

GUIDE FOR PARENTS 2 MONTHS

INFANT CARE

Skin/Nail Care—Bathe your baby daily in hot weather and every other day in cool weather. Use tap water without any soap or with a non-drying soap like Dove. Don't forget to rinse the face. Never use soap to wash inside the female genital area. Rinse the area with plain water and wipe front to back to prevent irritation. When bathing your baby in the sink or tub, seat him or her on a washcloth or sponge to prevent slipping. Set the water heater to less than 120 degrees so the water won't scald the baby. Trim the nails once a week after a bath so the nails are soft. Using clippers or special baby scissors, cut the toenails straight across. Round the corners of the fingernails to reduce scratches. Wash baby's hair twice a week with a non-irritating baby shampoo.

Colic/Crying—Unexplained crying (not due to pain or hunger) that lasts for 1-2 hours at the same time each day is usually called colic. The baby acts fine between bouts of crying and may stop crying if held. Colic begins before 2 weeks of age and usually stops by 3 months of age. The cause of colic is not known, and the crying will not harm the baby. Some things to try to soothe your baby include cuddling in a rocking chair, rocking baby in a cradle, placing baby in a front pack or pouch, wind-up swing or vibrating chair, and going for a stroller ride. A last resort is to let your baby cry himself to sleep. However, if he cries for over 15 minutes after putting him to bed, pick him up and retry some soothing activity. Get rest for yourself—taking care of a colicky baby is exhausting and frustrating. Call the doctor immediately if your baby cries constantly for more than 2 hours, you are afraid you might hurt your baby, or your baby is acting very sick. Call your doctor during office hours if the crying continues after 4 months of age, your baby is not gaining weight and may be hungry, or with other questions and concerns.

Normal Sleep Patterns—By 2 months your baby will be more alert and social and will spend more time awake during the day. He may start skipping one middle of the night feeding and sleep from around 10:00 PM. to daylight. By 3 months of age most babies are consistently sleeping through the night. If your baby is not, you may need to give him some encouragement by keeping him awake longer in the afternoon and early evening by actively playing with him, and/or increasing the amount of feeding or nursing time before bed. Don't be discouraged if after a period of sleeping through the night your baby begins to awaken again. These returns to late-night wake up sessions are usually related to growth spurts increasing the need for food, teething, or other developmental changes.

Bowel Movements—Breast-fed babies' stools resemble light mustard with seed like particles and are soft and slightly runny. Formula-fed babies usually have tan or yellow stools that are the consistency of peanut butter. There may be a decrease in the frequency of bowel movements at this age. Also, the stools will tend to be more solid. Occasional variation in the color and consistency of stools is normal. Hard or very dry stools are signs that the baby may not be getting enough fluid. More than one stool per feeding or watery stools may lead to dehydration. Call your doctor if you think your child is constipated or has diarrhea.

CHILD CARE PROVIDERS

Baby Sitters—Your baby sitter becomes a "surrogate parent" when you are away and should be selected with care. Make sure you give explicit instructions to the sitter. The following are some guidelines you should use.

1. Leave a written note stating where you will be, how you can be reached, and when you will return.
2. Post important numbers by the phone including police, fire, poison control center, hospital, doctor, ambulance, and nearby friend, neighbor, or relative.
3. Explain rules about friends, TV, stereo and telephone (applies to sitter).
4. Explain baby's routine including feedings and sleep.
5. Make sure they know the location of first aid supplies, emergency exits, fire extinguishers, toys, clothing, etc.
6. Rough or otherwise dangerous play is not tolerated and child should never be left alone.

Day Care—If day care is needed there are several options to choose from including center-based day care, home day care (care in someone else's home), and in-home day care (care in your home). There are advantages and disadvantages to each and which you decide to use is a personal and individual decision. Before choosing any day care environment, you should be familiar with the state licensure regulations for childcare, check references, and observe the caregiver(s) with your child. For preliminary information you may contact the State Department of Social Services, United Way, religious organizations, the yellow pages, your doctor, or word-of-mouth from friend and relatives. Check out a number of different child care arrangements and facilities by telephoning and asking questions about openings and admission requirements; meeting with the directors and staff or caregiver to discuss your expectations; and talking with other parents from the facilities.

INJURY AND ILLNESS PREVENTION

Car Restraints—All 50 states have passed laws that require children to ride in approved child passenger safety seats. Use a rear-facing, federally approved, properly installed infant safety seat until your child is over 20 pounds and able to sit up by himself. Keep your child facing backward as long as possible, up to one year of age. The safest place for a child to be restrained in a car is in the middle of the back seat. **DO NOT** put a rear facing infant seat in the front seat of a car or truck with a passenger side air bag.

