



Bright Futures Parent Handout 2 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

PARENTAL WELL-BEING

How You Are Feeling

- Taking care of yourself gives you the energy to care for your baby. Remember to go for your postpartum checkup.
- Find ways to spend time alone with your partner.
- Keep in touch with family and friends.
- Give small but safe ways for your other children to help with the baby, such as bringing things you need or holding the baby's hand.
- Spend special time with each child reading, talking, or doing things together.

Your Growing Baby

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Put your baby to sleep on her back.
 - In a crib, in your room, not in your bed.
 - In a crib that meets current safety standards, with no drop-side rail and slats no more than 2³/₈ inches apart. Find more information on the Consumer Product Safety Commission Web site at www.cpsc.gov.
 - If your crib has a drop-side rail, keep it up and locked at all times. Contact the crib company to see if there is a device to keep the drop-side rail from falling down.
 - Keep soft objects and loose bedding such as comforters, pillows, bumper pads, and toys out of the crib.
 - Give your baby a pacifier if she wants it.
- Hold, talk, cuddle, read, sing, and play often with your baby. This helps build trust between you and your baby.
- Tummy time—put your baby on her tummy when awake and you are there to watch.
- Learn what things your baby does and does not like.

INFANT BEHAVIOR

BEHAVIOR

- Notice what helps to calm your baby such as a pacifier, fingers or thumb, or stroking, talking, rocking, or going for walks.

Safety

- Use a rear-facing car safety seat in the back seat in all vehicles.
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Always wear your seat belt and never drive after using alcohol or drugs.
- Keep your car and home smoke-free.
- Keep plastic bags, balloons, and other small objects, especially small toys from other children, away from your baby.
- Your baby can roll over, so keep a hand on your baby when dressing or changing him.
- Set the water heater so the temperature at the faucet is at or below 120°F.
- Never leave your baby alone in bathwater, even in a bath seat or ring.

SAFETY

Your Baby and Family

- Start planning for when you may go back to work or school.
- Find clean, safe, and loving child care for your baby.
- Ask us for help to find things your family needs, including child care.
- Know that it is normal to feel sad leaving your baby or upset about your baby going to child care.

INFANT-FAMILY SYNCHRONY

Feeding Your Baby

- Feed only breast milk or iron-fortified formula in the first 4–6 months.
- Avoid feeding your baby solid foods, juice, and water until about 6 months.
- Feed your baby when your baby is hungry.

NUTRITIONAL ADEQUACY

NUTRITIONAL ADEQUACY

- Feed your baby when you see signs of hunger.
 - Putting hand to mouth
 - Sucking, rooting, and fussing
 - End feeding when you see signs your baby is full.
 - Turning away
 - Closing the mouth
 - Relaxed arms and hands
 - Burp your baby during natural feeding breaks.
- If Breastfeeding**
- Feed your baby 8 or more times each day.
 - Plan for pumping and storing breast milk. Let us know if you need help.
- If Formula Feeding**
- Feed your baby 6–8 times each day.
 - Make sure to prepare, heat, and store the formula safely. If you need help, ask us.
 - Hold your baby so you can look at each other.
 - Do not prop the bottle.

What to Expect at Your Baby's 4 Month Visit

We will talk about

- Your baby and family
- Feeding your baby
- Sleep and crib safety
- Calming your baby
- Playtime with your baby
- Caring for your baby and yourself
- Keeping your home safe for your baby
- Healthy teeth

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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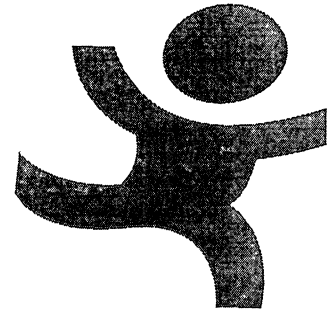
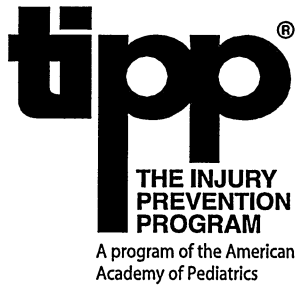
American Academy
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DEDICATED TO THE HEALTH OF ALL CHILDREN™



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Birth to 6 Months



BIRTH TO 6 MONTHS

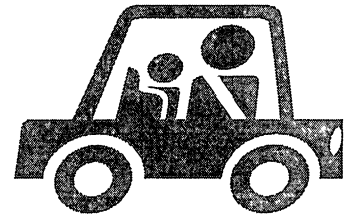
Safety for Your Child

Did you know that hundreds of children younger than 1 year die every year in the United States because of injuries — most of which could be prevented?

