

# 2 Month Check Up



**Cedar Park Pediatric  
& Family Medicine**  
Complete Medical Care for your Family  
[www.cedarparkdoctors.com](http://www.cedarparkdoctors.com)

LENGTH \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEAD \_\_\_\_\_

## RECOMMENDATIONS FOR TODAY

### Immunizations

The following vaccinations will be provided today as long as your child is up-to-date on their vaccines:

- DTaP       Hib       Polio       Hepatitis B       Prevnar       Rotateq

It is common for children to experience some discomfort from today's vaccines.

The following are **NORMAL** side effects:

- Soreness, redness, swelling, tenderness where shot is given
- Fever (usually low grade)

For **relief**, you may apply ice for the first 24 hours and give Tylenol (please see dosage table located towards the back of this packet)

### Should your child experience:

Streaking at the site of injection, difficulty breathing, hoarseness, wheezing, swelling of the throat, weakness, fast heartbeat, dizziness, or hives **CONTACT THIS OFFICE IMMEDIATELY 512-336-2777.**

### Other Recommendations

- Postpartum depression screening

## NUTRITION

### Breast-Fed Infants

1. **Feeding Patterns** – By 2 months of age, most babies will drop a night feeding and nurse 6 to 7 times in a 24 hour period. Remember, infant's needs differ individually & rigid feeding schedules are not recommended for breast-fed infants. Most infants will need at least 6-8 breast-feedings in a 24 hour day until they begin solids.
2. **Solid Foods** – The AAP and WHO recommend exclusive breastfeeding until 6 months of age to support optimal growth and development. The introduction of complementary solid foods can begin gradually at 6 months of age, but breastmilk should still be the main source of nutrition.
3. **Vitamin D Supplementation** – Starting soon after birth, the American Academy of Pediatrics recommends that 400 IU of Vitamin D supplementation be given to all infants. You can purchase solely Vitamin D drops or Poly-Vi-Sol, which is a multivitamin at grocery or pharmacy stores. Alternatively, mothers who are breastfeeding can take 6000 IU of Vitamin D daily to provide adequate Vitamin D through breastmilk for your

infant. If your baby is exclusively formula fed and takes more than 32 oz in a day, you do not need Vitamin D supplementation.

## **Your Diet During Pregnancy and Lactation**

It is recommended that breastfeeding mothers continue to take prenatal vitamins daily. It was once recommended for mothers to refrain from consuming highly allergenic foods during pregnancy and lactation. However, recent evidence suggests that it is not necessary to avoid these foods. There is no significant allergy prevention benefit to your baby by avoiding highly allergenic foods during this time.

## **Formula-Fed Infants**

1. **Feeding patterns** – As time goes on, your baby’s feeding will increase in amount per feeding and decrease in frequency. In general most bottle-fed infants need 5-6 feedings at this age.
2. **Solid Food** – There is no rush to start solids. Once your baby starts to exceed 32 to 36 ounces of formula a day (usually between 4-6 months of age), he/she may be ready for solid foods.

## **BABY’S FIRST COLD**

A “cold” or upper respiratory infection is a viral infection of the nose and throat. Most healthy children get at least 6 colds a year. Children in daycare may get up to 12 colds per year. There are no medicines that can cure a cold. We can only treat the symptoms.

- To help drainage: use a humidifier at night, elevate the head of the baby’s bed, and use saline nose drops and a bulb syringe to clean the nose.
- Over-the-counter medications are rarely recommended under 6 months of age. Cold & cough syrups are NOT recommended.
- You may need to increase the frequency of feedings in order to increase liquid intake and ensure adequate hydration. Avoid giving water at this age.
- Have your baby seen by his/her provider if he/she seems extremely fussy or sicker than one would expect with a minor cold.
- Fever, especially the first 2 to 3 days of a cold, is common. Usually fever with a cold is not high. However, **infants 3 months or younger with a rectal temperature of 100.4 or greater need to be seen for a medical evaluation.**

## **CARE OF YOUR CHILD**

### **Immunizations**

Most medical experts agree that the developments of effective vaccines are among the most important medical advancements of the 20<sup>th</sup> century. Before vaccines, parents in the US could expect that every year.

- Polio would paralyze 10,000 children
- Rubella (German measles) would cause birth defects and mental retardation in as many as 20,000 newborns.
- Measles would infect about 4 million children, killing 3,000
- Diphtheria would be one of the most common causes of death in school aged children
- A bacterium called Haemophilus influenzae type b (Hib) would cause meningitis in 15,000 children, leaving many with brain damage.

- Pertussis (whooping cough) would kill 8,000 children, most of who were under the age of two.

Today, thanks to the development of vaccines and their widespread use, the frequency of such diseases has been reduced significantly and in the case of a few diseases, virtually eliminated in this country.

## **DEVELOPMENT**

### **Hearing**

Your baby may cry at sudden loud noises. Their eyes will search for a sound, but not always in the direction of the sound. The baby is aware of your voice. Talk to your baby, play classical music- it may improve math and science learning.

### **Language:**

Coos, laughs, and different cries show pleasure or distress.

