



Cornerstone Pediatrics

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## 2 Month Well Child

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Weight: \_\_\_\_\_ *lbs* \_\_\_\_\_ *oz* Length: \_\_\_\_\_ *in* Head Circumference: \_\_\_\_\_ *cm*

Age: \_\_\_\_\_ Next Scheduled Appointment: \_\_\_\_\_

### General Nutrition:

- A simple diet of breast milk or iron-fortified formula is all your baby needs until 6 months of age. Solid foods, juices, cow's milk given too early can lead to allergies, anemia and poor nutrition.
- Breast feed or bottle feed on demand.
- Babies should not be laid flat on their backs while feeding and bottles should always be held by a caregiver and not propped up. These can lead to choking and increased ear infections.
- Always cuddle baby during feedings.
- Babies will need fluoride by 6 months. Check whether the water you use is fluoridated. We will prescribe a fluoride supplement at six months if your household water is not fluoridated.
- Please do not give your baby honey during the first year. Honey can contain harmful bacteria that infants cannot process.
- Please do not give honey, tomatoes, or citrus until after 12 months of age.
- Please do not give hen eggs until 24 months of age.
- Please do not give peanuts, tree nuts, fish or seafood until 24 months of age.
- If your baby is wetting 6-8 diapers a day and gaining weight appropriately the baby's feeding is adequate.
- Babies do not need extra water until at least 6 months of age and only in the summer. They are highly sensitive to water and can get water overloaded very easily.
- Never heat formula or breast milk in the microwave because the milk will heat unevenly and may burn your baby.
- Many babies spit up a portion of each feeding. As long as it is a small amount and the baby gains weight, this is harmless and usually ends by 6-9 months.
- Most babies do not need vitamin supplements.

### Breastfeeding:

- Breastfed infants are simply fed as much as they want. Breastfed babies are getting enough milk if they are gaining weight and wetting 6 or more diapers a day.
- At 6 to 8 weeks your baby may experience a growth spurt. During this time do not get discouraged. Follow your infant's cues for feeding. Extra sucking will increase the milk supply sufficiently to meet the growing infant's needs. Breast milk can pass along factors that help fight infection.
- Many medications can pass through breast milk, be sure to ask your doctor for safe choices.
- Babies should be burped every 5 – 10 minutes during feeding and after each feeding.
- Freshly expressed breast milk is good up to 48 hours if refrigerated and 3-4 months in a refrigerator freezer. Thawed milk may be refrigerated for up to 24 hours. Breast milk should

never be refrozen. Avoid over heating or boiling breast milk as it can harm the proteins of the milk.

- If you are planning to use bottles occasionally, wait to introduce until after breastfeeding is well established. Although they may take bottles well at first, breastfed babies between 4-6 weeks may start refusing to bottle feed. If you plan to give your breastfed baby some bottles long term, offer a bottle once a day. Increase the number if you see reluctance and continue bottles until the reluctance is overcome.

### **Formula Feeding:**

- Will take anywhere from 20 to 30 ounces a day for the next couple of months.
- Formula is supplied as ready-to-feed, concentrate and powder. Be careful to follow the directions exactly when preparing the different formulas. Never dilute formula more than instructed. Prepared formula is good for up to 24 hours refrigerated.
- Test the temperature of heated formula by shaking well and dropping a few drops on the inside of your wrist. Room temperature formula does not need to be heated.
- Do not save formula from used bottles because bacteria from your baby's mouth may have mixed during the feeding.
- Babies should be burped every 1-2 ounces during feeding and after each feeding.
- Let your baby decide when he/she is done feeding. Never force feed to finish what formula you have prepared. If your baby begins to finish the prepared amount, add an extra ½ ounce to the next feeding.

### **Weight:**

- Your baby should continue to gain ½ to 1 ounce a day or about 2 pounds a month until age 6 months. Birth weight should double between 4 to 6 months.

### **Length:**

- Your baby's length will increase 9-11 inches in the first 12 months.
- In the first 6 months length increases by about 1 inch a month.

### **Head Circumference:**

- Head circumference increases by 2 cm a month from birth to 3 months. Head circumference will decrease to 1 cm a month from 4 to 6 months.

### **Sleep:**

- Sleep cycles become more regular, about 15 to 16 hours per day with defined sleep/wake patterns. Many babies will have a 4-6 hour sleeping period during the night. Many babies do not sleep through the night for several months.
- **Back to sleep** – Make sure your baby is placed on his/her back on a firm mattress for sleeping. This reduces the risk of Sudden Infant Death Syndrome or SIDS.
- Never place pillows, toys or blankets under or around you baby.
- Remember that most babies this age are not sleeping through the night. If yours is, you should know how lucky you are. To encourage you infant to sleep more at night, keep the nighttime interactions brief and dull.

