



what to expect.

Guide to Well-Baby Visits and Immunizations

By Heidi Murkoff, Author of *What to Expect When You're Expecting*

Why Are Well-Baby Visits So Important?

The first two years of your baby's life will be filled with more magical milestones than you can even imagine — from the first coos to the first giggles, steps and words. The skills your newborn will develop will not only make you fall in love every step of the way, but will also prepare your precious bundle for the momentous accomplishments that lie ahead (including, before you know it, those first steps on two feet). Even more important, these 24 months will create the foundation for all the many ones to follow — helping shape your child's future happiness, health and well-being.

You'll be a vital part of your baby's emotional and physical wellness, of course — nurturing, encouraging and protecting your little one like no one else can. But you'll also have a key partner in your baby's wellness, one you'll likely see a lot of during the first few years: your baby's doctor.

And that's where well-baby visits come in. What's a well-baby visit, which your doctor might also call a well-child, wellness or well visit? Well-baby visits with your baby's doctor or other pediatric health care provider are more than a checkup: They give you an opportunity to make sure your baby's growing, feeding and developing as she should, and that she's getting all the immunizations (also called vaccines or shots) she'll need to help prevent potentially life-threatening diseases.

They'll also give you a welcome chance to get answers to all your questions (you know, the ones about how long your baby should sleep, how much she should eat, how often she should be pooping...and, yes, what color and consistency that poop should be).

Your baby's first official checkup (and first immunization) will take place at the hospital. After that, the American Academy of Pediatrics (AAP) recommends that well-baby visits be scheduled throughout your child's first two years. These occur during the first week (usually a couple of days after you're discharged from the hospital) and at 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months and 24 months. While this schedule follows AAP recommendations, your baby's doctor may vary it. It still sounds like a lot

of trips to the doctor just for wellness — without even counting those inevitable visits for runny noses and upset tummies. Yet well-baby visits are worth it — not only for the reassuring report your baby will likely get each time, but also for the comfort of knowing that your baby's doctor will be able to spot and usually remedy any little health concerns before they get bigger. And while no parent enjoys hearing their infant cry during a shot, staying on top of the immunizations recommended by the Centers for Disease Control and Prevention (CDC)—and making sure your baby gets them on schedule and completes all doses — is one of the best ways to make certain your baby (and the rest of the children in your community) stays healthy.

This guide will give you an overview of what to expect during the first two years of well-baby visits, including which vaccines your baby will get and when. Not sure how to prepare for these well-baby visits? There are tips on that, too.

Welcome to your baby's first two incredible years!

What You'll Find in This Guide

- What to expect at every well-baby visit
- When to schedule well-baby visits
- What to bring along to the doctor
- How to make the most of each visit
- What you need to know about immunizations and the diseases they help prevent
- The recommended immunization schedule

WHAT TO EXPECT

The First Week Well-Baby Visit

You've dreamed of baby for nine months, and now your precious bundle is home. Whether you are a first-time parent or a veteran, you're likely to have a lot of questions. Your baby's doctor will answer them at your first well-baby visit, usually scheduled at two to five days after birth. Here's what you can expect.

Physical checkup.

Bring along the infant growth chart you received at the hospital. Newborns often lose weight before they start gaining, and your little one may still be under his birthweight at this first visit. Exclusively breastfed babies take longer to regain their birthweight (by two weeks, most babies start gaining). In addition to taking measurements and doing a complete exam, the doctor will:

- Check to see how the umbilical stump is healing, as well as baby's circumcision, if he had one
- Check for newborn jaundice, a common and usually temporary condition in which your baby's skin may appear yellow — though that may be difficult to determine in darker-skinned babies (which is why a blood test to check bilirubin levels may also be given).

Developmental milestones.

Your little one is already starting to master skills. Your baby may now be able to:

- Move arms and legs on both sides of the body equally well
- Focus on objects within 8 to 15 inches (especially your face!)
- Lift head briefly when on tummy

Milestones follow roughly the same timeline for most babies in the first year, but every baby will achieve milestones at a different pace. So why assess them at all? If a delay is identified within the wide range of what's considered normal, further examination by your doctor can help determine if there's reason for concern. The doctor will also look for standard reflexes that signal a baby's nervous system and brain are working well.

Immunizations.

