NGN PEDIATRIC NURSING SERIES · INFOGRAPHIC #60

HEALTH PROMOTION

INFANTS · 2 DAYS TO 1 YEAR

Growth, developmental milestones, immunizations, nutrition, safety, and anticipatory guidance across the first year of life — mapped to Next-Gen NCLEX Clinical Judgment Measurement Model (CJMM).

Patho · Safety Priorities · Critical Flags · Immunizations · Parent Education · Complications · SIDS / Safety · Milestones · Nutrition · NGN Bow-Tie

12 MONTHS OF GROWTH

6 VAX SCHEDULES

COLOR KEY — Critical / SIDS · Patho / Development · Safe / Normal · Complication Flag · NCLEX Trap · Medications / Vaccines · Parent Education

DEVELOPMENTAL PROGRESSION FLOW

NEONATE · 2–28 DAYS
Reflexes intact · Weight loss ≤10% · Regains birth weight by Day 10–14 · Primitive reflexes dominate

→

1–3 MONTHS
Social smile 6 wks · Head lag diminishes · Coos · Tracks objects 180° · Primitive reflexes fading

→

4–6 MONTHS
Rolls front-to-back · Reaches & grasps · Babbles · Sits with support · Solids intro 4–6 months

→

7–9 MONTHS
Sits alone · Stranger anxiety peaks · Pincer grasp emerging · Object permanence begins · 2 syllables

→

10–12 MONTHS
Pulls to stand · Cruises · "Mama/Dada" specific · Pincer grasp complete · Cup drinking · 3× birth weight

GROWTH PARAMETERS (EXPECTED VS. CRITICAL)

EXPECTED / NORMAL FINDINGS

- **Weight:** Loses up to 10% birth weight in first week → Regains by day 10–14 → Doubles by 4–6 months → Triples by 12 months
- **Length:** Grows ≈1 inch/month (first 6 months) → ≈½ inch/month (6–12 months) → +50% at 1 year
- **Head Circumference (HC):** ≈2 cm/month (first 3 months) → 1 cm/month (4–6 mo) → Anterior fontanel closes 12–18 months
- **Vital Signs:** HR 100–160 (infant) → RR 30–60 (neonate) → RR 25–40 (6–12 mo) → BP 65–100/45–65
- **Posterior fontanel:** Closes by 2–3 months (normal)
- **Primitive reflexes:** Moro, rooting, palmar grasp present at birth → fade by 3–6 months
- **Urine output:** 1–2 mL/kg/hr → 6+ wet diapers/day by Day 4 (adequate feeding)
- **Jaundice:** Physiologic: peaks Day 3–5, resolves Day 10–14 (term infants)

CRITICAL / REPORT IMMEDIATELY

- **Weight loss >10%** birth weight — dehydration, inadequate feeding
- **Failure to regain** birth weight by Day 14 → feeding evaluation required
- **HC <3rd or >97th percentile** — microcephaly or hydrocephalus
- **Bulging/tense fontanel** — ↑ICP, meningitis until proven otherwise
- **Sunken fontanel** — severe dehydration
- **Pathologic jaundice:** onset <24 hrs, bilirubin rising >5 mg/dL/day, prolonged >2 wks → kernicterus risk
- **Absence of social smile by 3 months** → developmental delay flag
- **Persistent primitive reflexes** beyond expected age → neurological concern
- **Apnea >20 sec** with bradycardia/cyanosis → ALTE/BRUE
- **High-pitched or cat-like cry** — neurological or genetic syndrome

DEVELOPMENTAL MILESTONES & RED FLAGS

AGE	GROSS MOTOR	FINE MOTOR	LANGUAGE / COGNITIVE	SOCIAL / EMOTIONAL	RED FLAG (REFER IF ABSENT)
2 Days–1 Mo	Flexed posture; turns head side-to-side	Palmar grasp reflex; fists clenched	Startles to sound; alerts to voice	Regards face briefly; quiets to soothing	No response to sound; no visual tracking
2 Months	Lifts head 45° prone; less head lag	Follows object to midline	Coos; vocalizes pleasure sounds	Social smile present; recognizes parent	No smile by 3 mo; doesn't coo; doesn't track
4 Months	Lifts head 90° prone; no head lag	Grasps rattle; brings hands to midline	Laughs; babbles; turns toward sound	Enjoys social interaction; smiles spontaneously	No babbling; doesn't reach for objects
6 Months	Rolls both ways; sits with support; bears weight on legs	Transfers object hand-to-hand; raking grasp	Responds to name; "ba" "da" sounds	Recognizes familiar faces; stranger wariness begins	Can't sit with support; no vowel sounds; no interest in people
9 Months	Sits alone steadily; pulls to stand; crawls	Pincer grasp emerging; bangs objects together	Says "mama/dada" (nonspecific); understands "no"	Separation anxiety peaks; stranger anxiety present; plays peek-a-boo	Can't sit; no consonants; no object permanence

