Hardin HMC Medical Center
935 Wayne Road, Savannah, TN 38372
(731) 926-8000 – Fax: (731) 926-8160

Dear Mother,

We, the nurses at Hardin Medical Center, need your help to ensure that adequate safety measures are taken to prevent any possible abduction or injury to your baby. You can help by knowing and following the guidleines listed below:

1. Never let an unauthorized person (stranger) take your baby out of your room. Only your OB staff and those you have authorized may transport your baby, in a bassinet, to and from the nursery.

2. Hardin Medical Center OB nurses wear hospital blue scrub suits and a photo ID badge. If we forget to tell your our name or display our badge, please ask us.

3. Always keep your baby where you can see him/her clearly.

4. Never leave your baby in the room alone. Babies can only be in mother's room or in the nursery (not in the lobby).

5. If you want to shower or nap, call us to take the baby back to the nursery.

6. Do not remove y our baby's wrist/ankle band until you are safely home. Let us know immediately if it falls off. Baby must wear hospital linen during stay.

7. Ask your family and friends not to visit if they have colds, sore throats, or other illnesses. Tell them to visit when they are healthy again.

8. Ask all your visitors to wash their hands before holding or handling your baby.

9. Call us immediately, (use your nurse call light or dial 8390 on the phone), if a suspicious person enters your room.

Thank you for helping us to take care of your baby,

OB Nursing Staff

Revised: 11/2017

The Women's Center at HMC

Vitamin K for Your Baby

Vitamin K is needed to help blood clot (clump together to stop bleeding).

All newborn babies have very low levels of vitamin K. Several months after birth, babies start to make their own vitamin K. Before they make their own, however, they are at risk for bleeding suddenly. This is called Vitamin K deficiency bleeding (VKDB).

This bleeding occurs between birth and 6 months of age and often starts without an injury. It can be serious and lead to brain damage or death. Once the bleeding starts, it can be impossible to heal the damage, even if the bleeding can be stopped.

The amount of vitamin K your baby will get in the shot is higher than the recommended daily allowance (RDA) for oral vitamin K. The injected vitamin K dose is not absorbed all at once and therefore lasts longer to protect your baby for several months.

Please consider the information about this vitamin and ask your baby's health care team for more details so you can make a decision about giving vitamin K to your baby.

What is known about VKDB and giving the vitamin K injection?

- Vitamin K is a vitamin. There are no known side effects to giving a vitamin K injection. As with any shot, the area may be red or sore after the shot is given.
- Vitamin K is not a vaccine.
- Bleeding from not having enough vitamin K can happen in any baby. It is not limited to babies who had trauma during birth or baby boys who are circumcised.
- It takes months for babies to make enough vitamin K to prevent bleeding. Waiting 8 days to have your son circumcised or to have any procedures on a baby boy or girl cannot protect your baby from bleeding.
- Boys and girls can both be affected.
- Vitamin K injections are not linked to cancers. This has been confirmed by research studies.
- Vitamin K is usually given right after your baby is born, while your baby is skin-to-skin with you.
- Vanderbilt University Medical Center uses a preservative-free vitamin K.
- Vitamin K taken by mouth does not work as well as the shot to prevent bleeding. The reasons that oral vitamin K does not work as well may be that:
  - the baby's stomach is not able to absorb it
  - several doses are needed over a 3-month time period and sometimes parents do not complete the doses
  - it is hard to know if a baby has swallowed all of an oral dose of medicine.

Some other countries have changed to oral vitamin K and, in those countries, more babies have vitamin K deficiency bleeding.

Oral vitamin K is not approved by the United States Food and Drug Administration (FDA) to prevent VKDB.

What about increasing vitamin K through mom's diet and breast milk?

Mom cannot increase vitamin K inside her baby by eating leafy greens or taking vitamin K during pregnancy.

Adding foods high in vitamin K to mom's diet while breastfeeding cannot give enough vitamin K to her baby to lower the risk of vitamin K deficiency bleeding.

What is the history of giving vitamin K shots to babies?