If your baby didn't get the CDC-recommended HepB (hepatitis B) vaccine at birth, he should receive it now. Not sure if he did? Ask!

Questions to ask.

- How do I know if I'm feeding my baby enough?
- How should I safely bathe my baby and how often?
- How do I trim those itty-bitty nails?
- How do I make certain my baby's sleep environment is safe?

And don't forget to make the one-month appointment!

What to bring to each well visit

Here are some helpful items to stash in your diaper bag:

- Up-to-date insurance information
- A change of clothes
- Diapers, wipes and burp cloths
- A blanket to put over crinkly exam-table paper
- A favorite toy, blanket or comfort object
- A teething ring and/or pacifier (and a spare)
- A nursing cover, if you use one
- A ready-to-serve bottle, if you're bottle-feeding
- Snacks, if your baby's on solids
- A list of questions and concerns for the doctor
- A list of baby's skills so far — plus, for a newborn, a record of sleep, dirty diapers and feedings
- Your baby's medical history, if you're visiting a new doctor

The One-Month Well-Baby Visit

You may still be fumbling over feedings and diaper changes, but your hard work is paying off in more manageable routines and the best cuddles ever. This well-baby visit is your chance to share with the doctor what's on your mind.

Physical checkup.

All that breast milk or formula is adding up: Your one-month-old is likely gaining weight steadily, roughly 6 to 8 ounces a week, for a total of 1 ½ to 2 added pounds since birth. The pediatrician will add these stats to your child's growth chart, perform a thorough examination and also:

- Test baby's newborn reflexes
- Check the umbilical site (the stump has likely fallen off by now and the site should be healed) and, if applicable, the circumcision site (this should also be healed)
- Check baby's tongue movements, if he's having trouble breastfeeding, to make certain they're not restricted by a lip or tongue tie

Developmental milestones.

Your baby has been hard at work developing important skills. By now, your baby may:

- Briefly lift the head during tummy time
- Bring hands to his face
- Focus on your face (as much as possible!)

Remember, every baby is one of a kind — and there's a wide range of normal when it comes to development.

Immunizations.

The CDC recommends vaccinations to help protect your baby from potentially serious infections. Depending on how your doctor likes to space vaccinations, your baby might get her second dose (out of the series of three doses) of the HepB (hepatitis B) immunization at the one-month visit.

Questions to ask.

- How can I tell if my baby's still hungry after I've fed her?
- What's up with that poop? How do I tell when it's normal and when it's not?
- How do I soothe my baby when she cries?
- Should I start tummy time? What do I do if she doesn't like it?

The doctor will likely ask you how you are handling this transition into parenthood. The AAP recommends pediatricians screen new moms for postpartum depression (PPD) at the 1-, 2-, 4- and 6-month well-baby visits.

Be sure to schedule your baby's two-month well-baby visit.

The Two-Month Well-Baby Visit

Let's face it: caring for a newborn is exhausting (sleep — what's that?). But that makes the rewards (like the first gummy smile) even more worth it.

Physical checkup.

Does your baby suddenly seem longer? As your ever-growing little one exercises her arms and legs, her limbs loosen up and her muscles stretch out, making her appear to have added inches almost overnight. She'll be measured during her regular physical exam, so you'll know her stats. If your baby was born prematurely, check in with your pediatrician about what to expect. Generally, development will track according to the baby's "adjusted" age — based on the date she was due, not the date when she actually arrived.

Developmental milestones.

Thanks to big strides in how well your baby is using her senses, she's much more aware of the world around her. Here are some milestones the doctor may check into:

- Smiling in response to a smile (more likely, a parent's), aka "social smile"
- Vocalizing in ways besides crying (yay!), like sweet little coos
- Turning her head toward a sound, or crying or quieting when hearing a loud noise
- Noticing her hands
- Lifting her head and possibly part of her chest during tummy time
- Kicking energetically when lying on her back

Immunizations.

Remember, immunizations will almost be harder on you than for your baby — and a few tears are a small price to pay to help protect your baby from a vaccine-preventable illness. Your pediatrician or a nurse may save immunizations for the end of the appointment so your baby will be as happy and relaxed as possible during the exam — and so you'll be able to concentrate on your conversation with

the doctor. Also, you'll be able to focus on offering comfort to your little one after the immunization.

