Importance of Infant Immunizations

Less than one hundred years ago, childhood diseases like smallpox, diphtheria, polio and measles struck fear into the heart of every new mother. Thanks to the development of modern immunizations, parents in the United States have the power to protect their young infants from life-threatening diseases that once infected thousands – and sometimes millions – of children. Today, immunizations are one of the greatest success stories of modern medicine. According to Ari Brown, MD, FAAP, a member of the American Academy of Pediatrics Council on Communications and the Media, "Vaccines are one of the single most important things you can do to protect your child from deadly and debilitating diseases." Experts in the field of pediatric health care unanimously agree that when it comes to child health, prevention of life threatening disease through immunization is always better than treatment.

Prior to the creation of modern childhood immunizations, new parents faced the following statistics:

- Smallpox killed nearly 1,000 children per year.
- Diphtheria infected nearly 150,000 people per year, resulting in more than 13,000 deaths.
- Pertussis (whooping cough) infected between 150,000 – 260,000 people per year, resulting in nearly 9,000 deaths annually.
- Measles killed an average of 450 people per year, and up to 20% infected required hospitalization.
- Polio infected up to 20,000 people per year, leaving thousands permanently disabled.
- Hib meningitis killed 600 children per year.
- Pneumococcus caused 6,100 deaths per year.
- Mumps infected 300,000 children per year and was a leading cause of deafness in children.

Unfortunately, the success of the childhood vaccination program in the United States has led some parents to believe that some vaccines may no longer be needed. This is a very dangerous misconception! The fact that we don't see certain diseases anymore doesn't mean they no longer exist…it simply means the vaccines are working! Not every nation has access to the vaccines that are available in the United States. Thanks to the ease of international travel, the importance of protecting children with a full schedule of vaccines cannot be understated. Exposure to many of the diseases we vaccinate against in the United States can be brought to our country from other parts of the world. In fact, one of the most infectious diseases in the world – measles – continues to kill nearly 1 million a year in developing countries and frequently finds its way into the United States via international visitors. When parents decline to vaccinate their children, they not only put their own children at risk, they also pose a danger to younger infants and children in their community who may not yet have been vaccinated.

The good news is that the recommended immunization program in the United States is among the safest in the world. New vaccines are tested for years before they are approved for use in the general population. These tests include all age groups and combinations of all appropriate vaccines, to be sure that each is safe when given with others. Recommended childhood vaccines are given according to a schedule that has been created based on extensive study and analysis, and is designed to give immunized children the maximum protection as soon as safely possible. Some parents, concerned about the number of childhood vaccinations, ask pediatricians to delay some vaccinations or give them according to a different schedule. According to Dr. Brown, parents who create their own vaccination schedule are "choosing to give shots at time intervals and combinations that have not been studied" and therefore, "may leave a child unprotected from potentially deadly diseases."

What Vaccines Does Your Baby Need?

Hepatitis B

Protects against a viral liver disease, which can result in jaundice, liver damage, liver cancer and death. Vaccine generally given at birth, 2 months and 6 months.

Rotavirus

Protects against the most common cause of severe diarrhea and dehydration in children younger than 2 years. Vaccine generally given at 2, 4 and 6 months.

Diphtheria, Tetanus and Pertussis

Diphtheria – Bacterial infection causing fever, sore throat, chills, nasal discharge, and fatigue. Infection can spread toxin throughout the body causing difficulty swallowing, paralysis, and heart failure. Tetanus – Bacterial infection entering through wound which results in the locking or tightening of the muscles around the jaw, preventing a child from opening mouth or swallowing, and can be fatal. Pertussis (whooping cough) – Bacterial infection causing swelling and narrowing of the breathing passages and a severe, violent, and rapid cough, which can last for months. Complications of pertussis include pneumonia and seizures. Combination Diphtheria, Tetanus and Pertussis vaccine is generally given at 2, 4, 6 and 15 months, with a booster at 4 – 5 years.

Haemophilus Influenzae B

Bacterial infection spread by sneezing and coughing which can cause meningitis, epiglottitis (swelling of the epiglottis in the back of the throat), pneumonia, ear infections and other infections. (Despite the name, this bacteria is not responsible for influenza.) Vaccine generally given at 2, 4, 6 and 15 months.