### **Bowel Movements (Stools):**

- Stools are commonly yellow, seedy with curds of undigested milk and have a musty odor.
- Occasionally the stool may be green. If your baby is content and gaining weight this is not an indication of trouble.
- Babies may show dramatic facial expressions, pass gas, strain, and draw their legs up when passing stools. This is normal as long as the stools are soft and there is no pain. However, if your child passes small, hard, dry pellets, this might be true constipation.

- The number of stools decline after the age of 1 month from after most feedings to a variable number of stools per day. Occasionally, even 1 large stool every 2-3 days. More important than the number of stools is your baby's eagerness to eat, comfort, ability to be consoled and proper weight gain.
- **Constipation:**
  - Constipation virtually never occurs in **breastfed babies** drinking an adequate amount of milk. If your breastfed infant is producing less than one stool every 3 days, then the milk intake may not be sufficient. We should check the weight and see how breastfeeding is going.
  - If your baby is **formula-fed** and seems fine but is passing stools less than once every 3 days, then you may stimulate passing stool by inserting an infant glycerin suppository into your baby's anus. Call us if problems persist.
- **Breastfed Stools** – Yellow or golden, milk smelling and pasty in consistency resembling pea soup.
- **Bottle-fed Stools** – Pale yellow to light brown, firm and somewhat more offensive in odor.

### Gas:

- All babies pass a lot of gas and do so noisily, but this does not necessarily mean that gas is giving the baby discomfort.
- When your baby cries and draws up his/her knees, this is not a sign of gas – it is just what a baby does when he/she cries.
- Swallowed air is mostly burped back by the baby, just as in older children and adults and does not cause pain.
- How to burp your baby:
  - Hold baby on your chest, upright and stroke or pat baby's back gently. Anything firmer is unnecessary and unpleasant for the baby.
  - Keep your burping sessions to shorter than 5 minutes (2 minutes usually is fine).
  - Not all babies will produce a burp after each feeding. Burping is really a moment for a peaceful, upright cuddle at the end of a satisfying feed.

### Crying:

- Many infants have fussy periods in the late evening that may last 1 to 3 hours. Especially if no regular nap schedule is established, fussiness may increase.
- Some babies, usually older than 2 weeks, will become fussy in response to certain foods in the breastfeeding mother's diet. If you notice this try to avoid those foods for a week or two and try again. If you suspect a dietary cause of fussiness, the most common causes are cow's milk, citrus and tomatoes.
- When breastfeeding, you may eat or drink whatever you wish – all in moderation. Remember that alcohol and caffeine passes through breast milk. Onions and garlic may affect the taste of breast milk causing your baby to protest. When a baby reacts negatively it will usually be when mom has ingested a lot of an offending product.
- Contact your Lactation Consultant if you have further questions about your diet and breastfeeding.
- By 4 weeks of age, your baby's cry can have different meanings as below:
  - Examine your baby's fingers/toes for any hair or thread that might have become wrapped around them.
  - Swaddling can comfort newborns, but less comforting after age 2-4 weeks as babies need to wiggle more.
  - Some babies need to work off steam at the end of the day, and crying is the only way they know to reduce tension. Try to hold your baby on your shoulder, rock your baby or use an infant swing, walk with the baby, play monotonous soothing noises (music, vacuum cleaner or fan), go for a car ride or a stroll.

- If breastfeeding is well established and weight gain assured by 3 weeks of age, you may offer a pacifier.
- Babies sometime get over –stimulated or over-tired and just need to be alone in their bed or infant seat for 10-15 minutes.
- At times your baby will cry no matter what you do. You need not feel obligated to stop the baby’s crying. Stay close to the baby and stay calm. Never shake your baby!
- Crying generally increases until 6 to 8 weeks of age when babies are more adapt at calming themselves.

**Colic:**

- Colicky babies may be quite fussy and cry for several hours at a time for no apparent reason, typically starting at age 2 weeks or older and resolving around age 12 weeks.
- The cause of colic is unknown. Some parents think it is from “indigestion” but the evidence here is not clear. There is no “fix” for colic. But babies outgrow it and it causes no harm to the baby.
- Fortunately, true colic is rare. Most fussing is caused by hunger, so always try feeding your fussy baby before anything else.
- You might be surprised how much colic turns out to be hunger. A hungry baby is very hard to sooth.

**Development:**

**Gross Motor:**

- Able to lift head off bed about 45 degrees when lying on stomach. Showing little head droop when held in suspension.
- Holds head up when in sitting position, but still bobs.
- Able to turn head from side to side when lying on stomach.
- Body movements should be symmetrical.
- Your baby will find his/her hands and make purposeful movements.
- **Tummy time** – it is important to place your baby on his/her tummy for play while awake and with observation to encourage arm and neck strength.