AGE	GROSS MOTOR	FINE MOTOR	LANGUAGE / COGNITIVE	SOCIAL / EMOTIONAL	RED FLAG (REFER IF ABSENT)
12 Months	Pulls to stand; cruises furniture; may take first steps	Pincer grasp mature; releases objects intentionally	"Mama/dada" specific; 1–2 other words; follows 1-step command	Separation anxiety persists; imitates actions; shows object to others	No words; can't stand with support; no pointing or waving

⚠ **CEFALO RULE:** Developmental milestones assessed across 4 domains: Gross Motor | Fine Motor | Language | Social — NCLEX often tests earliest age a skill is EXPECTED and the latest age before referral is required.

IMMUNIZATION SCHEDULE (BIRTH - 12 MONTHS)

AGE	VACCINES	NCLEX NOTE
Birth	HepB #1	Give before hospital discharge; if mother HBsAg+, also give HBIG within 12 hrs
1-2 Months	HepB #2	Given 4 wks after first dose minimum
2 Months	DTaP · Hib · IPV · PCV15/20 · RV	First "big visit" — 5 vaccines; prepare parents for fever/fussiness
4 Months	DTaP · Hib · IPV · PCV · RV	Repeat series; RV given orally (NOT injected)
6 Months	DTaP · Hib · IPV · PCV · RV · HepB #3 · Influenza	HepB series complete; annual flu begins 6 months — 2 doses first year
12 Months	MMR · Varicella · HepA #1 · PCV booster · Hib booster	MMR & Varicella = LIVE attenuated — hold if immunocompromised

VACCINE CONTRAINDICATIONS (NCLEX HIGH-YIELD)

- **MMR / Varicella:** Contraindicated in immunocompromised; pregnancy; anaphylaxis to gelatin or neomycin; recent IVIG/blood products (wait 3–11 months)
- **RV (Rotavirus):** Do NOT give if history of intussusception; SCID; max age 8 months for last dose
- **DTaP:** Encephalopathy within 7 days of prior dose → switch to DT; not Tdap until age 7+
- **Egg allergy:** NOT a contraindication for influenza vaccine (old NCLEX trap); give in any setting
- **Post-vaccine teaching:** Acetaminophen for fever/pain; expect injection site redness; notify if T >105°F, inconsolable crying >3 hrs, or seizure

LIVE VS. INACTIVATED — CRITICAL DISTINCTION

LIVE ATTENUATED (Avoid in immunocompromised)

MMR · Varicella · LAIV (nasal flu) · RV · Yellow Fever · Typhoid oral

INACTIVATED (Safe in most)

IPV · IIV (injectable flu) · HepA · HepB · DTaP · Hib · PCV · Meningococcal

NUTRITION TIMELINE (BIRTH - 12 MONTHS)

BIRTH TO 4-6 MO

Exclusive Breastfeeding or Formula ONLY

Breast milk preferred (AAP: exclusive BF for 6 months, continue to 1+ year). Formula: 20 kcal/oz standard. BF infants: **Vitamin D supplement 400 IU/day starting within first few days**. Formula-fed: no Vit D supplement needed if ≥32 oz/day. BF infants may also need iron drops 1 mg/kg/day at 4 months if not eating iron-fortified solids. **NO honey, cow's milk, juice, or water in first year.**

4-6 MONTHS

Introduction of Solid Foods (When Developmentally Ready)

Signs of readiness: sits with minimal support · head control · loss of extrusion reflex · shows interest in food. Start with single-ingredient, iron-fortified rice/oat cereal OR pureed meats. Introduce one new food every 3–5 days to monitor for allergies. Current AAP guidance: early introduction of allergenic foods (peanut, egg, tree nuts) may REDUCE allergy risk — do NOT delay. **Never add cereal to bottle (choking + overfeeding risk).**

