



Your Baby's Health and
Growth Record

Parent/Guardian's Name

Address _____

Phone _____

Health Care Provider's Name

Address _____

Phone _____

Your Baby's Record

Baby's Name _____

Birth Date _____

Birth Weight _____ Length _____

Blood Type _____

Well-Baby Care

During the first year of life, the American Academy of Pediatrics recommends that healthy babies be seen by their health care providers at birth, within a few days of discharge, by 1 month, and at 2, 4, 6, 9, and 12 months (additional routine visits may also be required).*

The health care provider will weigh and measure your baby at each visit to determine whether growth and development are proceeding normally. Your baby's vision, hearing, strength, coordination, and social development will be followed closely. The health care provider will also counsel you about feeding your baby.

A Word About Your Baby's Nutrition

This first year is the most critical time in your child's nutritional life. Breastfeeding is the preferred feeding method and should be continued for as long as possible. If you choose not to breastfeed, or discontinue breastfeeding during the first year, you can be assured that infant formulas such as Enfamil® PREMIUM™ provide the balanced nutrition your baby needs for healthy growth and development. Enfamil® PREMIUM™ now includes our patented Natural Defense Dual Prebiotic™ blend. It is designed to act more like breast milk by promoting the growth of beneficial bacteria throughout more of his digestive tract than our previous formula.

*Shelov SP, ed. Your Baby's First Year. American Academy of Pediatrics. New York, NY: Bantam;2005:27.

No Cow's Milk, Please...

Both breast milk and infant formula are appropriate for infants under one year of age. Cow's milk, however, should not be given to babies in the first year. Cow's milk is all right for older children and adults, but not for infants less than a year old. Cow's milk may be hard on infants' digestive tracts and does not meet their nutritional needs.

Your Baby's Feeding Is:

- Breast Milk
- Enfamil® PREMIUM™ Milk-based Infant Formula now includes Natural Defense™ Dual Prebiotics
- Enfamil® ProSobee® Soy-based, Milk-free Infant Formula
- Enfamil® Gentlease® Milk-based Infant Formula Partially Broken Down Proteins
- Enfamil A.R.® Milk-based Infant Formula Thickened with Added Rice Starch
- Nutramigen® with Enflora™ LGG® Hypoallergenic Infant Formula
- Other _____

Breast milk or infant formula should be fed for the entire first year of life.

Please do not make changes without consulting my office.

Record at Each Visit

Date	Age	Length/Height	Weight
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

Record of Allergy or Sensitivity

Date	Age	Allergy/Sensitivity
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
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_____	_____	_____

Record of Illness or Injury

Date	Age	Incident
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

First Office Visit

Date _____ Age _____

Length _____ Weight _____

Breastfeeding:

Formula:

- Enfamil® PREMIUM™ Milk-based Infant Formula now includes Natural Defense™ Dual Prebiotics
- Enfamil® ProSobee® Soy-based, Milk-free Infant Formula
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- Nutramigen® with Enflora™ LGG® Hypoallergenic Infant Formula
- Other _____

Vitamins:

- Enfamil® D-Vi-Sol™ drops
 - Enfamil® Poly-Vi-Sol® drops
 - Enfamil® Fer-In-Sol® drops
- With Iron } mL Daily

Questions to Ask

Notes from the Visit

Baby's Next Visit

Date _____ Time _____

Office Visit

Date _____ Age _____

Length _____ Weight _____

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Special Instructions:

- Continue giving Enfamil® Vi-Sol® vitamin drops daily.