Since the 1960s, vitamin K has been a standard in newborn care. Before that time, babies did survive without vitamin K shots, but more babies died then, too. Vitamin K deficiency bleeding was likely a cause of some of those deaths. The infant mortality rate is dramatically lower now and we know that giving a vitamin K shot helps more babies survive.

If you refuse vitamin K for your baby, you must sign a refusal form at the hospital. We will talk with you and ask you to rethink your decision.

We urge you to have the vitamin K injection as part of your birth plan.

The Women's Center at HMC

935 Wayne Road, Savannah, TN 38372 | Main Hospital Phone Line 731-926-8000
Women's Center Nurses Station 731-926-8390 | Fax 731-926-8347

STATE OF TENNESSEE CHILD RESTRAINT LAW

Dear Parent:

Tennessee has passed a law that requires your newborn infant to be placed in an approved Child Restraint Device (CRD) when a passenger is in any motor vehicle. This law applies to all children, newborn through 8 years of age and measuring less than four feet nine inches (4 feet, 9 inches) tall.

Parents violating this law will be fined.

It is, therefore, your responsibility by Tennessee State Law to restrain your child in an approved device at all times when in a moving vehicle.

The Women's Center at

Hardin Medical Center

Pledge for Infant Fall Prevention

- I am aware that I am at risk for becoming very tired after I have my baby. If I care for my baby when I am exhausted, it will put my baby at risk if I fall asleep with my baby in bed.

- I understand that sleeping with my baby in my bed places my baby at risk for suffocation and/or falling.

- I understand that the safest place for my baby to sleep is in a crib, placed on their back without pillows or other objects.

- I will always keep my bed in the lowest position with side rails up for safety.

- I will not leave my baby alone on the bed, crib or couch.

- I will stand up when I move my baby in or out of the crib.

- If I become sleepy while holding my baby, I promise to place my baby safely in the crib.

- If I am too tired to get up and safely put my baby in the crib, I will call for the hospital staff to come help me.

**The staff at Hardin Medical Center pledges to educate you frequently about the risk of babies falling and to always assist you to keep you and your baby safe. **

The Women's Center at

Hardin Medical Center

Safe Sleep Tips for Your Baby

- Always place your baby on his or her back to sleep at night and at nap time. Babies who sleep on their back are less likely to die from Sudden Infant Death Syndrome (SIDS)

- Your baby should always sleep in a crib. The safest place for a baby is in the same room as a parent but alone in a separate sleep area.

- Keep loose objects, soft toys, and bedding out of the baby's sleep area. Do not use pillows and blankets in the baby's sleeping area. The baby should sleep in a crib with only a tight-fitting sheet.

- Avoid letting your baby overnight during the night. Your baby should be dressed lightly for sleep. Set room temperature in a range that is comfortable for a lightly clothed adult.

- Do not use crib bumpers. These do not reduce injuries but increase the risk of suffocation.

- Avoid smoking. Do not smoke during pregnancy or after having your baby. This is secondhand smoke that can cause harm to your baby.