Here are the CDC-recommended vaccinations your baby will receive at the two-month visit (see the full schedule on page 6):

- **HepB** (hepatitis B)
- **DTaP** (diphtheria, tetanus and pertussis)
- **Hib** (haemophilus influenzae type b)
- **IPV** (inactivated polio vaccine)
- **PCV13** (pneumococcal conjugate vaccine)
- **RV** (rotavirus vaccine)

Questions to ask.

- What should I know about pumping, storing and bottle-feeding breast milk?
- When can I expect my baby to give up nighttime feeds?
- How can I prevent SIDS (Sudden Infant Death Syndrome)?

Before you leave, be sure to schedule your baby's four-month check-up, when she'll receive her next round of vaccines.



All About Immunizations

You protect your little one from germs by washing your hands and wiping down toys. But the best way to prevent some of the most serious — and sometimes life-threatening — illnesses is to get your little one vaccinated completely and on schedule.

Why are immunizations so important?

Before immunizations, the only way to become immune to a disease was to become infected by it. That was a potentially risky proposition — especially high for children, who often died or were left disabled by so-called childhood diseases, which spread rapidly through families and communities. Thanks to immunizations, epidemics of these illnesses are mostly a thing of the past.

Do immunizations work?

According to the CDC, vaccines are very effective when given according to their recommended schedule and without missing or delaying doses. Routine immunization has eliminated some devastating diseases in the U.S. But when vaccination rates dip, diseases that are now considered rare can make a comeback.

Are immunizations safe?

According to the CDC, vaccines are safe. Years of testing are required by law before a vaccine can be licensed, and vaccines are continuously monitored to ensure their safety. Reactions may occur, and are almost always very mild (a little soreness at the injection site, maybe a little fussiness, a low-grade fever) and go away quickly.

There is no link between vaccines and autism, according to the CDC and numerous studies. And, even when multiple vaccines are given at the same time, they don't overwhelm your baby's immune system. In fact, they stimulate the immune system to create defenses against certain bacteria or viruses that could be harmful.



Childhood Vaccine-Preventable Diseases

Between birth and age six, your child will receive immunizations to help prevent the following 14 diseases:

Chickenpox

Chickenpox is a virus that can cause an itchy, blistery rash all over the body, and is generally accompanied by a fever and drowsiness. It is transmitted from person to person through the air or by contact with fluid from the rash. Serious complications may include skin infections, pneumonia, encephalitis (inflammation of the brain), and even death.

Diphtheria

Diphtheria is caused by bacteria that live in an infected person's mouth or throat, and can cause a sore throat or fever, and may obstruct breathing. Sneezing or coughing can spread these bacteria from person to person. Serious complications may include heart failure, paralysis, and death.

Hib (Haemophilus Influenzae Type B)

Hib is caused by bacteria that are spread through the air by coughing or sneezing. It can cause ear infections and serious throat swelling. If Hib bacteria enter a person's bloodstream, they can cause meningitis, pneumonia, and other problems. Serious complications may include permanent brain damage and death.

Hepatitis A

Hepatitis A is a virus found mostly in bowel movements, and is spread by personal contact or through contaminated food or water. It can cause liver disease, which can result in stomach pain, vomiting, fever, and other problems. Serious complications may include liver failure that leads to death.

Hepatitis B

Hepatitis B is a virus that can cause liver disease and yellow skin or eyes (jaundice). It can spread through contact with infected blood or other body fluids, or from mother to baby at birth. Serious complications may include chronic liver disease, cirrhosis (scarring of the liver), liver cancer, and death.

Flu (Influenza)

Influenza is a virus that is spread from person to person by droplets from coughing, sneezing, or talking, or from surfaces that have the virus on them. The flu can cause fever, sore throat, cough, chills, and muscle aches. Serious complications may include pneumonia, inflammation of the heart, and death.

Measles

Measles is a virus that can cause a rash all over the body, fever, runny nose, and cough. It is very contagious and is spread from person to person through coughing, sneezing, and even breathing. Serious complications may include pneumonia, seizures, permanent brain damage, and even death.