Often, injuries happen because parents are not aware of what their children can do. Children *learn fast*, and before you know it, your child will be *wiggling* off a bed or *reaching* for your cup of hot coffee.

Car Injuries

Car crashes are a great threat to your child's life and health. Most injuries and deaths from car crashes **can be prevented** by the use of car safety seats. Your child, besides being much safer in a car safety seat, will behave better, so you can pay attention to your driving. Make your newborn's first ride home from the hospital a safe one — in a car safety seat. Your infant should ride in the back seat in a rear-facing car seat.

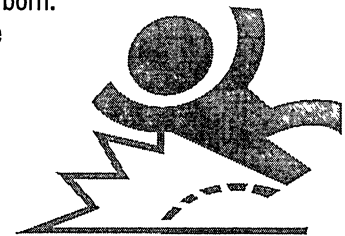


Make certain that your baby's car safety seat is installed correctly. Read and follow the instructions that come with the car safety seat and the sections in the owners' manual of your car on using car safety seats correctly. Use the car safety seat EVERY time your child is in the car.

NEVER put an infant in the front seat of a car with a passenger air bag.

Falls

Babies *wiggle* and *move* and *push* against things with their feet soon after they are born. Even these very first movements can result in a fall. As your baby grows and is able to roll over, he or she may fall off of things unless protected. **Do not leave your baby alone** on changing tables, beds, sofas, or chairs. **Put your baby in a safe place** such as a crib or playpen when you cannot hold him.



Your baby may be able to crawl as early as 6 months. **Use gates on stairways and close doors** to keep your baby out of rooms where he or she might get hurt. **Install operable window guards** on all windows above the first floor.

Do not use a baby walker. Your baby may tip the walker over, fall out of it, or fall down stairs and seriously injure his head. Baby walkers let children get to places where they can pull heavy objects or hot food on themselves.

If your child has a serious fall or does not act normally after a fall, call your doctor.

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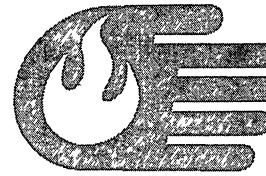


Burns

At 3 to 5 months, 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.** Your baby can get burned. You can't handle both! To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater.

If your baby gets burned, immediately put the burned area in cold water. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth and call your doctor.

To protect your baby from house fires, be sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.

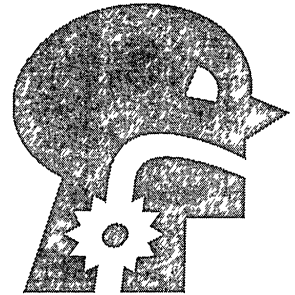


Choking and Suffocation

Babies explore their environment by putting anything and everything into their mouths. **NEVER leave small objects in your baby's reach, even for a moment.** NEVER feed your baby hard pieces of food such as chunks of raw carrots, apples, hot dogs, grapes, peanuts, and popcorn. Cut all the foods you feed your baby into thin pieces to prevent choking. **Be prepared if your baby starts to choke. Ask your doctor to recommend the steps you need to know. Learn how to save the life of a choking child.**

To prevent possible suffocation and reduce the risk of sudden infant death syndrome (SIDS), **your baby should always sleep on his or her back. Your baby should have his or her own crib or bassinet with no pillows, stuffed toys, bumpers, or loose bedding. NEVER put your baby on a water bed, bean bag, or anything that is soft enough to cover the face and block air to the nose and mouth.**

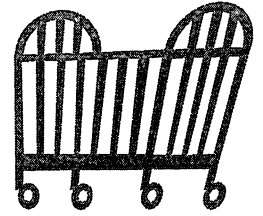
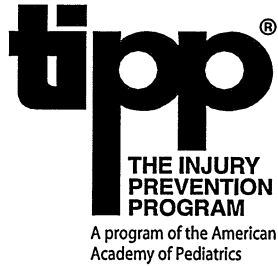
Plastic wrappers and bags form a tight seal if placed over the mouth and nose and may suffocate your child. Keep them away from your baby.