Crib Safety—Your baby's crib should have 12 slats per side, and no more than 2 and 3/8 inches between the slats. No crossbars on sides. Drop side should not release too easily. Metal hardware should be smooth with no rough edges. Mattress should fit tightly with no more than two-fingers width between mattress and side of crib. If crib is painted, make sure it is lead-free paint. The top rail of the crib should be at least 3/4 the height of the child to keep the baby from falling out. Use bumper pads for the crib until the baby is able to stand up.

Sleeping Position—In 1996, the American Academy of Pediatrics recommended that all healthy infants be put to sleep on their backs (supine) to reduce the risk of SIDS (sudden infant death syndrome). The prone or "tummy" position is recommended when babies are awake to prevent any flattening of the back of the head.

Smoke-free Environment—Passive smoke comes from two sources: Secondhand smoke, which is exhaled by the smoker, and Sidestream smoke, which arises from the end of a burning cigarette. Children exposed to passive smoke have more frequent and more severe respiratory tract infections than non-exposed children. Other problems made worse by exposure to passive smoke include: pneumonia, cough, bronchitis, croup, laryngitis, wheezing, bronchiolitis, asthma, flu, ear infections, middle ear fluid and blockage, sore throats, eye irritation and SIDS. If you smoke, **QUIT**. If you can't quit, **NEVER SMOKE INSIDE YOUR HOME, NEVER SMOKE IN THE CARE, and NEVER LEAVE YOUR CHILD WITH SOMEONE WHO SMOKES.**

EARLY SIGNS OF ILLNESS

Fever—If your child has a rectal temperature greater than 100.4 degrees F on two separate readings thirty minutes apart **call your doctor immediately**. Fever in these first few weeks can indicate an infection and babies this age can quickly become seriously ill.

Failure to eat—Breast-fed babies who are refusing to nurse or formula-fed babies who are refusing the bottle may be in the early stages of an illness.

Vomiting—Forceful vomiting (shooting out several inches rather than the normal spitting up) can be a sign of an obstruction between the stomach and the small intestine called pyloric stenosis. This should be evaluated by your baby's doctor. You should also inform your doctor about any vomiting that persists for more than 12 hours, or is associated with diarrhea and/or fever.

Diarrhea—Watery stools are usually caused by a viral infection. The danger from diarrhea is the possibility of dehydration. If stools are watery or occur more often than 6-8 times per day, baby's mouth is dry, baby is not making tears, or there is a decrease in the number of wet diapers in a day, call your doctor.

NUTRITION

Sufficient Weight Gain—From months 1-4, your baby will probably gain between 1 1/2 to 2 pounds each month. He will grow approximately 1 to 1 1/2 inches in length, and head size will increase by 1/2 inch in diameter. These figures are averages so you shouldn't be concerned as long as your child's development matches

one of the normal curves on the growth chart your doctor has at his office. Baby's primary course of nutrition should still be breast milk and/or formula at this stage.

ORAL HEALTH

Clean baby's mouth with a soft cloth after each feeding. Never put your baby to bed with a bottle. This can cause ear infections and when they get teeth, can cause cavities. Never prop bottle to feed infant.

PATIENT-INFANT INTERACTION

Talk to your baby as much as possible. Read to your baby as often as you can. Sing to your baby. Play soft music. Cuddle, rock, and touch your baby often. Stimulate your baby by playing with rattles, using images or books with high contrast patterns, using an unbreakable mirror, and hanging a bright varied mobile over the crib.

SAFETY

Falls—Never place baby on a surface above floor level. Never leave baby unattended on a bed, couch, table, or chair.

Burns—Never hold baby while smoking, drinking a hot liquid, or cooking on a hot stove. Never allow anyone to smoke around your baby. Always test baby's bath water temperature with the inside of your wrist before placing baby in tub. Never heat baby's milk in microwave.

Choking—Check all toys for sharp edges and for small parts that could be pulled or broken off. Make sure crib mobiles are fastened securely and tightly so baby can't pull them down and entangle himself. Keep crib away from windows with mini blind cords.

IMMUNIZATIONS

At the visit your baby will receive the following vaccines:

HEPATITIS B—Baby should have received the first Hepatitis B vaccine in the hospital after birth. This second vaccination may have been given at baby's 1 month visit.

DTaP—Diphtheria, Tetanus, and Acellular Pertussis

IPV—Inactivated Polio Vaccine

Hib—Haemophilus influenza vaccine