Mumps

Mumps is a virus that can cause fever, headache, and inflammation of the salivary glands, which leads to swelling of the cheeks and jaws. Person-to-person transmission occurs through the air. Serious complications may include meningitis, and occasionally encephalitis (inflammation of the brain) or deafness, and even death.

Pertussis (Whooping Cough)

Pertussis is caused by bacteria that are spread from person to person through the air. The disease can cause violent coughing spells that can affect eating, drinking, and even breathing. Serious complications may include pneumonia, seizures, encephalopathy (brain infection), and death.

Polio

Polio is a very contagious virus that can cause paralysis. Most infected people show no symptoms. It is spread through contact with the stool of an infected person or by droplets from a sneeze or cough. Serious complications may include weakness in arms or legs (or both), paralysis, and death.

Pneumococcal disease

Pneumococcal disease is caused by bacteria that are spread by airborne droplets, or by direct contact with infected saliva or mucus. Pneumococcal disease can cause cough, fever and chills, chest pain, ear infections, blood infections, and difficulty breathing. Serious complications may include bacterial meningitis, which may lead to death.

Rotavirus

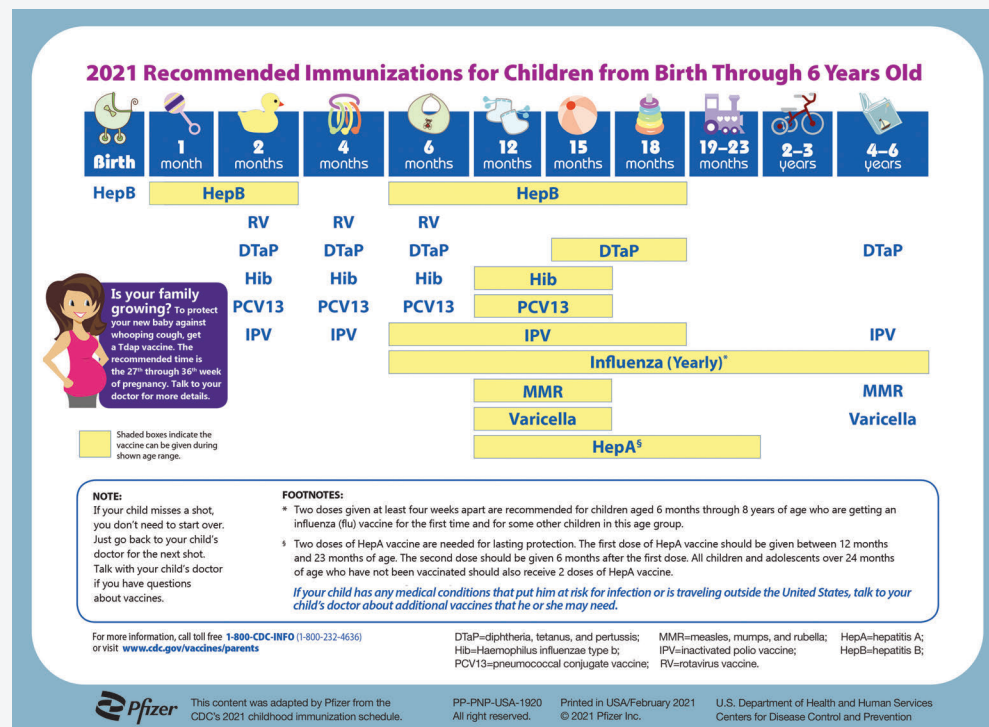
Rotavirus spreads easily by hands, diapers, or objects that have a small amount of infected stool on them. This virus causes severe diarrhea, vomiting, and fever. Serious complications may include severe diarrhea leading to extreme dehydration, which can cause death.

Rubella (German measles)

Rubella is an airborne virus that causes swollen glands, a slight fever, rash, and occasionally arthritis-like symptoms. It is a mild disease in children. Serious complications are found in babies if the mother has been infected during pregnancy. The baby may be born deaf or blind, with a damaged heart or small brain, or be mentally impaired.

Tetanus (Lockjaw)

Tetanus is a bacterial disease that enters through the skin from deep cuts and puncture wounds. Tetanus may cause headache, irritability, and spasms in the jaw muscles. Serious complications may include inability to swallow, muscle cramps so strong that they can break a child's bones, and often death.