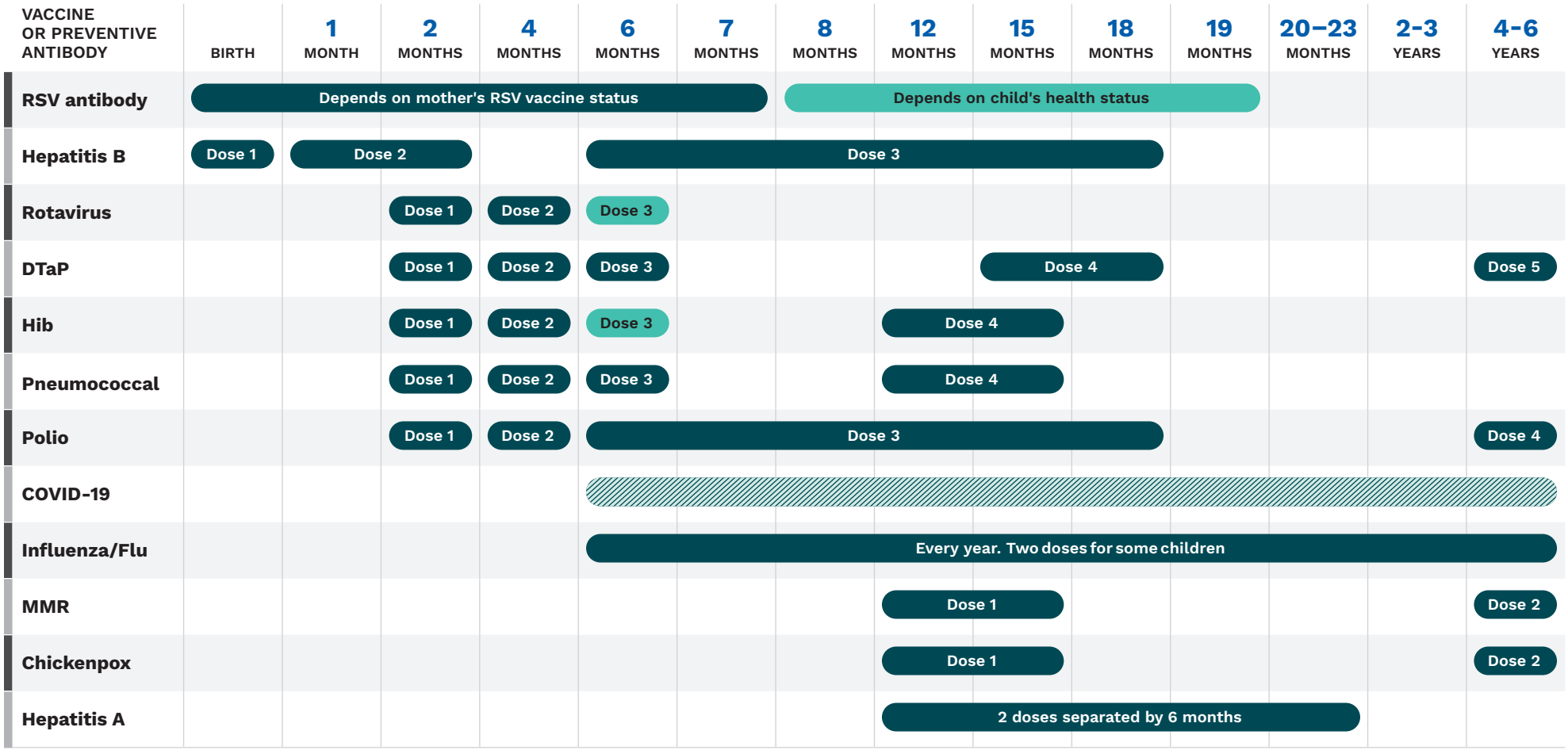
- We recommend that you breastfeed your baby for at least the first six months of life. Breastfeeding is associated with a reduced risk for SIDS.

**The staff at Hardin Medical Center pledges to educate you frequently about the risk of babies falling and to always assist you to keep you and your baby safe. **

Your child needs vaccines as they grow!

2025 Recommended Immunizations for Birth Through 6 Years Old

Want to learn more?
Scan this QR code to find out which vaccines your child might need. Or visit **www2.cdc.gov/vaccines/childquiz/**



KEY

- ALL children should be immunized at this age
- SOME children should get this dose of vaccine or preventive antibody at this age
- Parents/caregivers should talk to their health care provider to decide if this vaccine is right for their child

Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection.
2. Your child is traveling outside the United States. Visit **wwwnc.cdc.gov/travel** for more information.
3. Your child misses a vaccine recommended for their age.

U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

FOR MORE INFORMATION
Call toll-free: **1-800-CDC-INFO (1-800-232-4636)**
Or visit: **www2.cdc.gov/vaccines/childquiz/**

What diseases do these vaccines protect against?