6-8 MONTHS

Stage 2 Foods + Textures

Pureed/mashed fruits, vegetables, meats. Breast milk or formula remains PRIMARY nutrition (24–32 oz/day). Can introduce soft finger foods by 8 months. Introduce cup for water/expressed breast milk. **No cow's milk as primary beverage until 12 months; small amounts in cooking okay.**

9-12 MONTHS

Table Foods + Weaning Preparation

Soft table foods; self-feeding with fingers encouraged. Begin transitioning to cup; wean bottle by 12–15 months. Introduce whole cow's milk at 12 months (full-fat for brain development). **STILL avoid:** honey (botulism risk), choking hazards (grapes, hot dogs, nuts, raw carrots, hard candy), low-fat/skim milk before 2 years. Juice: max 4 oz/day, only 100% fruit juice after 12 months.

KEY LABS · NEWBORN SCREEN & INFANT VALUES

LAB / SCREEN	NORMAL INFANT VALUE	CRITICAL VALUE	CLINICAL SIGNIFICANCE / NCLEX ANGLE
Serum Bilirubin (Total)	Peaks Day 3-5: ≤12 mg/dL (term)	>25 mg/dL or onset <24 hrs	Physiologic vs. pathologic jaundice distinction; phototherapy threshold varies by age in hours + risk factors; NCLEX: protect eyes during phototherapy, loose green stools are EXPECTED
Newborn Metabolic Screen (NBS)	All analytes negative/normal range	Any positive screen requires urgent confirmatory testing	Screens for PKU, hypothyroidism, galactosemia, sickle cell, CAH, CF, and others (state-dependent, 30+ disorders); done after 24 hrs of age; PKU: restrict phenylalanine; hypothyroidism: levothyroxine ASAP
Hgb / Hct (Physiologic Anemia)	Hgb 10-12 g/dL at 2-3 months (nadir)	Hgb <8 g/dL symptomatic	Physiologic anemia of infancy: transition from fetal Hgb (HgbF) to adult Hgb (HgbA) — EXPECTED, no treatment. Iron deficiency: most common nutritional deficiency; introduce iron-rich foods by 4–6 months
Blood Glucose (Neonate)	≥45-50 mg/dL after first 4 hrs	<40 mg/dL or symptomatic hypoglycemia	At-risk: LGA/IDM, SGA, preterm, perinatal asphyxia; symptoms: jitteriness, poor feeding, hypothermia, seizure; breastfeed within 30–60 min of birth to prevent; D10W for symptomatic hypoglycemia

LAB / SCREEN	NORMAL INFANT VALUE	CRITICAL VALUE	CLINICAL SIGNIFICANCE / NCLEX ANGLE
Newborn Hearing Screen (AABR/OAE)	Pass (present responses both ears)	Refer (absent response)	Universal newborn hearing screening (UNHS) before discharge; "refer" does NOT mean deaf — 90% of refers have normal hearing on follow-up; diagnostic ABR testing by 3 months if referred
Critical Congenital Heart Disease Screen (CCHD/Pulse Ox)	SpO_2 ≥95% both pre/postductal; ≤3% diff	SpO_2 <95% or diff >3% — repeat; if persists → cardiology	Done at 24–48 hrs; preductal = right hand; postductal = either foot; screens for ductal-dependent lesions; NCLEX: perform BEFORE discharge, not immediately after birth
Lead Screening	Blood Lead Level (BLL) <3.5 mcg/dL	BLL ≥3.5 mcg/dL → intervention; ≥70 chelation	Universal screening at 12 and 24 months in high-risk areas; risk factors: older housing (pre-1978 paint), poverty, pica; chelation (succimer) for BLL ≥45 mcg/dL with symptoms

INFANT SAFETY PRIORITIES (SIDS / INJURY PREVENTION)

SIDS PREVENTION (ABCs of Safe Sleep)

Alone in crib · **B**ack to sleep (supine) · **C**rib meets safety standards. Firm, flat mattress. No soft bedding, bumpers, pillows, stuffed animals. Room-sharing (NOT bed-sharing) for 6–12 months. Pacifier use ↓ SIDS risk. Avoid overheating; avoid smoke exposure. Tummy time when AWAKE and supervised.