Pneumococcal

Bacterial infection which can cause meningitis, pneumonia, and blood, joint, ear, sinus and eye infections. Vaccine generally given at 2, 4, 6 and 12 months.

Poliovirus

Viral infection which may cause paralysis of arms and legs and death. Vaccine generally given at 2, 4, and 6 months, with a booster at 4 – 5 years.

Measles, Mumps, Rubella

Measles – Viral infection causing cough, runny nose, fever, pink eye, rash, ear infection, pneumonia, croup, and diarrhea. Mumps – Viral infection causing painful swelling of the parotid glands (located between the jaw and ear), as well as fever, headache, nausea, weakness and swelling and pain in the joints and testes. Rubella (German Measles) – Viral infection causing fever, swollen / tender glands at back of neck, rash and aching joints. Combination Measles, Mumps and Rubella vaccine generally given at 12 months, with a booster at 4 – 5 years.

Varicella (Chickenpox)

Viral infection causing rash, itching, fever and tiredness. Complications can include severe skin infection, scars, pneumonia, and brain damage. Vaccine generally given at 12 months, with a booster at 4 – 5 years.

Hepatitis A

A viral infection causing inflammation / tenderness of the liver, jaundice, fever, nausea, vomiting, loss of appetite and tiredness. Vaccine generally given at 12 and 18 months.

Influenza

Viral respiratory illness causing high fever, cough, headache, muscle aches, sore throat and congestion. Vaccine given annually in the fall to ages 6 months and older. Children under 9 years receiving influenza vaccine for first time (or who were vaccinated for first time during previous year but only received one dose) will receive 2 doses, separated by at least 4 weeks.

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Successful Breastfeeding

begins in the hospital

Did you know that your hospital experience—brief as it may be—could set the stage for your long-term breastfeeding success? A recent large study in Colorado has identified five supportive maternity practices (dubbed the "Can Do 5!") that have a significant positive impact on breastfeeding duration among mothers of healthy, full term newborns. To help you get the best possible start with breastfeeding, ask your healthcare providers and the hospital maternity staff to help ensure that you experience the following "Can Do 5!" practices:

1) Your baby is breastfed in the first hour after birth.

The American Academy of Pediatrics recommends that healthy infants be placed skin-to-skin with their mothers immediately after birth and remain with their mothers until the first feeding occurs. Immediate skin-to-skin contact not only eases your baby's adaptation to the world, it allows the two of you to get to know one another, and promotes early breastfeeding. Ask to have your baby placed tummy down on your bare chest immediately after delivery, and watch how her inborn reflexes help her achieve a successful early feeding. A baby who nurses well shortly after birth is more likely to continue breastfeeding effectively, and a successful early breastfeeding experience increases your confidence. Longer periods of skin-to-skin contact increase your chances of long-term breastfeeding success.

2) Your baby stays in the same room with you.

By keeping your baby in your room throughout your hospital stay, you will learn to recognize her earliest feeding cues and be able to offer your breast whenever your baby is ready to nurse. Studies show that newborns are less stressed and do not cry as much when they are cared for in their mother's room. Rooming-in is a great confidence builder. When you provide most of your baby's care yourself in the hospital, you leave knowing that you will be able to meet your baby's needs at home. To make the most of your rooming-in experience, ask your partner to help limit your visitors at the hospital and monitor their length of stay. Too many visitors and frequent interruptions can leave you exhausted and wishing you had more time to get to know your baby and sleep between feedings.

3) Your baby is fed only breast milk in the hospital.

Many studies show that giving supplemental formula to breastfed infants is linked with a shorter duration of breastfeeding. Supplemental milk should be offered only for a valid medical reason. When babies are supplemented with formula, they breastfeed less often since formula takes longer to digest than breast milk. Infrequent breastfeeding may interfere with establishing an abundant milk supply. Giving unnecessary formula can undermine your confidence in your ability to produce sufficient milk. The early milk your breasts produce, known as colostrum, is