BIRTH–6 YEARS OLD

VACCINE-PREVENTABLE DISEASE	DISEASE COMPLICATIONS
RSV (Respiratory syncytial virus) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact	Infection of the lungs (pneumonia) and small airways of the lungs; especially dangerous for infants and young children
Hepatitis B Contagious viral infection of the liver; spread through contact with infected body fluids such as blood or semen	Chronic liver infection, liver failure, liver cancer, death
Rotavirus Contagious viral infection of the gut; spread through the mouth from hands and food contaminated with stool	Severe diarrhea, dehydration, death
Diphtheria* Illness caused by a toxin produced by bacteria that infects the nose, throat, and sometimes skin	Swelling of the heart muscle, heart failure, coma, paralysis, death
Pertussis (Whooping Cough)* Contagious bacterial infection of the lungs and airway; spread through air and direct contact	Infection of the lungs (pneumonia), death; especially dangerous for babies
Tetanus (Lockjaw)* Bacterial infection of brain and nerves caused by spores found in soil and dust everywhere; spores enter the body through wounds or broken skin	Seizures, broken bones, difficulty breathing, death
Hib (Haemophilus influenzae type b) Contagious bacterial infection of the lungs, brain and spinal cord, or bloodstream; spread through air and direct contact	Depends on the part of the body infected, but can include brain damage, hearing loss, loss of arm or leg, death
Pneumococcal Bacterial infections of ears, sinuses, lungs, or bloodstream; spread through direct contact with respiratory droplets like saliva or mucus	Depends on the part of the body infected, but can include infection of the lungs (pneumonia), blood poisoning, infection of the lining of the brain and spinal cord, death
Polio Contagious viral infection of nerves and brain; spread through the mouth from stool on contaminated hands, food or liquid, and by air and direct contact	Paralysis, death
COVID-19 Contagious viral infection of the nose, throat, or lungs; may feel like a cold or flu. Spread through air and direct contact	Infection of the lungs (pneumonia); blood clots; liver, heart or kidney damage; long COVID; death
Influenza (Flu) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact	Infection of the lungs (pneumonia), sinus and ear infections, worsening of underlying heart or lung conditions, death
Measles (Rubeola)† Contagious viral infection that causes high fever, cough, red eyes, runny nose, and rash; spread through air and direct contact	Brain swelling, infection of the lungs (pneumonia), death
Mumps† Contagious viral infection that causes fever, tiredness, swollen cheeks, and tender swollen jaw; spread through air and direct contact	Brain swelling, painful and swollen testicles or ovaries, deafness, death
Rubella (German Measles)† Contagious viral infection that causes low-grade fever, sore throat, and rash; spread through air and direct contact	Very dangerous in pregnant women; can cause miscarriage or stillbirth, premature delivery, severe birth defects
Chickenpox (Varicella) Contagious viral infection that causes fever, headache, and an itchy, blistering rash; spread through air and direct contact	Infected sores, brain swelling, infection of the lungs (pneumonia), death
Hepatitis A Contagious viral infection of the liver; spread by contaminated food or drink or close contact with an infected person	Liver failure, death

*DTaP protects against tetanus, diphtheria, and pertussis

†MMR protects against measles, mumps, and rubella

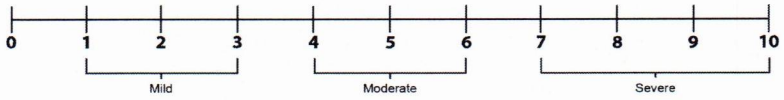
Last updated June 2025

Hardin HMC Medical Center

Patient/Family Education for Pain Control

- Keeping your pain under control is important to your well being. It will help you eat better, sleep better, moved around more easily and visit with your family and friends.
- In order to help speed your recovery, we ask that you pay attention to your level of pain and use the pain scale (as illustrated below) to report your pain.
- It is a patient's right to have pain assessed and treated. If you have any special beliefs about pain control, please tell your doctor or nurse.

