



TWO MONTHS

Name _____ Date _____

Weight _____ Length _____ Head Circumference _____

Immunizations: (note: your child's doctor may modify the immunization schedule at times)

1. Diphtheria/Tetanus/Pertussis (DTaP) - protects against diphtheria, tetanus, pertussis (whooping cough)
2. Polio (IPV) – protects against polio virus
3. Haemophilus influenza B (HIB) – protects against a bacteria that causes meningitis, blood, and throat infections
4. Hepatitis B—protects against infection with hepatitis B virus
5. Pneumococcal Conjugate—protects against a type of meningitis and blood infection, and some ear infections
6. Rotavirus—protects against a virus which causes severe vomiting and diarrhea

After immunizations some infants may experience discomfort or fever. Treat any local reactions at the site of the immunizations (for example, redness or swelling) with a cool compress for ten minutes at a time every few hours. You may give your child acetaminophen as needed. Reactions from the immunizations should be gone in 48-72 hours, although a small firm non-tender lump under the skin may remain for up to two months. If the baby has a fever of 100.4° F (38° C) or higher or appears very sick after the immunizations, contact the office.

Feeding:

- Your baby should be fed nothing but breast milk or infant formula fortified with iron at this age
- Primarily breastfed babies should receive daily vitamin D drops, 400 IU once a day
- Formula fed babies do not need this as formula is supplemented with the necessary vitamin

Office Hours and Telephone Coverage: We are available 24 hours a day, 365 days a year!

- Monday-Friday: 8:30am-5:30 pm (later as needed to accommodate urgent visits)
- Saturdays and Holidays: 9am-12pm (later as needed to accommodate urgent visits) – Urgent visits only
- Sundays: Mornings (office times vary); Call starting at 8am – Urgent visits only
- After regular business hours: After hour calls are answered by well-trained pediatric nurses who follow protocols approved by Longwood Pediatrics. Please restrict calls to urgent medical issues only.

Please ALWAYS call us before going to any emergency room.

Appointment Scheduling:

- Well Visit/Checkups: Our schedules are open one year in advance for routine well visit appointments. **Schedule your next well visit today!**
- Sick Visits: It is best to call the office early in the day to schedule an appointment. You can make an appointment by pressing option 2 for the receptionist. If you are not sure that your child needs to be seen, you may leave a message for our nursing staff and a nurse will call you back within an hour.

Communication:

Did you know that you can contact Longwood Pediatrics by email to request non-urgent appointments, medication refills, immunization records, and communicate with your child's provider? Sign up at the front desk today!

Like us on Facebook  Follow us on Twitter 

Next Visit:

The next visit will be at age four months. At that time she will receive the following immunizations: Diphtheria/Tetanus/Pertussis (DTaP), Polio (IPV), Haemophilus influenza B (HIB), Pneumococcal Conjugate, and Rotavirus.

Updated 5/19/16



Bright Futures Parent Handout 2 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

How You Are Feeling

- Taking care of yourself gives you the energy to care for your baby. Remember to go for your postpartum checkup.
- 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.

Your Growing Baby

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Put your baby to sleep on her back.
 - In a crib, in your room, not in your bed.
 - In a crib that meets current safety standards, with no drop-side rail and slats no more than 2³/₈ inches apart. Find more information on the Consumer Product Safety Commission Web site at www.cpsc.gov.
 - If your crib has a drop-side rail, keep it up and locked at all times. Contact the crib company to see if there is a device to keep the drop-side rail from falling down.
 - Keep soft objects and loose bedding such as comforters, pillows, bumper pads, and toys out of the crib.
 - Give your baby a pacifier if she wants it.
- Hold, talk, cuddle, read, sing, and play often with your baby. This helps build trust between you and your baby.
- Tummy time—put your baby on her tummy when awake and you are there to watch.
- Learn what things your baby does and does not like.

BEHAVIOR

- Notice what helps to calm your baby such as a pacifier, fingers or thumb, or stroking, talking, rocking, or going for walks.

Safety

- Use a rear-facing car safety seat in the back seat in all vehicles.
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Always wear your seat belt and never drive after using alcohol or drugs.
- Keep your car and home smoke-free.
- Keep plastic bags, balloons, and other small objects, especially small toys from other children, away from your baby.
- Your baby can roll over, so keep a hand on your baby when dressing or changing him.
- Set the water heater so the temperature at the faucet is at or below 120°F.
- Never leave your baby alone in bathwater, even in a bath seat or ring.

