

INFANT CARE from 2 Weeks to 2 Months

NOTE: You should have previously received handouts about newborns and about breastfeeding or bottle-feeding, otherwise, ask for these now.

You and your child have had and will have a busy time! The first month is very demanding. Your child must feed frequently to support his growth and in particular that of his brain. The upcoming weeks will be both wondrous and trying for you in adjusting as a family.

Have you noticed how your tiny infant has started to develop a unique personality of his own? Your baby should respond to sounds and voices. These responses may be various cries and other vocal sounds such as cooing as well as non-verbal responses such as smiling while being talked to and played with. Your baby may also watch and follow actions or images, particularly your face, with his eyes for a short time.

Feeding

Babies need only breast milk or iron-fortified formula at this time. Those on formula should receive some sterile water as formula is more concentrated than breast milk. If breast-fed, your infant will require a fluoride supplement. Formula fed infants may also require fluoride if the local water supply does not contain enough or if you are using a ready-to-feed formula. Some physicians feel breast fed infants need additional iron supplements and vitamins as well. You need to check with your doctor regarding this.

Your baby will eat differently from day to day in both frequency and intensity just like you do. This variation is normal. If you are nursing, this may seem particularly difficult during the first few weeks because your body is trying to adjust your milk supply to meet your baby's needs and demands. If necessary, refer to your handout about breastfeeding, talk with other breast-feeding mothers or a lactation consultant for advice. Nevertheless, you will begin to notice a feeding pattern during the second month of life. This is just another way your baby is letting you know that he is a unique individual.

Sleeping

Infants sleep a large portion of every 24 hours; however, sleeping patterns vary. It is not unusual to have a fussy or cranky period, especially in the evening. If your child has such a period and it concerns you, ask your doctor for information and advice about ways to handle it. Gradually, you will notice some predictability to the number of hours your child sleeps. Does his sleeping pattern favor yours? This predictability and your consistency will help start to establish a good sleep routine. Usually, such routines are achieved during the second month.

Elimination

Stools (bowel movements) vary in color, consistency, and frequency. Normally, the color varies from yellow in breast-fed infants to browns and greens in formula-fed ones. The consistency varies from thin appearance like watery mustard, to a thick paste. Your baby will establish his own pattern. It is not unusual for some babies to have a bowel movement every day or even less frequently. Some breast-fed babies may have several each day, some as often as with each feeding. The baby may "grunt" and make a face while having a bowel movement. It's called "straining" and isn't abnormal or painful.

Development/Play

Create a warm, soft place to play with your baby such as on a blanket on the floor or bed. Try to establish eye contact and smile. Much of your infant's development and social responses depend on interaction with you and/or the other primary care giver(s). Hold, talk to, read to, sing to, listen to, cuddle and rock your baby. Even quiet touch is wonderful for you both.

You may notice that your baby may turn his head from side to side as well as lift it for a short time when lying on his stomach. During the next few weeks, you will notice that your infant will develop stronger neck control resulting in more head movement and may even roll onto his side or back. Nevertheless, always support his head and neck when moving or carrying him.

Stimulate your child's vision with pictures or mobiles that are brightly colored or have contrasting colors, such as black and white. For optimal viewing, hold objects about 8 to 15 inches from his face.

Safety

Do not ever leave your infant unattended! The greatest risk to your child's health until age 40 years is an accident. Always use an approved infant safety seat in your car. Be sure it is anchored correctly and the baby is properly positioned and secured. The greatest threat to your child at this age is an auto accident.

Now is the time for you to learn CPR. Ask your doctor for information regarding classes or call your local hospital or health department.

Make yours a safe home! Install or check existing smoke detectors, turn hot water heaters down to 120 degrees, and use only safe heating devices. Post safety instructions by every phone. These should contain emergency numbers as well as your address and directions to your house for the baby sitter to give in the event of an emergency.

Protect your baby from harsh weather and the sun. This is partially achieved by dressing him appropriately. Do not leave the baby in direct sunshine when outdoors. It is best to avoid midday sun (11:00 a.m. to 3:00 p.m.). Remember, most sun screens are not approved for use on infants. Therefore, carefully read the label.

Do not prop bottles. Place your infant on his side or back when in the crib as some recent research indicates that this decreases the incidence of Sudden Infant Death Syndrome (SIDS). Discuss this further with your doctor. The side position will prevent him from smothering or choking in the event he should spit up. Practice other crib safety measures; always put up the railings, no small objects inside, do not cover the mattress with plastic, etc. Do not use a bottle nipple for a pacifier. Make sure the pacifier is of one piece and U.S. Consumer Product Safety Commission approved and do not tie it around your baby's neck.

NOTE: You as a parent are the primary care giver for your child. You may need help or a break. This is normal and okay. Assistance is preferable to unintentionally taking stress out on a child. Consider getting some help from relatives or friends or hiring a babysitter.

Suggested Handouts, Readings and Videos

Baby Alive videotape and book⁴, *Baby Basics*⁶, *Selecting a Day Care or Sitter*⁴, *Taking Your Child's Temperature*¹, *Calling your Child's Doctor*¹, *Immunizations (generally and or specific to those to be given next visit)*⁵.

Additional Resources for Parents

General Child Care

Babyhood or Your Baby and Child, both by P. Leach; Dr. Spock's Baby and Child Care by B. Spock and M. Rothenberg; The Well Baby Book by M. Samuels and N. Samuels; What To Expect the First Year by A. Eisenberg, H. Murkoff, and S. Hathaway; Caring For Your Baby and Young Child by American Academy of Pediatrics; Taking Care of Your Child by R. Pantell, J. Fries, and D. Vickery; A Family Doctor's Answer Guide to Your Child's Health by M. Cohen (after 1/95)

Growth and Development

Infants and Mothers by T. Brazelton; The First Twelve Months of Life by T. Caplan; The Earliest Relationship by T. Brazelton and B. Cramer

Other

Nursing Your Baby by K. Pryor; The Womanly Art of Breastfeeding by La Leche League; The Nursing Mother's Companion by K. Huggins; Bestfeeding: Getting Breastfeeding Right for You by M. Renfrew, C. Fisher, S. Arms; How To Have a Smarter Baby by S. Ludington-Hoe and S. Golant; Your Premature Baby by F. Manginello and T. Digeronimo; Premature Babies by W. Sammons and J. Lewis; Child Care Choices by E. Zigler and M. Lang



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