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale

0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst

- Pain can be relieved by applying heat or cold, massaging the area, changing positions, immobilizing the affected area, listening to music, reading, etc.
- It is important to keep your pain out of the moderate to severe range, 4 and above, so do not wait until the pain is severe before you request relief.
- Staff will be asking you about your pain on a routine basis.
- The nurses have been asked to administer pain medicine as soon as possible after your request.
- If your pain is not relived by your medicine, or if you are having any side effects,)nausea, excessive drowsiness, difficulty breathing), please tell your doctor, or nurse so that something can be done about it. This is important while you are in the hospital, after a procedure, or when you're discharged.

Facts About Pain and Medication
Pain medications, when given with supervision, are safe and effective. Strong pain medications are rarely addictive when given in this manner.
Medications may be prescribed by your doctor that can help relieve any side effects.
It is understood that pain or discomfort may be intensified after operative procedures, certain activity levels and during the healing process.
Taking pain medication prior to walking or exercising with Physical Therapy can make that activity more tolerable and perhaps help speed your recovery.

How Can I Quit Smoking?

Smoking harms almost every tissue and organ in the body, including your heart and blood vessels. Nicotine, one of the main chemicals in cigarettes, causes your heart to beat faster and your blood pressure to rise. Carbon monoxide from smoking also gets into the blood and robs your body of oxygen. Nonsmokers who are exposed to secondhand smoke are also harmed.

If you smoke or vape, you have good reason to worry about its effect on your health and the health of your loved ones and others.

Deciding to quit is a big step. Following through is just as important. Quitting tobacco and nicotine addiction isn't easy, but others have done it, and you can, too.

Is it too late to quit smoking or vaping?

It's never too late to quit. Quitting smoking has both short-term and long-term benefits for lowering your cardiovascular risk. No matter how much or how long you've smoked when you quit, your risk of heart disease and stroke starts to drop. People who quit smoking generally live longer than people who continue to smoke.

While you may crave tobacco or nicotine after quitting, most people feel that becoming tobacco-free is the most positive thing they've ever done for themselves.

How do I quit?

You are more likely to quit for good if you prepare for two things: your last cigarette, and the cravings, urges and feelings that come with quitting. Think about quitting in five steps:

1. **Set a Quit Day.** Choose a date within the next seven days when you will quit smoking or vaping. Tell your family members and friends who are most likely to support your efforts.
2. **Choose a method for quitting.** There are several ways to quit. Some are:
   - Stopping all at once on your Quit Day.
   - Cutting down the number of cigarettes per day or how many times you vape until you stop completely.
   - Smoking only part of each cigarette. If you use this method, you need to count how many puffs you take from each cigarette and reduce the number every two to three days.
3. **Decide whether you need medicines or other help to quit.** Talk with your health care professional to determine which medicine is best for you. Get instructions for using it. Therapies may include nicotine replacement (gum, lozenges, spray, patches or an inhaler) or prescription medicines, such as bupropion hydrochloride or varenicline. You could also ask about a referral for a smoking cessation program.
4. **Plan for your Quit Day.** Get rid of all the cigarettes, matches, lighters, ashtrays and smoking products in your home, office and car. Find healthy substitutes for smoking. Go for walks. Keep sugarless gum or mints with you. Munch carrots or celery sticks.
5. **Stop smoking on your Quit Day.**

(continued)

American Heart Association.

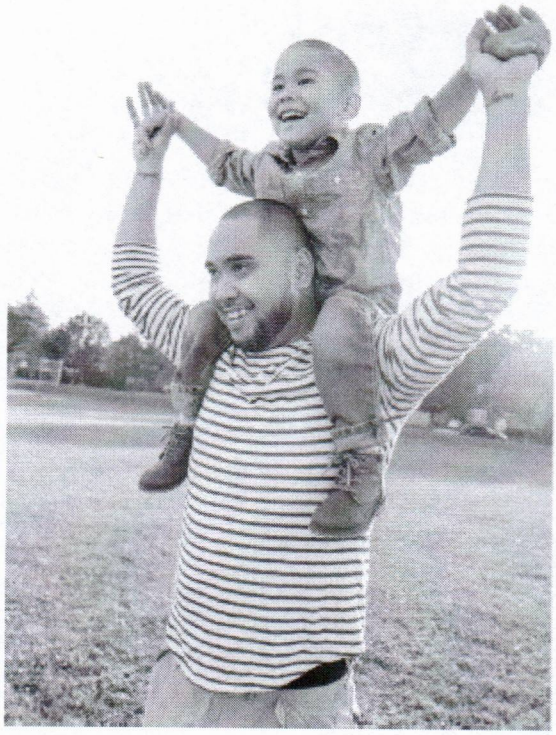
What if I smoke or vape after quitting?