**Fine Motor:**

- Attempt to grasp rattles, fingers and clothing.
- Non-directional swipes.
- Automatic grasp reflex is weakening.

**Oral Motor:**

- Rooting reflex established.

**Speech and Language:**

- Your baby will start to make cooing and babbling sounds in response to your voice. However, their primary form of communication will continue to be snuggling, turning their head and arching of their body.
- Will start to make long vowel sounds.
- Continue to talk to your infant.
- Your baby will turn his/her head or eyes in response to sounds, continue to startle to loud noises and quiet in response to voice.

**Social:**

- Smiles responsively! What a joy to see! Turns head to your voice. When fussing, can be distracted. Has interest in things outside him or herself.

**Vision:**

- Eyes follow a dangling toy from side to side past the midline. Eyes fix and focus on objects. Eyes may not focus or move in exactly the same direction at all times.
- Your baby can see up to 3-4 feet. Look your baby in the eyes during feeding or when talking to him/her.

**Play and Stimulation:**

- Interact with your baby by looking in his/her eyes when talking or feeding.
- Let your baby listen to the radio.

**Safety:**

- **Crying and shaking** – Never shake your baby. Shaking can badly damage your baby's brain. Put your baby in a safe place, like the crib or playpen and give yourself a time-out.
- **Choking** – Keep plastic bags, button, and other small objects out of your baby's crib and out of reach. Inspect all toys and throw away any which are small enough to choke on, are worn, have sharp edges, breakable or removable edges. Toys should be at least 1.5 inches in diameter. Keep crib away from window and curtain cords.
- **Burns** – Always check your baby's bath water temperature with your hand before placing your baby in it. Your water heater should not heat water above 120° F or 49° C. Use your smoke alarms and check it monthly. Protect your baby from damaging rays of the sun. Keep your baby out of the sun completely, use shade, a brimmed hat and protective clothing. Do not use sunscreen on infants younger than 6 months.
- **Falls or injuries**- Most babies will start rolling over in the next couple of months, so be careful, and watch your baby. Never leave your baby unattended on the changing table, bed or sofa. Place car seat or infant seat low to the ground and always have your infant buckled. Always keep the crib rails up when your baby is in the crib. The bars should be no more than 2 3/8 inches apart or the width of a regular soda can. Place washcloths or non-slip barrier on the bottom of the bathtub or sink to keep your baby from slipping. Avoid hanging toys or pacifiers with elastic, string or ribbon because they can strangle your baby. If using a string to attach your baby's pacifier to their clothes, make sure the string is less than 3 inches.
- **Car Seat/ Car Accidents**- Your baby should always ride in an approved properly installed infant car seat even on short trips. The car seat should face the rear of the vehicle until your child is 20 pounds *and* 1 year old. The safest place is in the center of the second or back seat. Do not place the car seat in the front of the vehicle. Never leave your baby alone in the car.
- **Smoke** – Second hand smoke can cause a greater risk of ear infections, chronic stuffy nose and respiratory infection. Second hand smoke lingers on clothes and everywhere the person has smoked such as the car or house. Falling ashes can burn your baby. Never smoke while holding your baby. For your baby's health if you smoke, consider quitting.
- Make sure an adult is always with your baby when around young siblings or pets.
- Consider taking an infant CPR class through your local hospital or Red Cross.

**Immunizations:**

- DTaP- Diphtheria, tetanus and acellular pertussis
- IPV – Inactivated poliovirus
- Hib – Haemophilus influenza type B
- Hepatitis B #2
- PCV – Pneumococcal
- Rota Teq- optional, but recommended
  - After the immunizations your baby may develop mild fever, irritability, sleepiness, or leg swelling around the injection site. Acetaminophen (Tylenol™ Infant Drops) may be used every 4 hours as needed. Give the dose based on your child's weight; check the bottle for

the proper dose. Call if symptoms are severe or last longer than 48 hours. If your child's temperature is above 102° F or your baby does not look well, he/she should be evaluated.

**Lab tests:**

- None unless warranted by exam.

**Maintaining Body Temperature:**

- In general, babies need one more layer of clothing than an older child or adult needs to maintain normal body temperature. Avoid overheating.

**Fever:**

- A fever is considered a rectal temperature greater than 100.4° F (38° C) rectally.
- The only reliable way to take your baby's temperature is rectally.
- Put a small amount of Vaseline™ on the end of the thermometer.
- Lay your baby on his stomach, with one hand on his bottom and your arm resting lightly on his back to keep him from rolling. Holding the thermometer in the other hand, gently insert the bulb (the silver part) into your child's rectum. You only need to insert it far enough to cover the bulb.
- After it stops, remove the thermometer and read the temperature.
- Make sure you clean the thermometer well after each use.
- If your baby has an elevated rectal temperature, first try to undress your baby leaving only the diaper and recheck in ten minutes. If remains elevated you need to give us a call for additional guidance.

