-6 hours     > 6 hours

Is your infant sleeping on his/her back?     yes     no

Is your infant using a pacifier?     yes     no

### VISION

Do you have any concerns about your infant's vision?     yes     no

### HEARING

Do you have any concerns about your infant's hearing?     yes     no

### SAFETY

Does your infant ride in the car using a rear facing infant car seat?     yes     no

### DEVELOPMENT

Responds to sound by blinking, crying, quieting, changing respirations, or showing a startle response     yes     no

Responds to your face and voice     yes     no

Fixates on your face and follows with eyes     yes     no

Holds head, neck, trunk, arms, and legs in a flexed position     yes     no

Moves both arms and legs     yes     no

Lifts head briefly while lying on stomach     yes     no

M.A.R. 2.2008    SIGNATURE OF PROVIDER: \_\_\_\_\_    DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_