It's hard to stay off tobacco and nicotine once you've given in, so do everything you can to avoid that "one." The urge will pass. The first two to five minutes will be the toughest. If you do smoke or vape after quitting:

- This doesn't mean you're a smoker again—do something now to get back on track.
- Don't punish or blame yourself—tell yourself you're still a nonsmoker.
- Think about what triggered the urge and decide what to do differently the next time.
- Sign a contract to stay tobacco-free.

What happens after I quit?

- Your senses of smell and taste improve.
- Your smoker's cough will go away.
- You'll breathe more easily.
- You'll be free from the mess and smell and the burns on your clothing.
- You'll increase your chances of living longer and reduce your risk of heart disease and stroke.



HOW CAN I LEARN MORE?

1. Call **1-800-AHA-USA1** (1-800-242-8721), or visit **heart.org** to learn more about heart disease and stroke.
2. Sign up for our monthly *Heart Insight* e-news for heart patients and their families, at **HeartInsight.org**.
3. Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at **heart.org/SupportNetwork**.

Do you have questions for your doctor or nurse?

Take a few minutes to write down your questions for the next time you see your health care professional.

For example:

When will the urges stop?

How can I keep from gaining weight?

MY QUESTIONS:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage your condition or care for a loved one. Visit **heart.org/AnswersByHeart** to learn more.

Breastfeeding 101

What are the benefits of breastfeeding?

Breastfeeding is good for both infants and mothers. Breast milk is the best source of nutrition for most infants. As an infant grows, breast milk changes to meet the infant's nutritional needs. Breastfeeding can also help protect the infant and mother against certain illnesses and diseases:

Benefits to Infants

Infants who are breastfed have a lower risk of:

-Asthma.
-Obesity.
-Type 1 diabetes.
-Severe lower respiratory disease.
-Acute otitis media (ear infections).
-Sudden infant death syndrome (SIDS).
-Gastrointestinal infections (diarrhea/vomiting).

Benefit to Mothers

Mothers who breastfeed their infants have a lower risk of:

-Breast cancer.
-Ovarian cancer.
-Type 2 diabetes.
-High blood pressure.

When should a mother avoid breastfeeding (contraindications)?

Breast milk provides the best nutrition for most infants, including premature and sick newborns. However, there are rare exceptions when breast milk or breastfeeding is not recommended.

Only a few medications are contraindicated (not recommended) while breastfeeding. Although many medications do pass into breast milk, most have little or no effect on milk supply or on an infant's well-being. However, health care providers should always weigh the risks and benefits when prescribing medications to breastfeeding mothers.

What to Expect While Breastfeeding

Every mother's experience with breastfeeding is different. Whether this is your first baby or you have many, each baby is unique. Breastfeeding will be a learning process.

Your baby is learning how to:	You are learning how to:
Latch.	Position your baby to feed.
Suck.	Observe and follow his or her hunger cues.
Swallow.	Manage your breast milk supply and breast health.

First Days and Weeks

Milk Coming In

At birth, your breasts will make a thick, yellowish substance called colostrum. Colostrum is packed with nutrients and other important substances that help your baby start building up his or her immune system. There will not be a lot of this liquid at first, but the amount will gradually increase over the first couple of days. Most babies will get all the nutrition they need through colostrum during the first few days of life. As you begin breastfeeding, your baby's sucking will tell your body to start making milk. For most mothers, this thinner, whiter form of milk comes in by about 3 days after birth, but may take longer for first-time moms. You may notice your breasts feeling full, hard, and warm as this happens. Your baby may begin to want to breastfeed more frequently around this time. If you are concerned about your milk coming in, talk to a lactation consultant or your doctor or nurse.