8 Immunization Myths and Realities

Myth	Reality
1 Getting so many vaccines at once isn't safe.	According to the CDC, vaccines are just as safe and effective when given together as when given separately.
2 If everyone else's children are immunized, mine can't get sick.	There's the risk that other parents are also not vaccinating their children, creating the potential for an outbreak of a vaccine-preventable disease. Not only does that put your child at risk if he's not vaccinated, but it can increase risks for seriously ill, immune-compromised children who can't be vaccinated and infants too young to be vaccinated.
3 Vaccines have wiped out childhood diseases, so my child won't get sick.	Many of these diseases are still around.
4 One vaccine in a series gives a child enough protection.	Your child needs all recommended doses of each vaccine to help ensure he or she is protected.
5 So many vaccines put babies at risk for other diseases.	There's no evidence that multiple immunizations increase the risk for diseases and conditions like autism, developmental delays, asthma, allergies or auto-immune diseases.
6 Shots are very painful for a baby.	The pain caused by a vaccination is only momentary, and nothing in comparison to the pain that could be suffered if they caught a vaccine-preventable disease.
7 There's mercury in vaccines.	Most of the recommended childhood vaccines (MMR, IPV, varicella and PCV13, for instance) never contained mercury (thimerosal) at all. And since 2001, all routinely recommended childhood vaccines have been mercury-free, with the exception of flu vaccine in multi-dose vials. Many studies have proved that this extremely low level of thimerosal doesn't cause harm, and the type of mercury used in the flu vaccine is expelled from a child's body quickly, leaving little chance for a buildup. Thimerosal-free flu vaccines are available, too, so ask the baby's doctor if you're still concerned.
8 Vaccines cause autism or other developmental disorders.	Multiple published large-scale studies have concluded that there is no evidence showing vaccines cause autism. Further, the CDC has discredited a link between vaccines and autism. There's no such connection.

WHAT TO EXPECT

The Four-Month Well-Baby Visit

Rolling over, reaching, grabbing and giggles — your infant has new skills to share with the doctor! The four-month checkup will also include another round of immunizations.

Physical checkup.

Your doctor will look at the trend of your baby's height, weight and head circumference measurements. Are height and weight increasing at a healthy pace? Is your infant happy, active and alert? Is development on target? If the answer is yes to all, then whether he's in the tenth or the ninetieth percentile doesn't matter...he's just right! Other checks: vision, hearing and overall health.

Developmental milestones.

Your little one is hitting exciting milestones. At this visit, the doctor will check to see if she is...

- Doing baby push-ups — raising her head and possibly her chest while on her tummy
- Rolling from tummy to back (some, but not all, babies will have started flipping over)
- Holding her head up when in your arms or even when held upright
- Paying attention to small objects and trying to reach for everything she sees
- Watching an object move in a 180-degree arc, from one side to the other
- Mixing up coos with some consonants and other sweet sounds (laughing! giggling!)

Remember, there's a wide range of normal development. Still, if you have any concerns, check with your doctor.

Immunizations.

With a cuddle, a calming cue from you, a favorite toy or a pacifier, or maybe a soothing snack from the Mommy Milk Bar or a bottle, your baby will likely sail through this month's vaccines. Most will be the second dose in a

series — each one of the doses recommended is vital in helping protect your little one against serious illnesses. Vaccines given at the four-month visit include:

- **DTaP** (diphtheria, tetanus and pertussis)
- **Hib** (haemophilus influenzae type b)
- **IPV** (inactivated polio vaccine)
- **PCV13** (pneumococcal conjugate vaccine)
- **RV** (rotavirus vaccine)

For details about vaccine-preventable diseases, see page 7.

Questions to ask.

- My baby is starting to sleep for longer stretches overnight. Is it time to start sleep training?
- She is drooling up a storm and sucking on everything — could she be teething already?
- When should we transition her from her bassinet to a crib?
- How many poops should she be making per day now?

As always, don't forget to make the next appointment (this time for baby's six-month visit!) before leaving the office.



The Six-Month Well-Baby Visit

Just like that, your little one has clocked in six months — and so have you! At this visit, there will be another round of immunizations, and a chance to ask about another exciting milestone: starting solids.

Physical checkup.

In addition to doing the routine checks, the doctor will be looking for signs of teeth. While most babies get their first tooth at about six months old, some babies pop their first pearly as early as three months old while others don't get the first tooth until after they turn one.

