

TWO MONTH VISIT

DEVELOPMENT

1. Infants now have better head control, can follow objects better with their eyes, will smile and coo when played with and talked to and will respond to sound.
2. During the next two months, infants will become more active and demanding, will begin to reach for objects and put them into their mouths, may roll over and will become much more aware of their surroundings.
3. Please complete the PEDS Response Form to help us assess your child's development. We recognize that some of the questions are not relevant to your child at this age.

DIET

1. Continue breast or formula feedings.
2. Solid foods should not be started until 4-6 months of age. There is no evidence that starting solid foods at this age will result in longer sleeping periods at night.
3. Burp well and hold the infant upright after feedings.
4. **DO NOT PLACE INFANT IN BED WITH BOTTLE.** Do not prop bottle.
5. Continue vitamin supplement if prescribed.

STOOL PATTERNS

1. Stool consistency and frequency depends on the type of feeding. Breast fed infants have unformed stools every 1-3 days. Formula fed infants usually have formed stools daily.
2. Normal stool color is yellow to brown, occasionally green.
3. Many infants strain when having a bowel movement. This is normal as long as the stool is soft. If the stool is hard please call our office to discuss with your pediatrician.

SAFETY

1. Always use an approved car seat placed in the back seat facing backward.
2. Do not leave infant unattended on a changing table, sofa, or bed, in the bath or in an infant seat on the table.
3. Keep plastic bags, safety pins, buttons, etc., out of infant's crib and off of the changing table.
4. Your home should be protected by smoke and carbon monoxide detectors.
5. Beware of hot liquids around the infant.
6. Be sure side rails on crib are up.
7. Check toys for small parts, parts that easily break or come off.
8. Do not hold anything else when holding your baby.
9. Give your baby a smoke-free household. Cigarette smoke has been shown to cause an increased risk of respiratory infections, ear infections, asthma and Sudden Infant Death Syndrome (SIDS).

SLEEP

1. The American Academy of Pediatrics recommends that full term healthy infants be placed down for sleep on their backs. It is also recommended the infant sleep in the parents' room close to the parents' bed on a surface designed for infants such as a crib or bassinet at least for the first 6 months of life.
2. Each infant's sleep requirement is different and may range from as few as 8 hours to as many as 20 hours per day.
3. Infants placed into bed should not be allowed to get up; they may have to be sung to or have their backs rubbed to get them to sleep. Some parents prefer to rock their infants to sleep in their arms. This is okay as long as you recognize that you are developing a habit that may be difficult to break. Do not bring your infant into bed with you. Parents who do this usually regret it.

CRYING

1. Crying is normal in infants, may persist for as long as 3 hours per day, is usually more excessive in the late afternoon and early evening and does not always indicate hunger. It is appropriate to pick up and comfort a crying infant.

2. Colic is defined as fussy periods lasting several hours, usually at the same time of day, beginning at about 4 weeks of age and resolving by 4 months of age. The cause is unknown. It is not harmful to the infant, but is distressing to the parents. Pick up and comfort your infant. If your infant is “gassy”, Mylicon drops may be tried. If the fussiness is persistent or excessive, consult with your physician.

MISCELLANEOUS

1. Skin rashes, especially on the face, head and neck are common at this age, usually resolve spontaneously by 6 months of age and generally do not require any treatment.
2. Dress your infant comfortably. Avoid extremely warm or cold environments.
3. Discuss any concerns you may have about your infant with your physician.

IMMUNIZATIONS

1. We agree with the statements of the U.S. Public Health Service and the American Academy of Pediatrics that the benefits of immunization far outweigh the potential risks, and we recommend that all of our patients receive them according to the schedule suggested by the American Academy of Pediatrics.
2. Please notify the physician if your infant has had a reaction to any previous immunizations.
3. Today your infant will receive:
 - a. Pediarix (Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio, Hepatitis B).
 - b. Prevnar (Pneumococcal conjugate).
 - c. HiB (Haemophilus influenza type b).
 - d. Rotateq (Rotavirus RV5).
4. Infant Acetaminophen in appropriate dosage for weight (6-11 lb, 1.25mL) may be given as needed for fever or irritability. Prolonged or severe reactions should be reported to the office

NEXT OFFICE VISIT: At 4 months of age.

Parent/Guardian must accompany infant to all visits.