If your baby's temperature is over 100.4° F (38° C) rectally, please call your doctor.
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**Colds:**

- Babies often sneeze, but this is not necessarily a sign of a cold. However, if your baby sounds congested, coughs and has some nasal drainage, a cold may have developed. Most colds are mild and don't interfere with normal feedings and sleep.
- Comfort measures include: elevate the head of crib by adjusting crib (do not place pillow in crib to elevate); run cool-mist vaporizer and perform nasal toilet using bulb syringe aspirator.
  - *Nasal toilet* – Add 2-3 saline drops in each nostril prior to suctioning. Saline drops will help loosen the mucus assisting with clearing secretions out of the nose. Saline drops can be bought over-the-counter or can be made by adding 1 teaspoon of salt to one cup of room temperature water.
- Avoid using decongestants.

**Parenting Tips:**

- Normal babies hiccup, sneeze, startle and have an occasional throw-up of a single feed.
- Hold, cuddle, sing and talk to your baby. Attend to all their needs. They cannot be spoiled at this age. When awake, the baby should be part of the action of the family.
- High-contrast patterns are still the favorite. An unbreakable mirror attached to the inside of the crib shows babies the most amazing miracle they will ever see: themselves! Place the object about 12 inches from the baby and change frequently.
- Babies soothe themselves by sucking. Your baby's thumb, finger or a pacifier can help to satisfy this need. Select a pacifier constructed in one piece. Never tie the pacifier to the face or neck.
- To encourage your baby to sleep more at night, keep the nighttime interactions brief and dull. Play with your baby and have a great time, but try to remember playing with him/her (bouncing on knee, tickling, etc.) late in the evening will stimulate your baby. While your baby can sleep during the day, most adults cannot. Stop wild play well before bedtime and help your baby to calm down by singing, cuddling and other quiet play. Try to schedule a routine bedtime for your baby.

- Remember to take time for yourself. Arrange to spend some time alone with your other loved ones. Each parent should spend some time alone with the baby each day. Accept others' help with the baby. This will allow you to spend some special time alone with your partner, older siblings and friends.
- Be careful when leaving your baby alone around young siblings.
- If you smoke, please try (again) to quit. It isn't easy, but you now have a brand new reason to stay healthy.
- Becoming a parent for the first time or adding a new member to your family is a challenge and huge change in your life. If you find yourself depressed or sad or overwhelmed, please let your doctor or your baby's doctor know. We can help. For individual counseling, call your mental health provider.

**Skin Care:**

- Occasionally, a baby will have some dry skin. This can be treated with an emollient (cream or ointment that keeps the skin moisturized) such as Eucerin™ or Aquaphor™ .

**Call the office if your baby:**

- Has a fever. Under 3 months, for all rectal temperatures over 100.4° F. Over 3 months, for temperatures over 101-102° F.
- Coughing frequently.
- Refusing to eat.
- Vomits persistently or excessively.
- Falls hitting his/her head causes him/her to pass out, vomit or behave unusually.
- Does not look well or is unusually sleepy or inconsolable.

**Important Phone Numbers:**

- Cornerstone Pediatrics (817) 596-3531
- Weatherford Regional Medical Center's Emergency Department (817) 599-1111
- Cook Children's Emergency Department (682) 885-4093
- Parker County Urgent Care (817) 341-3016
- Tri Cities Urgent Care (817) 984-7120
- Smoking Cessation (877) 937-7848
- Poison Control (800) 222-1222

**Next Visit:**

- 4 Month Well Child Check
- Schedule your appointment 3-6 weeks in advance.
- Arrive 15 minutes before your appointment to update chart.
- Remember to bring your shot record with you to the exam. The immunizations your child will receive at the 4 month visit will include:
  - DTaP – Diphtheria, tetanus and acellular pertussis
  - IPV – Inactivated poliovirus
  - Hib – Haemophilus influenza type B
  - PCV – Pneumococcal
  - Rota Teq – optional, but recommended

**Suggested Reading for Parents:**

- What to Expect the First Year by Heidi Murkoff, Sandee Hathaway, Arlene Eisenberg.
- The Happiest Baby on the Block by Harvey Karp, M.D.
  - For colicky babies

**If you have any concerns about your baby's health, please call. This handout is meant to be a guideline, not a substitute for the care of a competent health care provider. Please do not give any medicines without talking to your doctor first. We are happy to help you in any way we can. Immunization Schedule is subject to change based on the recommendations of the Committee on Infectious Diseases.**