Developmental milestones.

Your baby is full of personality — and new skills, which may include:

- Playing with toes
- Bringing things to her mouth
- Passing objects from one hand to another
- Rolling over in both directions
- Sitting assisted with good head control (or even sitting on her own!)
- Babbling (stringing together vowel sounds at first, then adding some consonants)
- Holding a bottle (or, trying to help hold it) during feedings

Don't forget, every baby is one of a kind. Still, talk to your pediatrician if you have any concerns.

What Is the Influenza Vaccine?

A yearly influenza vaccine is recommended during flu season, starting at six months. The first year your baby receives the vaccine, two doses will be given, each four weeks apart (this applies to all children under age 9 receiving the flu shot for the first time). The first dose prepares the immune system, and the second one provides immune protection.

Immunizations.

At six months, your baby's due for additional doses of several immunizations (remember, your little one needs all the recommended doses to be fully protected). These CDC-recommended vaccines will include:

- **HepB** (hepatitis B)
- **DTaP** (diphtheria, tetanus and pertussis)
- **Hib** (haemophilus influenzae type b)
- **IPV** (inactivated polio vaccine)
- **PCV13** (pneumococcal conjugate vaccine)
- **RV** (rotavirus vaccine)

If flu season is near, it might be time for your baby's first influenza shot. For protection during baby's first flu season, she'll need a second flu shot four weeks after her first one. The first dose "primes" the immune system, and the second one provides immune protection. After that, the CDC recommends one shot at the start of each flu season to stay protected. If flu season hasn't yet started, your baby should get immunized as soon as the year's current vaccine becomes available.

Questions to ask.

- Do you recommend baby-led weaning (starting babies on table foods)?
- How much breast milk or formula versus solid foods should I be feeding?
- How can I make sure she's getting the nutrients she needs?
- Do I have to worry about food allergies if they run in the family?

Your baby's next visit will be at nine months — don't forget to get an appointment on the books now!

The Nine-Month Well-Baby Visit

Is that adorable babble starting to sound like words? There will be plenty to cover at this visit, but there will be no shots, unless your baby needs to catch up on a previously missed dose.

Physical checkup.

The doctor will complete a full physical examination and see how your child measures up. There may also be a routine finger stick to test for anemia (or this may be done later in the first year).

Developmental milestones.

Have you noticed any changes in your little one's sleep patterns? Sleep regression is common in months 8 to 10. Some nine-month milestones may include:

- Getting into a sitting position, sitting unassisted
- Pulling up to stand or standing holding onto someone/something
- Working to get a toy that's out of reach, and objecting if you take a toy away
- Responding to his name
- Laughing, squealing with delight
- Pointing and using other gestures to communicate
- Saying "dada" or "mama," without meaning (or maybe even with!)

Each child acquires skills at their own pace. Still, let your doctor know if your baby doesn't respond to his name or recognize familiar people, doesn't babble or make eye contact, doesn't look where you point, doesn't sit with help, or doesn't transfer toys from one hand to the other.

Immunizations.

Unless your baby has catching up to do, or flu season is starting and he hasn't received his two doses of this year's influenza vaccine, there likely won't be any shots this time.

Questions to ask.

Have you noticed any changes in your little one's sleep patterns? Sleep regression is common in months eight to 10. Several factors may be standing in your baby's way of getting solid sleep, including that compulsion to stand (in bed, too) and practice other exciting skills.

Have questions about your baby's development? Now's the time to ask:

- How do I know if my baby is getting enough sleep?
- My baby is starting to get super clingy around strangers. Is that normal?
- Is it time for finger foods? Which ones are safe to start with?
- Are there any games, toys or activities I should introduce to help my baby learn?

Don't forget: make an appointment for your baby's 12-month well-baby visit!



The 12-Month Well-Baby Visit

Happy birthday! Your baby may be walking, talking or on the brink of either or both. While there aren't as many checkups in the second year, each is a chance to make sure everything's on track.

Physical checkup.

The doctor will do a complete physical and likely a finger prick to test for lead levels in baby's blood, and iron stores, too, if that wasn't performed last visit. He'll also check how many teeth your child has (typically two to eight). Some tots are still sporting an all-gums grin — that's fine, too.