### **Learning**

Your baby should visually follow short distances and watch objects. When your baby is close to 4 months old, he will take a swing at the object, grasp and hold objects, watch and play with his hands, and control his head and shoulders. Look at books with simple pictures and bright colors.

### **Playing**

Keep your baby in a sitting position as much as possible. Play and clap together with your baby's hands. Keep your baby on their stomach at least 30 minutes a day. Imitate baby's cooing and babbling sound because such imitation appears to encourage infants to make these sounds. Games such as "Peek-a-boo", "Pat-a-Cake", and "this little piggy went to market". Encourage imitation and listening skills.

### **Toys**

- Images or books with high-contrast patterns
- Play varied music from music boxes or tapes
- Unbreakable mirror attached to the inside of crib
- Rattles
- Bright, varied mobiles
- Sing to your baby

### **Screen Time Recommendations**

Helping children develop healthy media use habits early on is important. The American Academy of Pediatrics recommends the following guidelines:

- For children younger than 18 months of age, use of screen media other than video-chatting, should be discouraged.
- Children ages 18-24 months may be introduced to high quality programming/apps if parents use them together with their children. Children learn best when interacting with parents/caregivers.

- For children older than 2 years, limit screen use to no more than 1 hour per day of high quality programming. Co-viewing with your child is recommended.
- All children and teens need adequate sleep, physical activity, and time away from media. Designate media-free times to be together as a family and media-free zones. **Children should not sleep with electronic devices in their bedrooms, including TVs, computers, ipads and smartphones.**
- Parents are encouraged to develop personalized media use plans for their children taking into account each child's age, health, personality and developmental age. Plans should be communicated with caregivers and grandparents so that media rules are followed consistently.

## SLEEP

### Prevention of Sleep Problems

At about 6 weeks of age, most infants begin to establish better day/night patterns. They sleep more at night and remain alert for longer periods in the day. "Sleeping through the night" at this age means sleeping for a 5 to 6 hour stretch once per 24 hours. Most infants will still be waking for nighttime feeds at this age. During the day, most 2 month olds take 3-4 one to two hour naps, for a total of 15 hours of sleep in a 24 hour day.

The following measures can help make your baby sleep better:

- Teach your baby to fall asleep on his own. Place him down to sleep while drowsy, but not quite asleep. If you always rock your child to sleep or allow your child to fall asleep while feeding, he will be trained to expect the same ritual every time he awakens. Over the next few months, he should learn to "self-sooth."
- Establish a predictable & soothing bedtime routine: bath, spend a few minutes "reading" a picture book, sing a song, say goodnight to family members.
- Encourage play and active time in the daytime. In contrast, nighttime feeding should be calm, quiet, and brief. For example, change the diaper if necessary then feed, burp, and return your baby, in a comfortable, sleepy state, to his crib while still awake.
- Try to delay the middle of the night feedings. By now, your baby should be down to one feeding during the night, although some breastfed infants may need more. Before feeding, try to briefly pat or hold your baby to see if that will satisfy him. If you are bottle feeding, try to reduce this feeding by 1 to 2 ounces. If you are breastfeeding, you should not actively try to decrease nighttime feedings as it may impact your milk supply, but it is ok if baby does this on their own.

## SAFETY

### Falls

Babies wiggle and move and push against things with their feet as soon as they are born. Even these very first movements can result in a fall. As your baby grows and is able to roll over (sometimes as early as 2 to 3 months), he may fall off of things unless protected. Do not leave your baby alone on changing tables, sofas, or chairs. Put your baby in a safe place, such as a crib or playpen, when you cannot hold him. Do not use a baby walker. Your baby may tip the walker over, fall out or fall down stairs and seriously injure his head. Baby walkers let children get to places where they can pull heavy objects or hot foods on themselves.

Always buckle your baby in place while in any infant seat, infant carrier or stroller. Many infants have had serious falls when left for "just a minute" or when the parent forgets and picks up the child in an unsecured carrier.

## **Burns**

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. To protect your family from tap water scalds, reduce the maximum temperature of your hot water heater to 120 F. If your baby gets burned, immediately place the burned area in cold water. Keep the burned area in cold water until she quits crying, then cover the burn with a bandage or clean cloth and call your baby's provider.

To protect your baby from house fires, be sure that you have a working smoke alarm in your home. Test the batteries in your alarm every month. Change the batteries at least twice a year on dates that you'll remember, such as Daylight Saving and Standard Time.

Sun exposure can also burn your child. Avoid direct sun exposure, especially from 10am to 4pm. Use a wide brim hat to shield the face and cover arms and legs with lightweight clothing.

