

Woburn & North Andover Pediatric Associates

7 Alfred Street, Baldwin Park II, Woburn, MA 01801 - Phone 781-933-6236, Fax 781-938-8050
800 Turnpike Street, North Andover, MA 01845 - Phone 978-557-5712, Fax 978-557-5406



Routine Physical Exam: 2 months

Development

- By 2 months, your baby should:
 - Smile, respond to noise, follow you with his/her eyes, have better head control
 - Continued strong sucking reflex (may suck on fist or fingers), strong grasp
 - More coordinated arm & leg movements, kicks both legs when lying
 - Can see objects & faces up to 18" away
 - Recognize parent's face/voice, respond with coos and gurgles
- Continue to talk & cuddle your baby. He/she may "answer back" by with coos or by mimicking facial expressions.
- A young infant cannot be "spoiled" – responding quickly to baby's cries will teach your child that he/she is cared for. It is important to respond to cries now and will actually decrease clingy behavior later on.
- To strengthen neck muscles & improve head control, give baby supervised tummy time.
- Visit: www.HealthyChildren.org, search topics like "Ages and Stages", "Parenting Your Infant"; www.ZeroToThree.org

Nutrition

- Breastfed babies will feed 8-12 times in a 24 hour period, and maybe more frequently during growth spurts (common around 6-8 weeks). Feed on demand, which is typically every 2-3 hours. Babies can still cluster feed and eat hourly at this age.
- Breastfed babies require Vitamin D supplementation of 400 IU daily or 1mL (found over the counter as Trivisol, Vitamin D, or Polyvisol).
- For breast milk storage, follow the rule of 3's before discarding: milk can be 3 hours out at room temp, 3 days in refrigerator, 3 months in the freezer.
- Formula fed babies will take approximately 4-6 ounces per feeding, or 20-30 ounces per day.
- Feed baby held in your arms to promote bonding. An upright position is preferred. Do not prop the bottle!
- Babies do not require any additional water – they get all the fluids they need from breast milk and/or formula.
- If baby becomes constipated, you may try 1 tablespoon light karo syrup to 4 ounces of milk (breast or formula).
- Visit:

Sleep

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- Your baby should always sleep on his/her back in a crib or bassinette free of blankets, toys, or other objects. Baby will sleep up to 16 hours per day but sleeping patterns will be irregular. More time is spent in REM sleep, which means they can wake easily and confuse day/night.
- When baby is sleepy, put him/her in the crib. He/she may cry for 10-15 minutes before falling asleep, but learning to self soothe now is important for successful sleep habits later.
- Avoid letting baby sleep for more than 3 hours in a row during daytime hours. Between naps, play with baby in a well-lit room.
- Baby may be able to sleep 4-6 hour stretches at night. During nighttime wake periods, feed baby in a dimly lit room and avoid playing or overstimulation.
- With baby sleeping on his/her back, there has been an increase in positional plagiocephaly (flattening of one side of the head). Even though plagiocephaly doesn't alter brain development, it can alter appearance and can be avoided with simple position changes: alternate your infant's head position each night (one night face right, next night face left), change the crib orientation so that your infant has to look in different directions to see interesting objects, give baby plenty of tummy time, avoid long periods in the car seat (especially if not in a car).
- Visit: www.HealthyChildren.org, search "Getting Your Baby to Sleep", "Your Baby's Head"

Safety

- Your child must be secured in a car seat for every ride! Infants should be in rear facing car seats according to your seat's manufacturer guidelines. Seat weight and height requirements should be followed carefully. The American Academy of Pediatrics recommends that children remain rear facing in the back seat until age 2 years.
- Normal baby wiggling movements can cause falls – do not leave baby unattended. Diaper changes on the bed, couch, and changing table can easily result in a fall to the floor without proper caution.
- Do not place baby on bean bag, waterbed, or anything soft enough to cover the face. For the same reason, no toys, pillows, crib bumpers in the crib.
- Do not drink hot fluids when holding baby.
- Your hot water heater should be set no higher than 120 degrees.
- Consider taking a CPR class.
- Use a rectal thermometer to take baby's temperature. Call the office for any temperature 100.4 degrees or over. Do not give fever reducing medications until you consult with your child's pediatrician.
- Avoid direct sun exposure – use sunscreen (SPF 50 for sensitive skin is fine for 2 months and older), hats, and try to keep baby in the shade!

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- Maintain a smoke-free environment. Children exposed to smokers/second hand smoke are more susceptible to sudden infant death syndrome (SIDS), ear infections, breathing problems, and wheezing.
- Maintain working smoke and carbon monoxide detectors.
- Post emergency numbers near your phone and/or mobile phone contacts.
- Visit: www.HealthyChildren.org, search topics like “Infant & Toddler Car Seat Safety”, “How To Take Your Child’s Temperature”

Relationships

- Be sure to keep your 6 week follow up with your obstetrician.
- Avoid exposing baby to large crowds or lots of visitors as her his/her immune system is still very immature. Babies of this age can contract serious illness easily and get sick very quickly. Do not expose your baby to any contacts with cough, cold symptoms, fever, or any other contagious illness.
- Recognize fatigue and rest when baby is sleeping.
- Take time for yourself and with your partner.
- Many new mothers experience “baby blues”. These feelings (depression, anxiety, upset for unclear reasons, trouble sleeping, questions about whether you can handle caring for baby) usually go away in a week or so. All new parents feel overwhelmed, frustrated, exhausted, or angry occasionally, but if these feelings are overwhelming or last for an extended period, call your OB.
- Visit: www.HealthyChildren.org; www.ACOG.org, search “postpartum depression”

Office Policies

- We like to see infants at regular intervals: 1, 2, 4, 6, 9, 12, 15, 18 months, 2 years, and then annually thereafter. We schedule 3 months in advance. We try to alternate visits between your child’s pediatrician and pediatric nurse practitioners (PNP).
- Please note that many insurance companies require referral authorizations for outpatient appointments, urgent care visits, & other services. It is your responsibility to understand your insurance benefits so you should familiarize yourself with your plan’s referral requirement. Please call the Referral Department if you need to request a referral 781-933-0254.
- We follow the recommended vaccine schedule as indicated by the American Academy of Pediatrics & Centers for Disease Control. View vaccine information statements (VIS) at: www.immunize.org/vis
- Sign up for the Patient Portal to access vaccine history & lab results. You may also sign up for text and voice appointment reminders. See a staff member for details!

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- Traveling outside of the country in the next few months? Be sure to contact our nurses to determine if your child will need travel vaccines/medications prior to departure.

When should you call for further assistance?

- If you are concerned that your child is not eating, growing or developing normally
- If baby seems sick and/or has a fever
- If you need more information about how to care for your child, or have additional questions or concerns