



St. Vincent Physician Network

"The Big Smile"

from www.kidsgrowth.com

The following comments are designed to help you enjoy your new baby and develop confidence in yourself as a parent. They are not intended as a substitute for well-baby visits by your newborn's pediatrician.

Remember no two babies have exactly the same makeup or the same needs. Your baby is an individual with his or her own special growth pattern. Comparing the growth and development of your baby with other children is not a good idea and usually causes needless worry.

Never hesitate to ask your child's physician for guidance concerning specific problems. This is the reason for regular well-baby checkups.

Parenting and Behavioral

- The next few months are perhaps the easiest age during a baby's life. Your baby still has relative immunity to most infections. He or she is happy to see people, yet does not demand a lot of attention nor can they get up and crawl around to get into things. Your child will become responsive when you talk to him or her and is beginning to blossom into a "real" person.
- Continue to hold, cuddle, talk to, sing to and rock your baby as much as you can. Every interaction with your child stimulates brain development. Encourage your baby to "speak" by talking to him or her during dressing, bathing, feeding, playing, walking and driving. Stimulate your child with age- appropriate toys. Hang a rattle, mobile or some other bright object across the crib so that your infant can begin watching and reaching for it. Parents should continue to make sure they get adequate rest. A lot of moms still need a nap, so take one when baby naps. Go for a daily walk with the baby for fresh air. Mothers should have had their postpartum checkup by now.

Development

- Have you noticed that your baby's smile has improved, especially when he or she sees you? Infants at this age begin to show pleasure in their interactions with their parents.
- Before long, the neck muscles will begin to develop, allowing your baby to gain more head control. He or she will be able to hold his or her head steady and it will not bob around when you pick up your child. Until this happens, however, be prepared to give your baby extra head support.
- Your baby will begin to grasp a rattle or tightly hold on to your finger
- Between now and the 4-month checkup, most babies will start to lift their head, neck and upper chest on their forearms, craning their necks like a turtle to see what is going on. They will also straighten out their legs when you let them sit on your lap and try to stand with support. And no, this will not cause them to become bow-legged.

Feeding

- Ensure that your infant is gaining enough weight.
- Discuss with your baby's doctor any problems you are having with breast or bottle feeding. Remember, "spitting up" is common and as long as your baby is thriving, the spitting is a "nuisance" rather than a "problem."

- Infant feeding demands will continue to vary from day to day. By 10 weeks of age, some babies are feeding only four to five times a day (breast or bottle) while others require more feeding times. This is normal. Hopefully, the interval between feedings is not at least every three to four hours during the day with lengthened intervals at night. Do not put cereal in a bottle unless instructed to do so by your baby's doctor. The introduction of solid foods depends on the preference of your child's pediatrician.
- Remember to give vitamins and/or fluoride if prescribed by your child's doctor.
- Do not use a microwave oven to heat formula.
- Never put your baby to bed with a bottle or prop it in their mouth.
- Between now and the next checkup, many babies begin to drool. This is quite common and does not necessarily indicate early teething. It is probably due to a lot of saliva that the baby has not yet learned to swallow.

Sleep

- Always put your baby to sleep on his or her back. Alternate the end of the crib where you place his or her head so he or she does not always sleep with his or her head on one side.
- Begin to establish a bedtime routine and other habits to discourage night awakening.
- Infants sleep most of the day but a child's sleep patterns vary from baby to baby. Many babies still have that "fussy" period during the late afternoon or early evening. It is OK for moms and dads to give themselves a break from that time by getting assistance from relatives and friends.
- Most babies will sleep through the night by 3 months old. "Lucky" parents get a good nights sleep sooner. To achieve this, many babies need encouragement. Put the infant to bed when they are drowsy but awake. Avoid rocking your baby to sleep or holding him or her until he or she falls asleep. Your baby needs to learn to fall asleep on his or her own. Try to ignore the baby if he or she is just squirming or whimpering. Your infant may go back to sleep on his or her own!

At this Checkup

- An important part of each well-child visit is the evaluation of the baby's growth. In the vast majority of children, growth falls within normal ranges on the standard growth curves for weight, height or head size. The smooth curves of a growth chart might create the impression that a baby grows in a continuous, smooth manner. Instead, growth usually occurs in spurts. Therefore, single growth (height, weight, head size) measurement at any particular month in a child's life is of limited value - more important is the child's rate of growth over time.
- The 2-month old will also be checked thoroughly both physically and developmentally.

Immunizations

Since immunization schedules vary from doctor to doctor, and new vaccines may have been introduced, it is always best to seek the advice of your child's health care provider concerning your child's vaccine schedule.

- Haemophilus Influenza Type b (Hib) Vaccine #1
- Diphtheria, Tetanus, Acellular Pertussis (DTaP) Vaccine #1
- Inactivated Poliovirus (IPV) Vaccine #1
- Hepatitis B Virus (HBV) Vaccine #2 (To be administered at 2 or 4 months)
- Prevnar (Pneumococcal) Vaccine #1
- Ask your baby's doctor about possible side effects (fever, irritability, tenderness over the injection site).

Safety

- Continue to use an infant car seat that is properly secured at all times.
- Continue to put the baby to sleep on his or her back or side.
- Continue to test the water temperature with your wrist to make sure it is not hot before bathing the baby. Never leave the baby alone or with a young sibling or pet.
- Do not leave your baby alone in a tub of water or on high places such as changing tables, beds, sofas or chairs.
- Always keep one hand on the baby.

- Continue to insist that the baby's environment is free of smoke.
- Never shake or jiggle the baby's head vigorously.
- Never leave the infant alone in the house or car, even for a minute.
- Do not place strings or necklaces about a baby's neck or use a string to attach a pacifier.
- Never hold your baby while drinking a hot liquid.
- If your home uses gas appliances, install and maintain carbon monoxide detectors.

Eliminations

- Your baby will have his or her own frequency of bowel movements.
- Most babies strain, grunt and fuss when they have bowel movements. This does not mean they are constipated.

When to Call the Doctor

- Anything that bothers you!
- Fever.
- Not gaining weight.
- Excessive vomiting, especially if it is forceful and goes across the room.
- Uninterested in eating.
- Irritability or lethargy.
- Unusual skin rashes.
- Your baby seems very stiff or very floppy.

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