CAR SEAT SAFETY

Rear-facing infant car seat from birth. Keep rear-facing until AT LEAST age 2 OR max height/weight for seat. Center back seat safest. Harness straps at/below shoulders. NEVER place car seat on elevated surface. No aftermarket accessories. Registered seat for recall notification.

TEMPERATURE & WATER SAFETY

Bath water: test with elbow; ≤100°F (38°C). NEVER leave unattended in bath — drowning in <1 inch water. Hot water heater: set ≤120°F. Avoid direct sun; use protective clothing. NO sunscreen <6 months (AAP). Supervise tummy time; never leave prone unattended with siblings/pets.

CHOKING / FALL PREVENTION

Choking: small objects, balloon fragments, grapes, hot dogs; no solid finger foods until 8 months readiness. No walkers (AAP: associated with falls/injury; NOT recommended). Use stationary activity centers instead. Safety gates at stairs by 6 months (mobile infant). Changing table: always keep one hand on infant.

PRIORITY LADDER · CLINICAL JUDGMENT ACTIONS

1. **Assess & stabilize: apnea, cyanosis, or respiratory distress → position, O_2, call provider STAT**
   Airway and oxygenation = highest priority in any infant; RR >60 or <25 is emergent
2. **Recognize pathologic jaundice (onset <24 hrs / bilirubin rising rapidly) → phototherapy setup; protect eyes**
   Bilirubin encephalopathy (kernicterus) = irreversible neurological damage
3. **Evaluate feeding adequacy: weight loss >10%, <6 wet diapers/day, no stooling → lactation consult + supplement**
   Dehydration and hypernatremia can develop rapidly in neonates; weight assessment is objective
4. **Screen for developmental delay: use developmental surveillance at every well-child visit → refer if milestone absent**
   Early intervention (EI) before age 3 yields the best developmental outcomes
5. **Assess SIDS risk factors and provide safe sleep teaching before every discharge and well-child visit**
   SIDS peaks at 2–4 months; most preventable with consistent safe sleep practices
6. **Verify immunization schedule compliance; educate on expected reactions and when to seek care**
   Vaccination is the most effective disease prevention strategy; missed vaccines = increased community risk
7. **Provide anticipatory guidance appropriate to infant's CURRENT age (not next milestone)**
   Anticipatory guidance = teaching what is coming NEXT so parents are prepared before it occurs
8. **Reinforce newborn screening results, hearing screen, and CCHD pulse ox results with parents**
   "Refer" does not mean diagnosis; parents need accurate interpretation to prevent undue anxiety or missed follow-up

IF → THEN CLINICAL DECISION RULES

IF	THEN
Infant placed prone to sleep by parents despite teaching	Re-educate on SIDS risk; document teaching; explore barriers (cultural beliefs, family pressure); refer to social work if needed
4-month-old has lost social smile present at 2 months	URGENT referral — loss of previously acquired milestones (regression) is more concerning than delayed attainment → neurology evaluation
Breastfed infant has jaundice persisting beyond 2 weeks	Evaluate for breastfeeding jaundice vs. breast MILK jaundice vs. biliary atresia; check conjugated (direct) bilirubin — elevated direct bili is NEVER normal
Parent wants to start solid foods at 3 months because infant "seems hungry"	Explain developmental readiness criteria; educate on normal growth spurts with increased BF frequency; defer solids until 4–6 months + developmental readiness
Newborn CCHD screen: SpO_2 93% right hand, repeated — still 93%	POSITIVE screen → notify provider immediately; do NOT discharge; prepare for echocardiogram; keep infant calm and warm

IF	THEN
9-month-old refuses all spoon feeding but accepts finger foods	Normal developmental behavior (autonomy/self-feeding); encourage soft table foods; ensure safety; this is developmentally appropriate, reassure parents
Parent gives honey to soothe 8-month-old's teething pain	Intervene immediately — honey contraindicated <12 months due to Clostridium botulinum spores; educate; monitor for constipation, weak cry, poor feeding (infantile botulism sx)
HBsAg-positive mother delivers; infant is 12 hours old	Administer HepB vaccine + HBIG within 12 hours of birth (different sites); breastfeeding is still SAFE; follow-up HBsAg and anti-HBs testing at 9–12 months

⚠️ 8 HIGH-YIELD NCLEX TRAPS (INFANT HEALTH PROMOTION)

ANTERIOR vs. POSTERIOR FONTANEL 1
Posterior closes at 2–3 months; Anterior closes at 12–18 months. NCLEX tests which one is open at what age. A bulging anterior fontanel is always abnormal (not just "soft, flat" or "sunken").