Developmental milestones.

Your doctor will check into your toddler's exciting new skills, which may include:

- Pulling himself up to stand and cruising (walking while holding onto furniture)
- Using a few gestures to get what he needs (such as pointing, reaching and waving)
- Using fingers to feed himself
- Responding to her name, or to words like “no” or “bye-bye”
- Saying a word or two with meaning (many don't say a first word before 14 months)
- Playing games like peekaboo or patty-cake

There's a wide range of normal when it comes to a baby's development. That said, be sure to talk to your doctor if your baby is not babbling, not looking when you point at something, not smiling socially and not responding when you call his name, or if you have a little nagging feeling that something isn't right. Sometimes, when a child seems to lose skills or experiences a lag or slowdown in development, a pediatrician will recommend an evaluation and possibly intervention — and the earlier intervention is made, the greater the impact it will have on a child's developmental future and lifelong success and well-being.

Immunizations.

Depending on how the doctor likes to space vaccines, your toddler might get a few new ones today, or they may come at the next visit. The CDC recommends:

- **MMR** (measles, mumps and rubella)
- **HepA** (hepatitis A)
- **Varicella** (chickenpox)

Now may also be the time for another dose of these vaccines (your child needs all the recommended doses to be fully protected):

- **HepB** (hepatitis B)
- **Hib** (haemophilus influenzae type b)
- **PCV13** (pneumococcal conjugate vaccine)
- **IPV** (inactivated polio vaccine)

Remember some of these vaccines are given in a series and your little one needs all of the recommended doses. If flu season is starting and your child hasn't gotten the influenza vaccine this year, she'll get that at this visit, too.

Questions to ask.

- Can I start putting a pillow in his crib? What about bumpers?
- When should I start my toddler on milk? What kind?
- He loves playing with my smartphone. Is that okay?

Your baby's next well visit will be at 15 months — don't forget to schedule an appointment! Well visits will get further apart in your baby's second year, but they're no less important to ensure your child is staying on track.

The 15-Month Well-Baby Visit

Well visits are getting further apart now, so it's essential to make them count. Come ready to update your pediatrician on your little one's new skills and share any questions (big or small) you have. At this visit, the doctor will also want to administer a round of essential shots.

Physical checkup.

The pediatrician will once again complete a full physical examination of your child, and a dental check. First molars may be cutting their way through soon — ouch!

Developmental milestones.

Your doctor will check into your toddler's exciting new skills, which may include:

- Understanding simple commands
- Shaking his head “no” (sometimes when he means “yes”)
- Pointing to get what he wants and to show you something interesting
- Picking up and moving toys intentionally
- Saying two to three words

Tell the doctor if your child has lost skills, isn't gaining skills or adding new words, shows little affection or has picked up repetitive actions.

Immunizations.

If your child didn't already get these CDC-recommended vaccinations, now's the time:

- **Hib** (haemophilus influenzae type b)
- **MMR** (measles, mumps and rubella)
- **PCV13** (pneumococcal conjugate vaccine)
- **Varicella** (chickenpox)

Your toddler may also get the following shots now or at a later visit:

- **DTaP** (diphtheria, tetanus and pertussis)
- **HepA** (hepatitis A)

Remember some of these vaccines are given in a series and your child needs all of the recommended doses. If your visit overlaps with flu season, your doctor will also give the influenza vaccine, which all children age six

months and up should get once a year (two doses, four weeks apart, are needed if your toddler has never received the flu vaccine).

Questions to ask.

As you serve a variety of new solid foods to entice your adventurous eater, diarrhea or constipation sometimes happen, so let your doctor know if your toddler's bowel movements have changed and ask if there are ways to help. Here are other questions you may want to ask:

- How much juice should my toddler be drinking?
- What do I do if my child won't eat any vegetables?
- How can I get her to separate more easily?

Be sure to schedule your next visit: 18 months!



The 18-Month Well-Baby Visit

Your curious cutie has been busy testing out his new skills, from conquering the stairs to chatting up the pet. One word that might be increasingly familiar: “No!” (Completely normal.)

Physical checkup.

It's time to weigh in and measure up to make sure growth is staying on the approximate trajectory that's right for him. The doctor will also complete a full physical examination.

