

Norman Pediatric Associates
Parent Handout 2 month Visit

Profile: The 2-4 month-old is truly responsive to the world. The baby quiets at mother and father's voice, coos and babbles when happy, gazes at you intently, breaks into a big smile, and responds to tickling. It can now bring its hands together and gets great joy from sucking on its fingers. The baby can lift its head, neck, and upper chest when lying on its belly. Your baby has some head control when supported upright, but won't learn to sit alone for a few months. The infant may express a strong preference for being on its stomach or on its back. Your baby will soon be able to turn over at will.

Feeding/Nutrition: Still only use breast milk or formula for the next 2 months. All infants have a natural desire to suck. The thumb is convenient and pacifiers are soothing; neither will do any harm at this point. Once an infant can bring things to its mouth, everything will be tasted. Simple sucking does NOT indicate hunger. Do not over feed your infant because he/she is sucking on everything in sight. If he/she is truly hungry, crankiness and crying result. End feedings when you see signs that your baby is full: turning away and/or closing the mouth. Burp your baby during natural feeding breaks. No solids, juices or regular milk. We will discuss beginning rice cereal at the 4 month visit. **If breastfeeding**, feed your baby on demand, plan for pumping and storing breast milk. Let us know if you need help. **If formula feeding**, feed your baby on demand. Make sure to prepare, warm and store the formula safely. If you need help, ask us. Hold your baby so you can look at each other. Do not prop the bottle. Do not put your baby to bed with a bottle. Your baby, regardless if he/she is breastfeed or bottle feed, needs to be supplemented with Vitamin D, 400 IU, every day. You can give your baby the Vitamin D drops, obtainable from your local pharmacy. You can also give 0.5 ml of Poly-Vi-Sol daily to your infant.

Sleep: Your infant may sleep for longer periods with fewer total hours of sleep each day. Some infants are sleeping through the night if they are taking larger feedings during the day. The crib should have slats less than 2 3/8 inches apart and without drop-side rails. Put the baby to sleep in its crib (not in your bed), while still barely awake and let the baby put itself to sleep. Continue to put your infant to sleep on its back. Babies who sleep on their stomachs are at slightly higher risk of SIDS (Sudden Infant Death Syndrome). Move the baby to his/her own room if you haven't already.

Toys and Activities: Visual toys are still the most appropriate (mobiles, etc.). Infants this age may grasp a rattle but usually drop it almost immediately. Teething toys are good. Avoid objects small enough to fit through a toilet paper roll. This could lead to choking. Never tie a pacifier around your infant's neck; this could lead to strangulation.

Baby care: Have simple routines each day for bathing, feeding, sleeping and playing. Encourage development by allowing blanket playtime. Place your baby on a blanket on its belly with soft bright toys around it to encourage rising up to look around. Learn what things your baby does and does not like. Talk to your baby while you are dressing, bathing, and feeding it. Use the baby's name often. Singing and reading are also stimulating. Lots of holding and hugging are also important. Notice what helps to calm your baby such as a pacifier, fingers, thumb, stroking, talking, rocking or going for walks.

Safety: Learn CPR.

Your child can now squirm and creep a bit (perhaps a lot), and will soon be rolling over. Never leave your baby alone on tabletops, changing tables, in the car, or in the tub (even in a bath seat ring). Keep crib sides up. It

takes only seconds to fall or drown. Keep a hand on your baby when dressing or changing him/her. Keep plastic bags away from your baby.

Crib: Use a crib with a firm mattress and slats close together- 2 3/8 inches apart or less. Do not use a crib with drop-side rails. Continue to not use blankets, pillows, stuffed toys, quilts/comforters, or bumper pads in the crib. Use a mesh playpen with weaves less than 1/4 inches apart.

Car: Please protect your baby with a rear facing car seat restraint securely installed in the back seat. Be sure it is labeled certified or safety approved, so that it will adequately protect your infant. Not all carriers are equal. Never put your baby in the front seat of a vehicle with a passenger air bag. Always wear your seat belt and never drink and drive.

Smoking/Burns: If a member of the family smokes: STOP SMOKING – Ask us for help if you cannot stop smoking. A smoke free environment is important for infant’s health. Make your home and car “No smoking zones”. Do not hold hot drinks or a lit cigarette while holding your baby. Working smoke detectors and CO detectors with battery backup are recommended for family safety. Check the detectors monthly and change the batteries if you have not done so in the last year. Prevent burns by setting your hot water heater so the temperature at the faucet is 120°F or lower. Protect your child from sun exposure.

How are you feeling: Taking care of yourself gives you the energy to care for your baby. Find ways to spend time alone with your partner. Keep in touch with family and friends. Give small but safe ways for your other children to help with the baby, such as bringing things you need or holding the baby’s hand. Spend special time with each child reading, talking, or doing things together. Start planning for when you may go back to work or school. Ask us for help finding things your family needs. Know that it is normal to feel sad leaving your baby or upset about your baby going to child care.

Immunizations: Today your child received the HBV (hepatitis B vaccine); Prevnar (Pneumococcal vaccine); Pentacel, which is combination vaccine that includes the DTaP (Diphtheria, Tetanus, & Pertussis), Hib (Haemophilus Influenza), and IPV (Inactivated Poliovirus) vaccines; and the Rotavirus vaccine (Rotarix). These immunizations may cause tenderness, redness, and swelling at the injection site. A small knot may develop and persist for 6-8 weeks. A warm moist cloth may be used at the injection site in the first 24 hours followed by a cool moist cloth as needed. There may be a slight fever, usually not higher than 100°. Treat the fever with acetaminophen (Tylenol) every 4 to 6 hours. Do not exceed 5 doses in a 24 hour period. In the event of a severe reaction (fever greater than 104°, inconsolable crying or listlessness) notify us.

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