TUMMY TIME ≠ SLEEP POSITION 2
Tummy time (prone) is ENCOURAGED when awake & supervised to prevent positional plagiocephaly and build neck/arm strength. Back to sleep is for sleeping ONLY. NCLEX distractors mix these up.

EGG ALLERGY ≠ FLU VAX CI 3
Old guideline: avoid flu vaccine in egg allergy. Current CDC/AAP: egg allergy (even severe) is NOT a contraindication to any formulation of influenza vaccine. No special precautions or observation required.

PHYSIOLOGIC vs. PATHOLOGIC JAUNDICE 4
Physiologic: starts after 24 hrs, peaks Day 3–5, resolves by 2 weeks (term). Pathologic: onset <24 hrs, rapid rise, elevated direct bili, or prolonged. NCLEX question: jaundice present at 18 hrs of age = pathologic.

WALKER = NOT RECOMMENDED 5
AAP strongly opposes infant walkers — associated with falls down stairs, scalding, access to hazards, and delayed motor development. NCLEX: walker use is contraindicated, not just "discouraged."

REGRESSION > DELAY = RED FLAG 6
Loss of a previously achieved milestone (regression) is MORE concerning than slow attainment. Any regression warrants URGENT referral. Example: a baby who previously cooed and stops vocalizing = red flag.

PHYSIOLOGIC ANEMIA IS EXPECTED 7
Hgb nadir at 2–3 months (Hgb ≈10 g/dL) is physiologic — due to HgbF→HgbA transition and bone marrow "catch-up." No treatment needed. Iron deficiency anemia is DIFFERENT — microcytic, caused by inadequate dietary iron.

ANTICIPATORY GUIDANCE TIMING 8
Teach what is coming NEXT, not what just happened. At the 6-month visit: teach stranger anxiety (coming at 9 months), choking hazards (finger foods coming), and car seat forward-facing guidance (NOT yet appropriate). NCLEX tests current vs. upcoming guidance.

🎯 NGN NCLEX PATTERNS & CLINICAL JUDGMENT ANGLES

Recognize Cues
NCLEX gives scenario: 3-month-old, absent social smile, no vocalization, hypertonia. Identify ALL abnormal data points across all 4 milestone domains simultaneously — not one at a time.

Analyze Cues
Link regression + hypertonia + absent social smile → neurological concern, not "normal variation." Apply knowledge that regression is always more urgent than delayed attainment.

Prioritize Hypotheses
Choose most likely AND most urgent. Example: vomiting 6-month-old after solids → first consider allergy/feeding intolerance before GER. Always rule out most dangerous first.

Generate Solutions
Generate multiple interventions: safe sleep reinforcement at every visit (not just newborn), not just once. Multiple-choice: select ALL safe sleep recommendations — up to 5 correct answers possible (SATA).

Take Action
Matrix questions: nurse action for each scenario. Example: breastfed infant, day 4, Hgb 18, bilirubin 6.5 = reassess and continue BF. Select "continue feeding" as action, not "stop BF and supplement."

Evaluate Outcomes
After phototherapy: evaluate bilirubin trend, hydration, stooling. Expected: bilirubin declining, loose green stools, adequate wet diapers. Unexpected: rising bilirubin after 12 hrs → reassess phototherapy setup.

Trend Recognition
NGN presents serial data: weight on Day 1, 3, 7. Recognize pattern: weight loss 11% = abnormal; reconstitution by Day 14 = normal. Trending data across time is a signature NGN question format.

Communication/Collaboration
Drop-down questions: "Which provider should the nurse contact?" For missed milestones → early intervention referral. For cardiac screen fail → cardiologist. For hearing refer → audiologist. Know which discipline.