SAFETY

Your Baby and Family

- Start planning for when you may go back to work or school.
- Find clean, safe, and loving child care for your baby.
- Ask us for help to find things your family needs, including child care.
- Know that it is normal to feel sad leaving your baby or upset about your baby going to child care.

INFANT-FAMILY SYNCHRONY

Feeding Your Baby

- Feed only breast milk or iron-fortified formula in the first 4–6 months.
- Avoid feeding your baby solid foods, juice, and water until about 6 months.
- Feed your baby when your baby is hungry.

NUTRITIONAL ADEQUACY

- Feed your baby when you see signs of hunger.
 - Putting hand to mouth
 - Sucking, rooting, and fussing
- End feeding when you see signs your baby is full.
 - Turning away
 - Closing the mouth
 - Relaxed arms and hands
- Burp your baby during natural feeding breaks.

If Breastfeeding

- Feed your baby 8 or more times each day.
- Plan for pumping and storing breast milk. Let us know if you need help.

If Formula Feeding

- Feed your baby 6–8 times each day.
- Make sure to prepare, heat, 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.

What to Expect at Your Baby's 4 Month Visit

We will talk about

- Your baby and family
- Feeding your baby
- Sleep and crib safety
- Calming your baby
- Playtime with your baby
- Caring for your baby and yourself
- Keeping your home safe for your baby
- Healthy teeth

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



American Academy of Pediatrics



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Birth to 6 Months



BIRTH TO 6 MONTHS

Safety for Your Child

Did you know that hundreds of children younger than 1 year die every year in the United States because of injuries — most of which could be prevented?

Often, injuries happen because parents are not aware of what their children can do. Children *learn fast*, and before you know it, your child will be *wiggling* off a bed or *reaching* for your cup of hot coffee.

Car Injuries

Car crashes are a great threat to your child's life and health. Most injuries and deaths from car crashes **can be prevented** by the use of car safety seats. Your child, besides being much safer in a car safety seat, will behave better, so you can pay attention to your driving. Make your newborn's first ride home from the hospital a safe one — in a car safety seat. Your infant should ride in the back seat in a rear-facing car seat.

Make certain that your baby's car safety seat is installed correctly. Read and follow the instructions that come with the car safety seat and the sections in the owners' manual of your car on using car safety seats correctly. Use the car safety seat EVERY time your child is in the car.

NEVER put an infant in the front seat of a car with a passenger air bag.



Falls

Babies *wiggle* and *move* and *push* against things with their feet soon after they are born. Even these very first movements can result in a fall. As your baby grows and is able to roll over, he or she may fall off of things unless protected. **Do not leave your baby alone** on changing tables, beds, sofas, or chairs. **Put your baby in a safe place** such as a crib or playpen when you cannot hold him.

Your baby may be able to crawl as early as 6 months. **Use gates on stairways and close doors** to keep your baby out of rooms where he or she might get hurt. **Install operable window guards** on all windows above the first floor.

Do not use a baby walker. Your baby may tip the walker over, fall out of it, or fall down stairs and seriously injure his head. Baby walkers let children get to places where they can pull heavy objects or hot food on themselves.

If your child has a serious fall or does not act normally after a fall, call your doctor.



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Burns

At 3 to 5 months, babies will wave their fists and grab at things. **NEVER carry your baby and hot liquids, such as coffee, or foods at the same time.** Your baby can get burned. You can't handle both! To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater.

If your baby gets burned, immediately put the burned area in cold water. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth and call your doctor.

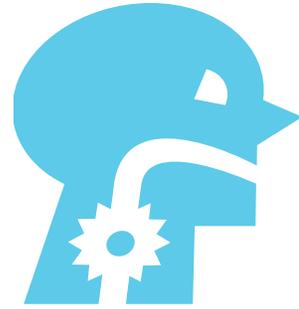
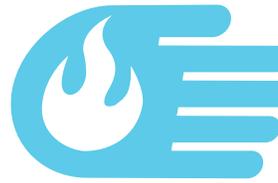
To protect your baby from house fires, be sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.