Leaking

Your breasts may feel full and leak. Over time, the leaking may slow down as your body gets used to breastfeeding. If your breasts leak, you may find it helpful to put disposable or cloth pads in your bra.

Sore Nipples

During the first few weeks of breastfeeding, your nipples may be sore or sensitive as they adjust to your baby's sucking. If you have cracked or damaged nipple skin, or pain that is not improving over the first 1–2 weeks, talk to a lactation consultant or your doctor or nurse.

Pain While Breastfeeding

Although your breasts and nipples may be tender or uncomfortable, once your baby is well-latched, breastfeeding should not be painful. Sometimes pain can happen if you have an improper latch, a milk duct that is clogged with milk (plugged milk duct), a breast infection (mastitis), or other issues. If you have pain while breastfeeding, especially with a fever, talk with your doctor or nurse to figure out why.

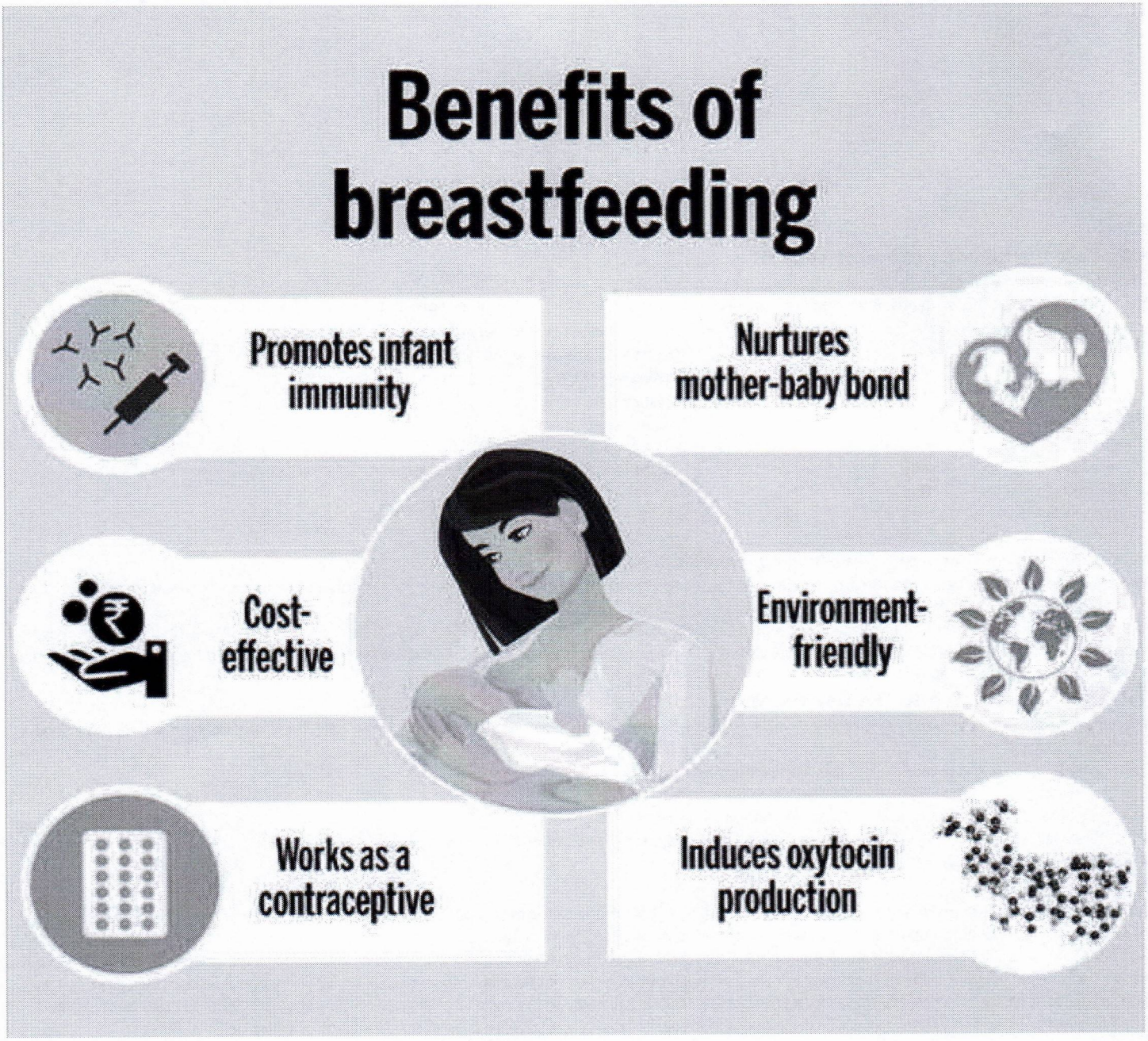
Postpartum Depression

Postpartum depression is depression that some women feel after having a baby. Feelings of postpartum depression are more intense and last longer than those of "baby blues," a term used to describe the worry, sadness, and tiredness many women experience after having a baby. "Baby blues" symptoms typically resolve on their own within a few days. Postpartum depression is common and doesn't feel the same for everyone. How often symptoms occur, how long they last, and how intense they may feel can be different for each person. Mothers with postpartum depression can usually continue to breastfeed. If you think you may be experiencing postpartum depression, or have other mental health concerns, contact your healthcare provider for help right away. Many medications do pass into breastmilk, but you can work with your healthcare provider to identify treatment options that are safe to use while breastfeeding.

Did You Know?

Pacifiers and your baby.

If you are breastfeeding your baby, you may want to wait to use a pacifier until breastfeeding is well-established. At that time, using a pacifier for naps and at bedtime can help reduce the risk of Sudden Infant Death Syndrome (SIDS).



HMC OB has Lactation Consultants available to help you! Please ask if you are interested in having any help or advice!

Hepatitis B Vaccine:
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?

Hepatitis B vaccine can prevent **hepatitis B**. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a pregnant woman has hepatitis B, her baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2. Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age. **The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.**

Anyone **59 years of age or younger** who has not yet gotten the vaccine should be vaccinated.

Hepatitis B vaccination is recommended for **adults 60 years or older** at increased risk of exposure to hepatitis B who were not vaccinated previously. **Adults 60 years or older** who are not at increased risk and were not vaccinated in the past may also be vaccinated.