Developmental milestones.

At this visit, the doctor will check into your toddler's new skills, including whether she can:

- Say as many as 10 to 20 words
- Understand simple commands (“pick up your blankie, please”)
- Eat with a spoon (though fingers are likely still preferred)
- Point to at least one body part
- Start to pretend play (“feeding” a teddy bear, for example)

There's a wide range of normal when it comes to development. But let your doctor know if your child says fewer than five words and isn't gaining words or doesn't imitate others, walk, make eye contact, point to interesting things or understand or respond to simple commands — or if you notice regression.

At around 18 months, you might notice your tot's improved memory — and that might mean she'll start to dread a trip to the doctor's office. Prep for each visit by making the experience feel familiar: read a picture book about going to the doctor, encourage her to play doctor with her stuffed animals and reinforce that the doctor is a nice person whose job is to keep kids healthy.

Immunizations.

Your toddler likely got all of this year's necessary shots at one of the last checkups. If not, your doctor will offer one or more of the following CDC-recommended vaccinations:

- **DTaP** (diphtheria, tetanus and pertussis)
- **HepB** (hepatitis B)
- **HepA** (hepatitis A)
- **IPV** (inactivated polio vaccine)
- **Varicella** (chickenpox)

If your visit overlaps with flu season, your doctor will also give your tot an influenza vaccine, which all little ones should get yearly.

Questions to ask.

- What if my toddler doesn't want to nap at all?
- How do I help my toddler with transitions? She has a hard time at day-care drop-off.
- How can I stop my child from being so negative? It's always: “No!”

Next up: 24 months! Be sure to schedule an appointment before you leave.



The 24-Month Well-Baby Visit

What's new at two? Plenty! Your child may even be showing signs that she's ready to get the potty party started. But many kids, especially boys, won't be ready for this step until age three.

Physical checkup.

The doctor will complete a full examination and a check of those teeth, which will likely include a set of first molars. Some pediatricians will recommend a visit to the dentist.

Developmental milestones.

So many new skills! Your doctor will check into the latest milestones, which may include:

- Saying more than 50 words; putting two to four words together in a sentence
- Repeating words (watch what you say!)
- Following two-step commands (“pick up the giraffe and hand it to me, please”)
- Jumping with both feet, kicking or throwing a ball
- Playing pretend

As always, there's a wide range of normal development. Do check in if your child doesn't communicate in two-word phrases, doesn't know how to use familiar items, doesn't copy words or actions, doesn't follow simple instructions, doesn't show emotion appropriately or loses skills.

Immunizations.

For most toddlers, the days of early-childhood immunizations are nearly over. If your child missed a shot at a previous visit, your doctor will get him caught up. Otherwise, the only remaining CDC-recommended shots that may be needed are HepA (if your child hasn't already had the second of the two-shot series) and the influenza vaccine (if it's around flu season). Your doctor will also do a quick blood draw to check for anemia, lead exposure and high cholesterol.

Questions to ask.

- When should I switch from whole milk to nonfat?
- How do I help my child express her feelings with words instead of throwing tantrums?
- How much TV or screen time is okay for my child now?
- Should I be trying to teach my child letters and numbers?

After your toddler's second birthday, well-child visits will become fewer and farther between (the next will be at 30 months, then age three and annually thereafter). But remember: just because these appointments are happening less often doesn't make them any less important. You and your child's doctor are a team working together to ensure she develops optimal physical, mental and social health.

what to expect.

Guide to Well-Baby Visits and Immunizations



Keeping up with well-baby visits is one of the best ways to keep your child healthy.

It's also an opportunity to get personalized advice that will help your little one thrive each step of the way. In this guide, you'll find answers to your questions about what pediatrician visits are needed during the first 24 months, why well-baby checkups are so essential, why preventative immunizations matter, how to get the most out of each visit and what exciting milestones you can look forward to in the first two years.



About Heidi

Heidi Murkoff is the creator of WhattoExpect.com and author of the world's bestselling and best-loved pregnancy and parenting series, *What to Expect*, which includes *What to Expect When You're Expecting*, *What to Expect: The First Year* and *What to Expect: The Second Year*. She is a passionate advocate for the health and well-being of all moms, dads and babies, and a strong supporter of childhood well-baby visits and immunizations.

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