



2 Months

Hopefully you are getting enough rest to enjoy watching your baby learn to interact with people. He or she recognizes you by now. It is normal to feel sad about leaving your baby, however it is important to set aside time for other meaningful people in your life.

Developmental and Milestones

- Smiling has improved.
- Begins to show pleasure in interacting with parents and siblings.
- Neck muscles are starting to strengthen, baby will hold their head up on their own.
- Starting to grasp, either toys or your finger.
- Begins to drool, but not usually teething.

Feeding and Nutrition

- It is common for baby's to "spit up" some of the breast milk or formula he or she recently ate. As long as he or she is gaining weight this shouldn't cause concern.
- Feeding interval is 3-4 hours during the day with longer intervals at night.
- Continue to burp your baby during normal feeding breaks.
- Your baby does not need any water.
- No solid foods just yet.

Sleep

- Continue to put baby to sleep on his or her back. Rotate side of bed baby sleeps on.
- Begin to establish a bedtime routine.
- Avoid bad habits of rocking baby to sleep or rushing in when whimpering.

General Health and Safety

- Always use a rear-facing car seat that is properly secured at all times.
- Test bath water temperature.
- Maintain a smoke free environment.
- Do not place strings or necklaces around baby's neck including a pacifier attachment.
- Check and use carbon monoxide detectors.
- Bowel movements are still loose. Anywhere from 5 times a day to once every 5 days, depending on whether you are nursing or using formula.
- Avoid sun exposure.
- Do not put to bed with a bottle or prop it up in their mouth.
- Keep toys with small parts out of reach.

When to Call or See Your Pediatrician

- Fever.
- Not gaining weight.
- Excessive vomiting.
- Not eating well.
- Irritability or lethargy.
- Unusual skin rashes.

Immunizations

- HBV (Hepatitis B)
- DTaP (Diphtheria, Tetanus, and Pertussis)
- IPV (Polio)
- HIB (Haemophilus Influenza)
- PCV (Pneumococcal)
- RV (Rotavirus)

Date _____

Your Next Visit: 4 Months

Height _____ Percentile _____

Date _____ Time _____ AM/PM

Weight _____ Percentile _____

Provider _____

Head

Circumference _____ Percentile _____