Choking and Suffocation

Babies explore their environment by putting anything and everything into their mouths. **NEVER leave small objects in your baby's reach, even for a moment.** NEVER feed your baby hard pieces of food such as chunks of raw carrots, apples, hot dogs, grapes, peanuts, and popcorn. Cut all the foods you feed your baby into thin pieces to prevent choking. **Be prepared if your baby starts to choke. Ask your doctor to recommend the steps you need to know. Learn how to save the life of a choking child.**

To prevent possible suffocation and reduce the risk of sudden infant death syndrome (SIDS), **your baby should always sleep on his or her back. Your baby should have his or her own crib or bassinet with no pillows, stuffed toys, bumpers, or loose bedding. NEVER put your baby on a water bed, bean bag, or anything that is soft enough to cover the face and block air to the nose and mouth.**

Plastic wrappers and bags form a tight seal if placed over the mouth and nose and may suffocate your child. Keep them away from your baby.



From Your Doctor

The information in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on the individual facts and circumstances.

Back to Work after Maternity Leave

Maternity leave ending soon? Make the transition back to work easier for both of you.

Returning to your job after having a baby can be a major upheaval for you and your little one. There are new schedules to adjust to, caregivers to get to know, and complex emotions to face as you'll suddenly be apart for lengthy stretches during the day. It's enough to stress out any new mom.

But the way you tackle these challenges will impact how well your infant copes. "Babies are very in tune with their mother's feelings," says Lee Beers, M.D., assistant professor of pediatrics at Children's National Medical Center, in Washington, D.C. "If your child senses that you're calm and comfortable, he'll likely react more positively to the changes in his routine." Dr. Beers, a mother of two young kids, speaks from experience. She and other pediatricians share their strategies for making a seamless return to work.



Plan Ahead

During the first few weeks, you'll be figuring out how to juggle your job and your new-mom responsibilities. Being organized is essential for keeping all those balls in the air. "If you handle the logistical issues -- who's doing what and when in the household -- it helps you deal better with the emotional part," says Dr. Beers. Make a weekly schedule of dinners, chores, and baby care (whose turn is it to soothe your crying child in the middle of the night?). Try to keep your baby on a regular routine of naps, meals, bath, and bedtime so she starts to anticipate what comes next.

Building a cushion into the morning rush is crucial. "About a week before you return, try out your new schedule," advises Abby Geltemeyer, M.D., assistant professor of pediatrics at The University of Texas Health Science Center at Houston and a mother of four. "See whether you have enough time to get the diaper bag packed, the bottles ready, and your baby changed, dressed, and dropped off." If not, this is your chance to make adjustments.

Start Pumping

If you plan to continue nursing, you should begin freezing milk several weeks before your return to build up a healthy supply for daytime feedings. You'll also want to get your baby used to drinking from a bottle: Most experts advise introducing it when he's 2 to 4 weeks old. Make sure you use low-flow nipples, which are designed to function much like yours, so they'll feel more familiar to your child.

Find out ahead of time if and where you can pump on the job. It might even be worth investing in a second machine that you leave at work. "I kept one pump at home and rented a hospital-grade model for the office," says Dr. Beers. She also invested in a special bag to steam-sterilize the attachments in the microwave at the end of the day.

Even if you choose not to pump at work, there's no need to wean your baby. You can breastfeed in the mornings and evenings, and your milk supply will gradually adjust so that you don't become engorged during the day.

Soften the Separation

Although a 3-month-old is too young to experience classic separation anxiety, many mothers notice that their infant tends to become fussier when her environment changes. To help your baby adjust more quickly to her new child-care arrangement, spend short periods away from her before you go back. "This helps her learn that it's perfectly normal for other people to take care of her too," says Dr. Beers.

Start your baby in child care (or have your mom or a sitter begin on-the-job training) several days to a week before you return. This will help your child get familiar with the routine and reduce your worries about her first day without you. Pack an item of your clothing, which carries your comforting smell. Rachel Plotnick, M.D., a pediatrician at Greater Baltimore Medical Center and a mother of two, adds that it's often easier for new moms to restart work midweek; that way you'll only have a few days to wait until the weekend.

Anticipate Snafus

No matter how foolproof your work and child-care arrangement may seem, there will almost certainly be times when things don't go smoothly. Babies and sitters get sick. Day-care centers may close for a maintenance day. Your boss might need you to stay after hours to complete a project. So you'll want to have a backup plan (or two) in place. Line up alternative caregivers — your partner? A neighbor? Your mother-in-law? Ask about your child-care provider's sick-kid policy, and look for emergency child-care resources in your area.

It may sound like a lot of legwork, but the rewards for thorough preparation will pay off: Your baby will be well cared for, you'll be more content (and productive) at your job, and, best of all, you and your child can enjoy a happy reunion at the end of every day.

By Madonna Behen from *Parents Magazine*

Parents