## **Sleep Safety Guidelines**

To prevent possible suffocation and to reduce the risk of Sudden Infant Death Syndrome (SIDS), the American Academy of Pediatrics has come out with the following recommendations:

- Until their first birthday, babies should sleep on their backs during naps and nighttime. If your baby falls asleep in a car seat, move him or her to a firm sleep surface on his/her back as soon as possible. If your baby is comfortable rolling both ways (back to tummy, tummy to back) and you find that he/she has rolled onto their tummy, you do not have to return the baby to his/her back.
- Use a firm sleep surface. A crib, bassinet, portable crib or play yard that meets the current safety standards is recommended along with a tight-fitting mattress and fitted sheet designed for that particular product. Nothing else should be in the crib except for the baby. Keep soft, loose bedding out of your baby's bed.
- Room sharing in which baby sleeps in his/her crib in the same room where you sleep is encouraged for the first 6 months of age.
- Co-sleeping/bed sharing is NOT recommended. Only bring your baby into your bed to feed or comfort.
- Never place your baby to sleep on a couch or armchair.
- It is fine to swaddle your baby. Stop swaddling when your baby looks like her or she is trying to roll over.
- Try giving a pacifier at nap time and bedtime. This helps to reduce the risk of SIDS. If the pacifier falls out after the baby is asleep, you don't have to put it back in. If you are breastfeeding, wait until breastfeeding is going well for approximately 2-3 weeks before introducing the pacifier.
- In-bed sleepers and bedside sleepers that attach to your bed have not been fully researched as to their effects on SIDS so the American Academy of Pediatrics has not made recommendations for or against these products.

To prevent the development of a "flat head" or other positional skull deformities, it is advisable to alternate the infant's head position so that he/she is facing the opposite way each time you lay the child in the crib. This will prevent pressure from consistently being in one region of the skull and also help to maintain long healthy neck muscles. It is not recommended to use a boppy or infant pillow to position your infant's head.

## **Smoking**

If you or another family member is a smoker, one of the best ways to protect your family's health is to quit smoking. Smoking increases your baby's risk of respiratory illnesses, cancers, and SIDS.

Check out our website at [www.cedarparkdoctors.com](http://www.cedarparkdoctors.com) for more helpful tips and information regarding your child's health.

Your baby's next well-child check is at 4 months of age.

### Car Safety Recommendations

We highly recommend following the recommendations provided by the American Academy of Pediatrics:

**Infants and toddlers:** keep in a **rear-facing car safety seat** until they reach the highest weight or height allowed by the car safety seat manufacturer. It is important to keep your child rear-facing for as long as possible. This is a change from the previous recommendation and your child will be rear facing until at least age two.

**Preschool and early school-age:** children who have **outgrown the rear-facing weight or height limit** for their car seat should **switch to a forward-facing car safety seat** with a harness. They should remain in this seat for as long as possible and until they reach the highest weight or height allowed by their car safety seat manufacturer.

**School-age:** children who have outgrown the forward-facing car safety seat should use a **belt-positioning booster seat** until the lap and shoulder seat belt fits properly. The seat belt typically fits properly when they have reached 4 ft 9 inches in height and are between the ages of 8 and 12 years.

**Older school-age:** when the seat belt alone fits properly, they should always use lap and shoulder seat belts for optimal protection.

**All children less than 13 years:** must remain in the rear seats of vehicles no matter what. An airbag deployed in the front seat can seriously injure or kill children under the age of 13 years.

**Winter season:** Do **not** restrain your child while he or she is wearing a thick winter jacket.

**Important:** Have your child buckle up for **every** trip, no matter the length of time.

# Dosing for Infants and Children

Infants'  
**TYLENOL**

Children's  
**TYLENOL**

From Your Healthcare Professional

**DOSE: Every 4 hours as needed. DO NOT GIVE MORE THAN 5 DOSES IN 24 HOURS.**

If possible, use weight to dose; otherwise use age.

mL = milliliter  
tsp = teaspoon



## Infants' TYLENOL® Oral Suspension

Active Ingredient:  
Acetaminophen 160 mg  
(in each 5 mL)

Available in:  
Grape  
Cherry

Use only as directed.



## Children's TYLENOL® Oral Suspension

Active Ingredient:  
Acetaminophen 160 mg  
(in each 5 mL or 1 tsp)

Available in:  
Grape  
Cherry

Use only as directed.

WEIGHT	AGE	Infants' TYLENOL®	Children's TYLENOL®
6-11 lbs	0-3 mos	1.25 mL 	—
12-17 lbs	4-11 mos	2.5 mL 	—
18-23 lbs	12-23 mos	3.75 mL 	—
24-35 lbs	2-3 yrs	5 mL 	5 mL (1 tsp) 
36-47 lbs	4-5 yrs	—	7.5 mL (1½ tsp) 
48-59 lbs	6-8 yrs	—	10 mL (2 tsp) 
60-71 lbs	9-10 yrs	—	12.5 mL (2½ tsp) 
72-95 lbs	11 yrs	—	15 mL (3 tsp) 

## IMPORTANT INSTRUCTIONS for Proper Use

Today's Date: \_\_\_\_\_

This dosing recommendation from your doctor will expire in 14 DAYS.

- Read and follow the label on all TYLENOL® products.
- Take every 4 hours as needed. Do NOT exceed more than 5 doses in 24 hours.
- Do NOT use with any other product containing acetaminophen.
- Use only the dosing device that comes with a specific product.
- **All Infants' TYLENOL® and Children's TYLENOL® Oral Suspension products have the same acetaminophen concentration (160 mg/5 mL).**