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Baby's Next Visit

Date _____ Time _____

Important Phone Numbers

Health Care Provider _____

Phone _____

Hospital _____

Phone _____

Pharmacy _____

Phone _____

Ambulance _____

Phone _____

Poison Control Center _____

Phone _____

Child Care Center _____

Phone _____

Mother's Work _____

Phone _____

Father's Work _____

Phone _____

Neighbor _____

Phone _____

Relative _____

Phone _____

Babysitter _____

Phone _____

Babysitter _____

Phone _____

Immunization and Skin Testing

	Date	Date	Date	Date	Date
Hepatitis B					
Rotavirus					
Diphtheria, Tetanus, Pertussis					
Haemophilus influenzae type b					
Pneumococcal					
Inactivated Poliovirus					
Influenza					
Measles, Mumps, Rubella					
Varicella					
Hepatitis A					
Meningococcal					

Immunization Schedule

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2010

For those who fall behind or start late, see the catch-up schedule

Vaccine	Age	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B ¹		HepB									
Rotavirus ²			HepB								
			RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP						
<i>Haemophilus influenzae</i> type b ⁴			Hib	Hib	Hib ⁴		DTaP				DTaP
Pneumococcal ⁵			PCV	PCV	PCV						PPSV
Inactivated Poliovirus ⁶			IPV	IPV	IPV						IPV
Influenza ⁷								Influenza (Yearly)			
Measles, Mumps, Rubella ⁸											MMR
Varicella ⁹											Varicella
Hepatitis A ¹⁰											HepA Series
Meningococcal ¹¹											MCV

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include individual patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/imz/aci/ncip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7957.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

- At birth:**
- Administer monovalent HepB to all newborns before hospital discharge.
 - If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
 - Infant's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG no later than age 1 week.

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks. The final dose should be administered no earlier than age 24 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.

2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks/6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose (the series) is 6 months 0 days.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

- Polarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- (Minimum age: 6 weeks)
- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

4. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PneovaxHB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- If PRP-T (DTPaP-Hib) and Hibrix (PRP-T) should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is pneumococcal polysaccharide vaccine (IPV). Administer 1 dose of PCV to all children aged 2 through 5 years. Administer 1 dose of PCV to children aged 12 months through 4 years for whom PCV was not administered at age 2 through 5 years.
- Administer PPSV 2 or more months after last dose of PCV to children aged 2 years or older, when certain underlying medical conditions, including a cochlear implant. See *MMWR* 1997;46(N6, RR-3).

6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. See *MMWR* 2009;58(30):629-30.

7. Influenza vaccine (seasonal). (Minimum age: 6 months for inactivated influenza vaccine [IIV]; 2 years for live, attenuated influenza vaccine [LAV])

- Administer annually to children aged 6 months through 18 years.
- For healthy children aged 2 through 6 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAV or IIV may be used, except LAV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
- Children receiving IIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separately by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine see *MMWR* 2009;58(No. RR-10).

8. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

9. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

10. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits
- HepA also is recommended for older children who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against Hepatitis A is desired.

11. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2 through 10 years with certain complement component deficiency, atrophic or functional asplenia, and certain other conditions placing them at high risk.
- Administer MCV4 to children previously vaccinated with MCV4 or MPSV4 after 3 years if first dose accepted as valid.
- Administer MCV4 to children aged 2 through 6 years.

Enfamil® PREMIUM™ now includes our patented Natural Defense Dual Prebiotic™ blend.

Good bacteria are found naturally in your baby's digestive tract. But what do these defense-building bacteria thrive on? Prebiotics. And emerging science suggests prebiotics may support your baby's developing immune system. That's why Enfamil® has a new unique dual prebiotic blend. It is designed to promote the growth of beneficial bacteria throughout more of his digestive tract than our previous formulation to support the development of your baby's natural defenses.

Enfamil PREMIUM provides three proven* benefits:



Growth

Growth similar to breastfed infants through 12 months

Brain & Eye

IQ and vision similar to the breastfed baby up to 4 years of age

Immune System

Helps support your baby's immune system

*Studied before the addition of prebiotics

And if your baby has a special feeding problem, we have a specialty formula solution.



For fussiness and gas

A gentle change proven to ease fussiness and gas in 24 hours.†



For spit up

Clinically proven to significantly reduce frequent spit up.‡



For colic[§]

Clinically proven^{||} to manage colic[§] in 48 hours.

†vs same babies at the beginning of the study. ‡Studied before the addition of DHA and ARA in infants who regurgitate frequently (5 or more regurgitations per day). §Due to cow's milk protein allergy. ||Based on clinical studies of Nutramigen before the addition of DHA, ARA, and LGG®.

To learn more, visit enfamil.com/products