



65 Walnut Street Suite 310
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Your Child at Two Months

Your next visit is at: Four Months

Immunizations and Tests:

At two months of age the following vaccines will be given: the Vaxelis #1 (a required vaccine including coverage for Diphtheria, Tetanus, Pertussis, Polio and Hemophilus influenza), the PCV 15 #1 (a pneumococcal vaccine) and the oral Rotavirus vaccine #1.

Baby may develop mild fever, irritability, sleepiness, or leg swelling around the injection site. Acetaminophen (For example, Tylenol Infant Drops) may be used according to given hours as needed. Give dose based on your child's weight: check the website LowerFallsPediatrics.com for the proper dose. Call if symptoms are severe or last longer than 48 hours. Next immunizations are given at four months old.

Development:

Gross motor: Holds head up when help in sitting position, but still bobs. Holds head up at 45 degrees when lying on stomach.

Fine Motor (Hands): reflex (automatic) grasp is weakening. May hold rattle briefly.

Language: Coos, vocalizes in responses to others, makes long vowel sounds.

Vision: Eyes follow a dangling toy from side to side past the midline. Eyes fix and focus on objects. Eyes may not focus or move in exactly the same direction at all times.

Social: Smiles responsively, turns head to your voice. When fussing, can be distracted. Has interest in things outside him/herself.

Nutrition:

-Baby still needs only breast milk or iron-fortified formula for nutrition. Solid food is not necessary. Always cuddle baby during bottle feeds. Propping a bottle is neither safe nor comforting to baby.

-Baby will need fluoride at six months if your household water is not fluoridated.

-Please do not give your baby honey during the first year, because honey can contain harmful bacteria that infants cannot process.

-Continue Trivisol or D-visol 1 ml. daily if the baby is receiving more than half of his or her intake as breast milk. There are natural alternatives available as well.

Calcium and Vitamin D Recommendations



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- Recommended daily calcium and Vitamin D allowance: Depending on your child's age, please see if your child gets enough calcium from their diet and whether they need supplementation. Calcium is good for bone health and Vitamin D, in addition to bone density, has been shown to add in even more benefits with immune defense and elevating mood. There are studies which have shown increased resilience in school age children who received Vitamin D supplementation as toddlers. It is important to note that Vitamin D is one of the fat soluble vitamins, along with A, E and K, so giving much more than the RDA is not suggested.

For babies 0-12 months, they get all of the calcium they need from formula and breast feeding.

For all children over the age of 12 months, it is recommended to supplement with calcium depending on their diet. The RDA for calcium from 12 months until 4 years is 700 mg of calcium daily, from 4 years until 8 years you give 1000 mg of calcium daily and 9 years to 18 years 1300 mg of calcium daily and 19 years to 22 years- 1000 mg of calcium daily. If your child is not getting enough calcium in food, then you can add this in a supplement which often comes along with Vitamin D. There is one called Adora and you can take half or more depending on your child's age and calcium intake.

Dietary sources of calcium examples:

Yogurt, lowfat 8 ounces- 300-400 mg

Mozzarella, part skim, 1.5 ounces- 300 mg

Milk, lowfat, 8 ounces - 300 mg

- Vitamin D is now 400 IU daily for children from 0-12 months and 600 IU daily for children over 12 months. We recommend giving a Vitamin D supplement such as Trivisol, Dvisol 1 ml daily or another brand such as Carlsol for your infant if over half of your baby's milk intake is breast milk. You can begin supplementing at about 2 weeks of age. Mom should continue to take her prenatal vitamin if nursing.

Other than the above, most babies do not need vitamin supplements

Safety:

Place car seat for infant in the center of the second row of the car, with infant facing the rear. The American Academy of Pediatrics now recommends to keep children in rear facing car seats until 2 years old. Use the seat belt and proper seat based on age and size for all passengers at all times in a moving car. Never remove baby from car seat when the vehicle is moving.

When using infant carrier seat, always buckle the baby in. To avoid falls, place the seat low to the ground.



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- Infant may soon roll over. Do not leave unattended on table, bed, etc.
- Do not hold infant while drinking hot liquids.
- Do not smoke around infants or in the home. Avoid exposure to second-hand smoke.
- Baby walkers are dangerous and should never be used. An exersaucer is an acceptable alternative.
- Toys and small objects, make sure they are unbreakable, with no detachable parts or sharp edges and are too large to swallow (at least 1.5 inches in diameter). Beware of small parts of toys, ribbons, and other small objects that could cause choking. Plastic bags and wrappers or balloons can cause suffocation.
- If there are guns in your home, always keep them unloaded and locked up out of reach. Store ammunition locked separately from firearms. Use a safety lock. Make sure people you and your child visit do the same.
- Bathtub safety: Be careful of even shallow water. Never leave baby unattended, even if secured in a bathtub baby ring or seat.

Comments:

- Each parent should spend some time alone with baby.
- Baby may still have unexplained crying spells each day.
- Remember that you and your partner need time together, away from your baby.
- Spend some time alone with the baby's siblings.

Sleep:

Back to sleep: Place your baby on his/her back on a firm mattress. Do not use soft pillows, plush toys or waterbeds. These measures will reduce the risk of SIDS (Sudden Infant Death Syndrome).

We do not recommend the use of an infant sleep positioning device. They can be dangerous and can lead to infant death. The safest crib is a bare crib. Remember your ABC's of safe sleep ~ Alone on the Back in a bare Crib.

Newborns typically have one four-to-five hour sleep period, often occurring during the day. Parents can gradually shift this from day to night by keeping stimulation to a minimum during normal sleep hours and lights low during nighttime feeds. Many newborns can sleep five consecutive hours once



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feeding is well established.

Our office offers appointments to assist with sleep problems for infants 4 months and older.

Breastfeeding may reduce the risk of SIDS.

The baby should be sleeping in the same room as a parent for their first 6 months, and ideally for the first year. Be careful not to fall asleep with the baby on your lap on a couch, chair or bed. Pacifiers may reduce the risk of SIDS, but should never be hanging from a string. Second hand smoke exposure is dangerous. Avoid overheating infants. They should be dressed on one more layer than what you are comfortable in.

Infants should have tummy time while they are awake and supervised. This avoids flat head and helps to encourage their development.

There is no evidence that swaddling reduces the risk of SIDS. It is risky if a swaddled infant rolls to their tummy while sleeping. Swaddles infants should be placed on their back to sleep, and swaddling should allow ample room in the hips and knees. Arms can be put in or out. When they start to roll, they should no longer be swaddled.

Toys and Stimulation:

-High contrast patterns are still a favorite. An unbreakable mirror attached to the inside of the crib shows babies the most amazing miracle they will ever see: Themselves!

-Sing and talk to your baby often, when awake the baby should be a part of the action of the family.

Suggested Reading for Parents:

The American Academy of Pediatrics Guide: From Birth to Age Five

Child of Mine: Feeding with Love and Good Sense, Ellyn Satter, old but a classic.

Baby 411

How to Talk so Little Kids Will Listen by Joanna Faber and Julie King