



YOUR CHALLENGING TWO MONTH OLD (6-10 WEEKS)

Hang in there! Some of the initial excitement may have worn off a bit, but your infant continues his rapid journey through the first year with new surprises at every junction. Many unique patterns have set in for your baby, some unexpected. Some

observations below may help provide insight into normal expected occurrences about this time.

Senses continue to sharpen and improve, particularly **vision**. Happy faces still delight (especially baby's own!). A book with a toy mirror in the crib may enthrall. Your **touch** continues to communicate reams to baby, keep up the caresses. Improved distance vision and sound localization along with better head support may enable baby to follow you as you cross a room. He/she should coo in response to voices and smile responsively. The baby continues to recognize taste and smell of its mother's breast. Consoling continues with rocking and positional change.

By one month, **neck strength** generally will raise the chin off the surface; by two months to about 45 degrees while on the stomach. Again, progression is the important thing, not specific dates! **Hand reaching** becomes more directive, with open hands while gazing at one month, and pre-reach movements by about the third month. **Head lag** while pulling up continues to diminish. He/she may suck fingers greedily. You are learning to respond to cues and there is give and take with respect to touching, voice, vision, movement and social interaction. Share any vision/hearing concerns with your pediatrician.

Body functions have settled, reflex behaviors are fewer as the autonomic nervous system matures. **Fevers** continue to be a concern, especially up to three months. Continue to rapidly report documented fever of 100.5 degree F (38.1 degrees C) or greater. After three months the immunologic system matures enough to make low grade fevers more a sign of good defense than possible danger. Any problems in voiding or stooling should be discussed at a regular visit.

Constipation (low frequency of stooling or very firm stools), is a common concern. Straining is still a pattern in some -- no concern if stool is still soft, bloodless, and behavior returns to normal after passage.

Sleep may last as long as 8-12 hours a night or continue with waking every 3-4 hours. Length of sleep is not closely related to amount or type of feeding. Ten to twelve pounds seems to be a weight compatible with longer night sleep. You can begin to let the baby try to settle without feeding by singing, gentle caresses, quieting motion and/or a pacifier. Some babies will just need that feeding for a while longer. Always try to put the baby to sleep while drowsy but *awake* and help baby learn to console him/herself to sleep. This will hasten night settling. Continue to share these responsibilities!

*Special Notes About
My Child:*

Crying time over a total day peaks in most babies about now. The usual holding, gentle rocking motion and noise distractions continue to be useful. Baby-sitters become invaluable for an occasional night out away from the fussing. Infant swings or carriers are vital in some babies. Remember, you cannot “spoil” a child at this age. All interactions, if patiently handled, serve to improve understanding between caretaker and baby. Know when to say when and cry for help!

Breast feeding will be second nature to you both by now if that’s your nutritional choice. Doctor recommended formula continues to be the best alternative. Remember to keep caloric and fluid intake up, mom! Weaning may need to start, partially or completely as a return to work outside the home is anticipated although many will be able to continue breastfeeding through work with a little creativity. Please discuss this in advance with your pediatrician. **Vitamin D** supplement (400 I.U.) is indicated for breast fed babies. Intervals between feedings extend, with breast feeding still more frequent. Larger feedings are tolerated but watch for overfilling (increased spitting). **Solid foods** should not be introduced here yet (with minor exception). Nutritional density remains higher for breast milk or formula than in solids. Relatives may need education in this area – don’t hesitate to bring them along for a visit!

Skin may continue to sprout mild rashes, both diaper and body. Continue gentle cleansing and moisturizing. Sun screens, (e.g. SPF 30) remain very necessary for significant exposure. Basic diaper creams such as Desitin, A&D, Balmex, Zinc Oxide, Butt Paste, Triple Paste, Aquaphor, or Eucerin are all acceptable and helpful. Avoid powders and corn starch.

Adjustment to family changes and stresses continues to occur. Remember to work together, spell each other, rest and eat adequately, and share concerns with your best listeners. Spend special time *each day* with other siblings, involve them in simple ways with baby care. **DO NOT LET YOUR BABY WATCH TELEVISION OR VIDEOS!** There are numerous health, sleep and educational risks associated with passive entertainment!

Iron supplementation may be recommended at this time if there are any special indications. Your pediatrician will discuss this with you.

Safety remains a high priority. **Car seats** should be used for every trip in the proper fashion. Continue **crib safety**, including back sleep. Pacifier use may also help prevent SIDS as does avoiding overheating and cigarette smoke! Don’t leave baby unattended or at any height, even in an infant seat. Watch hot liquids. No cigarettes in baby’s environment (lit or unlit)! Introduce playpens, swings (always with supervision), but not walkers or standers. Don’t bottle prop. Keep **emergency numbers** handy. Start to lock cabinets, place **chemicals and medicines** out of anticipation of active times safe toys.



reach, plug sockets, pick up and discard small objects in ahead. Use a **cool vaporizer** when needed, not hot steam. Buy

Further **immunization** time is here. Vaccines schedules change frequently, but all current vaccines are dramatically safer than the diseases they prevent, and none of the ones your baby will receive contain significant amounts of preservative or mercury. Discuss with your pediatrician the benefits and possible reactions, how to control fever or local reactions, and any other concerns. Acetaminophen in usual dosages is permissible to reduce fever reactions. Cool leg compresses and massage may help. It is a very rare occurrence when a vaccine cannot be given to a healthy child, or even one with a mild self-limited illness. Responses of the immune system to vaccines may even be more favorable when one is mildly ill!

Your baby is really “watching you now”. He/she is forming the framework for lifetime people and situation responses. Keep this in mind as you play, cuddle with, attend to and love your child. Expose him/her to the

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things you value – disregard the frivolous. Be consistent within your world. A local clergyman or counselor, as well as your pediatrician, may be able to help you grasp the awesomeness of this responsibility. Keep on! Remember – *“A screaming song is good to know in case you need to scream”* - Ruth Krauss.

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