Hepatitis B vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Hepatitis B vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone hepatitis B vaccination until a future visit.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Pregnant or breastfeeding women who were not vaccinated previously should be vaccinated. Pregnancy or breastfeeding are not reasons to avoid hepatitis B vaccination.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness where the shot is given, fever, headache, and fatigue (feeling tired) can happen after hepatitis B vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at **www.fda.gov/vaccines-blood-biologics/vaccines**
- 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/vaccines**.

DTaP (Diphtheria, Tetanus, Pertussis) Vaccine: *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?

DTaP vaccine can prevent **diphtheria**, **tetanus**, and **pertussis**.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **PERTUSSIS (aP)**, also known as "whooping cough," can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2. DTaP vaccine

DTaP is only for children younger than 7 years old. Different vaccines against tetanus, diphtheria, and pertussis (Tdap and Td) are available for older children, adolescents, and adults.

It is recommended that children receive 5 doses of DTaP, usually at the following ages:

- 2 months
- 4 months
- 6 months
- 15–18 months
- 4–6 years

DTaP may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

DTaP may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any **severe, life-threatening allergies**
- Has had **a coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**
- Has **seizures or another nervous system problem**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**

In some cases, your child's health care provider may decide to postpone DTaP vaccination until a future visit.

Children with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.

Your child's health care provider can give you more information.

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

4. Risks of a vaccine reaction

- Soreness or swelling where the shot was given, fever, fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, vaccination is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.

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

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do 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. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at **www.hrsa.gov/vaccinecompensation** or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at **www.fda.gov/vaccines-blood-biologics/vaccines**.
- 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/vaccines**.

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 vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. Women who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

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. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

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- 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**.