🎀 NGN BOW-TIE CLINICAL JUDGMENT SUMMARY

RISK FACTORS / ASSESSMENT CUES
- Jaundice onset <24 hrs of life
- Weight loss >10% + <6 wet diapers/day
- No social smile by 3 months / milestone regression
- CCHD screen: SpO_2 <95% (repeated)
- Sleeping prone / unsafe sleep environment
- HBsAg+ mother; HepB not administered by 12 hrs

PRIORITY CONCERN

INFANT HEALTH PROMOTION & SAFETY

Optimal growth, developmental progression, immunization completion, and prevention of SIDS / serious illness in infants 2 days – 12 months

✓ Goal: Infant meets milestones, safe environment, immunized, fed appropriately

NURSING ACTIONS / INTERVENTIONS
- Phototherapy setup; protect eyes; monitor bilirubin trends
- Lactation consult; weight daily; supplement if indicated
- Refer to early intervention / neurology for milestone concern
- Hold discharge; notify provider; prep for echo
- Reinforce ABCs of safe sleep every visit; assess barriers
- Administer HepB + HBIG within 12 hrs; document in different sites

📚 PARENT EDUCATION CHECKLIST (ANTICIPATORY GUIDANCE)

SAFE SLEEP (EVERY VISIT)

- ✔ Always place infant on BACK to sleep — every sleep, every caregiver
- ✔ Firm, flat mattress in CPSC-approved crib; no inclined sleepers
- ✔ No soft bedding, pillows, positioners, bumper pads, or stuffed animals
- ✔ Room share (same room, separate sleep surface) for 6–12 months
- ✔ Tummy time DAILY when awake and supervised (minimum 30 min/day)
- ✔ Pacifier offered at sleep time after BF established (≈3–4 weeks)

FEEDING & NUTRITION

- ✔ Breastfeed on demand 8–12x/day; adequate feeding = 6+ wet diapers by Day 4
- ✔ Vitamin D 400 IU/day for ALL breastfed infants starting within first few days
- ✔ No honey, cow's milk as primary beverage, or juice under 12 months
- ✔ Start solids at 4–6 months when developmentally ready; one new food every 3–5 days
- ✔ Wean bottle by 12–15 months; transition to open cup
- ✔ Early introduction of allergenic foods (peanut, egg) reduces allergy risk

SAFETY AT EVERY AGE

- ✔ Rear-facing car seat from birth; keep rear-facing until at least age 2
- ✔ NEVER shake a baby — shaken baby syndrome can be lethal; put baby down safely if overwhelmed
- ✔ Test bath water temperature (≤100°F); NEVER leave infant unattended in water
- ✔ No infant walkers — AAP advises against completely
- ✔ Safety gates at stairs before infant is mobile (≈6 months)
- ✔ Keep small objects, coins, batteries, magnets out of infant's reach

IMMUNIZATIONS

- ✔ HepB given before hospital discharge at birth; if mom HBsAg+, also give HBIG within 12 hours
- ✔ First "big" vaccine visit at 2 months: expect fever, fussiness, injection site redness for 1–2 days
- ✔ Acetaminophen (not ibuprofen <6 months) for post-vaccine fever/pain
- ✔ Call provider if: T >105°F, inconsolable crying >3 hrs, or seizure after vaccination
- ✔ Annual influenza vaccine begins at 6 months — TWO doses first year, 4 weeks apart

DEVELOPMENT & STIMULATION

- ✔ Talk, read, and sing to infant from birth — language stimulation is critical for brain development
- ✔ Screen time: NONE before 18–24 months (except video calls with family); AAP guideline
- ✔ Developmental surveillance at every well-child visit using validated tools (ASQ, M-CHAT later)
- ✔ Stranger anxiety at 6–9 months is NORMAL — do not force interactions
- ✔ Separation anxiety at 9–12 months is NORMAL — consistent routines help
- ✔ Contact provider immediately if any milestone is LOST after being achieved

WHEN TO CALL PROVIDER

- ! Any temperature >100.4°F (38°C) rectal in infant <3 months → EMERGENCY
- ! Inconsolable crying, high-pitched cry, or "cat-like" cry
- ! Yellowish skin/eyes before 24 hours of age
- ! Fewer than 6 wet diapers/day after first week of life
- ! Any blue color around mouth (perioral cyanosis) at rest
- ! Infant stops breathing or turns blue during sleep — call 911

NGN PEDIATRIC SERIES · #60 · HEALTH PROMOTION: INFANTS

Next-Gen NCLEX Clinical Judgment Measurement Model (CJMM) · AAP 2024 Guidelines · CDC Immunization Schedule

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