From Your Doctor

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Infant Furniture: Cribs

As you look at a crib, make sure you check the following, especially if you are using an older crib that may have been built before current crib safety standards were set.

- When purchasing a crib make sure it meets current safety standards. Beginning June 28, 2011, new federal safety standards prohibit the manufacture or sale of drop-side rail cribs. The standards also require stronger parts and hardware. For more information, visit the Consumer Product Safety Commission Web site at www.cpsc.gov.
- If you have an older crib that was made before the new safety standards were enacted, check with the manufacturer to see if they offer hardware to keep the drop side from moving. Check the crib frequently to make sure the hardware is tight and no parts are broken or missing. Consider purchasing a new crib that meets the stronger standards, if possible.
- The slats should be no more than 2 $\frac{3}{8}$ inches apart. Widely spaced slats can allow an infant's torso to fall through but will trap the infant's head, which can result in death.
- All joints and parts should fit tightly, and the wood must be smooth and free of splinters.
- Check for cracked and peeling paint. All surfaces should be covered with lead-free paint safe for nursery furniture.
- The end panels should be solid, without decorative cutouts. Cutout areas on panels can trap an infant's head.
- Corner posts should be flush with the end panels or else be very, very tall (such as posts on a canopy bed). Clothing and ribbons can catch on tall corner posts and strangle an infant.
- If the crib has a drop side or drop gate, the lowered crib side should be at least 9 inches above the mattress support to prevent the infant from falling out. Raised crib sides should be at least 26 inches above the mattress support in its lowest position.
- If the crib has a drop side or drop gate, it should have a locking, hand-operated latch that will not release unintentionally.
- All hardware, including screws, bolts, nuts, plastic parts, etc, should be present and original equipment. Never substitute original parts with something from a hardware store.
- Do not use the crib if there are any missing, damaged, or broken parts.
- The mattress should be the same size as the crib so there are no gaps to trap arms, body, or legs. If you can fit more than 2 fingers between the mattress and the side of the crib, the crib and mattress combination should not be used.

USING A CRIB

- Check to see if your crib has been recalled at www.cpsc.gov/info/cribs/index.html.
- Read and follow the directions to set up, use, and care for the crib.
- Never use a crib with loose or missing attachments or support hardware.
- If the crib has a drop side or drop gate, never leave it down when the baby is in the crib.
- Hanging crib toys (mobiles, crib gyms) should be out of the baby's reach. Any hanging crib toy must be removed when your baby first begins to push up on his or her hands and knees or when the baby is 5 months old, whichever occurs first. These toys can strangle a baby.
- The crib mattress should be lowered before the baby can sit unassisted. The mattress should be at its lowest point before the baby can stand.
- Children should be taken out of a crib by the time they are 35 inches tall.
- Never place a crib near cords from a hanging window blind or drapery. Children can get caught in the cords and strangle.

continued on reverse side

- Be sure to inspect every crib your child uses for safety—those at the grandparent’s home, the babysitter’s home, or the child care center.
- Hammocks and other swinging devices should not be installed onto a crib because the baby may be strangled.
- If parts are missing, stop using the crib and contact the crib manufacturer for replacements. Do not attempt to replace them with hardware store parts.

SAFE BEDDING PRACTICES FOR CHILDREN

- Place your baby on his or her back on a firm, tight-fitting mattress in a crib that meets current safety standards.
- Do not use pillows, bumper pads, quilts, comforters, sheepskins, stuffed toys, other soft products, or any objects that could increase the risk of suffocation or strangulation.
- Consider using a sleeper or other sleep clothing as an alternative to blankets, with no other covering.
- Make sure your baby’s head remains uncovered during sleep.
- Do not place your baby on a water bed, sofa, soft mattress, pillow, or other soft surface.

PORTABLE CRIBS AND PLAYPENS

- Never leave the side of a mesh playpen lowered because a baby can become trapped and suffocate.
- When your child is able to sit or get up on all fours (or when he reaches 5 months), remove any toys tied across the top of the playpen.
- When your child can pull himself to standing, remove any large toys that could be used as steps.
- Check the top rails for tears and holes because teething children often bite off chunks of the covering. If the tears are small, you can fix them with heavy-duty cloth tape. If the tears are large, you may need to replace the product.
- Make sure that there are no tears, holes, or loose threads in the mesh and that openings are less than ¼ inch across. Make sure the mesh is securely attached to the top rail and the floor plate. If staples are used, make sure they are not missing, loose, or exposed.

From Your Doctor

The Perkins Pediatric Clinic, LLC

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Stop the Diaper Changing Battles

Babies are little bundles of energy! They don't want to lie still to have their diapers changed. They cry, fuss, or even crawl away. A simple issue can turn into a major tug-of-war between parent and baby.

Diaper changing as a ritual

The position of parent and baby during a diaper change is perfect for creating a bonding experience between you. You are leaning over your baby, and your face is at the perfect arms-length distance for engaging eye contact and communication. What's more, this golden opportunity presents itself many times during each day; no matter how busy you both get, you have a few moments of quiet connection. It's too valuable a ritual to treat it as simply maintenance.

Learning about your baby

Diapering offers a perfect opportunity for you to truly absorb your baby's cues and signals. You'll learn how his little body works, what tickles him, what causes those tiny goose bumps. As you lift, move, and touch your baby, your hands will learn the map of his body and what's normal for him. This is important because it will enable you to easily decipher any physical changes that need attention.

Developing trust

Regular diaper changes create rhythm in your baby's world and afford the sense that the world is safe and dependable. They are regular and consistent episodes in days that may not always be predictable. Your loving touches teach your baby that he is valued, and your gentle care teaches him that he is respected.

A learning experience for your baby

Your baby does a lot of learning during diaper changes. It's one of the few times that she actually sees her own body without clothes, when she can feel her complete movements without a wad of diaper between her legs. Diaper-off time is a great chance for her to stretch her limbs and learn how they move.

During changing time, your baby is also a captive audience to your voice, so she can focus on what you are saying and how you are saying it — an important component of her language learning process. Likewise, for a precious few minutes, you are her captive audience, so you can focus on what she's saying and how she is saying it — crucial to the growth of your relationship.

What your baby thinks

Many active babies could not care less if their diapers are clean. They're too busy to concern themselves with such trivial issues. It may be important to you, but it's not a priority for your child.

Diaper rash or uncomfortable diapers (wrong size or bad fit) can make him dread diaper changes, too, so check these first. Once you're sure all the practical issues are covered, make a few adjustments in this unavoidable process to make it more enjoyable.

Take a deep breath

Given the number of diapers you have to change, it's possible that what used to be a pleasant experience for you has gotten to be routine, or even worse, a hassle. When parents approach diaper changing in a brisk, no-nonsense way, it isn't any fun for Baby. Try to reconnect with the bonding experience that diaper changing can be — a moment of calm in a busy day when you share one-on-one time with your baby.

Have some fun

This is a great time to sing songs, blow tummy raspberries, or do some tickle and play. A little fun might take the dread out of diaper changes for both of you. A game that stays fresh for a long time is “hide the diaper.” Put a new diaper on your head, on your shoulder, or tucked in your shirt and ask, “Where’s the diaper? I can’t find it!” A fun twist is to give the diaper a name and a silly voice, and use it as a puppet. Let the diaper call your child to the changing station and have it talk to him as you change it. (If you get tired of making Mister Diaper talk, just remember what it was like before you tried the idea.)

Use distraction

Keep a flashlight with your changing supplies and let your baby play with it while you change him. Some kids’ flashlights have a button to change the color of the light, or shape of the ray. Call this his “diaper flashlight” and put it away when the change is complete. You may find a different type of special toy that appeals to your little one, or even a basket of small interesting toys. If you reserve these only for diaper time, they can retain their novelty for a long time.

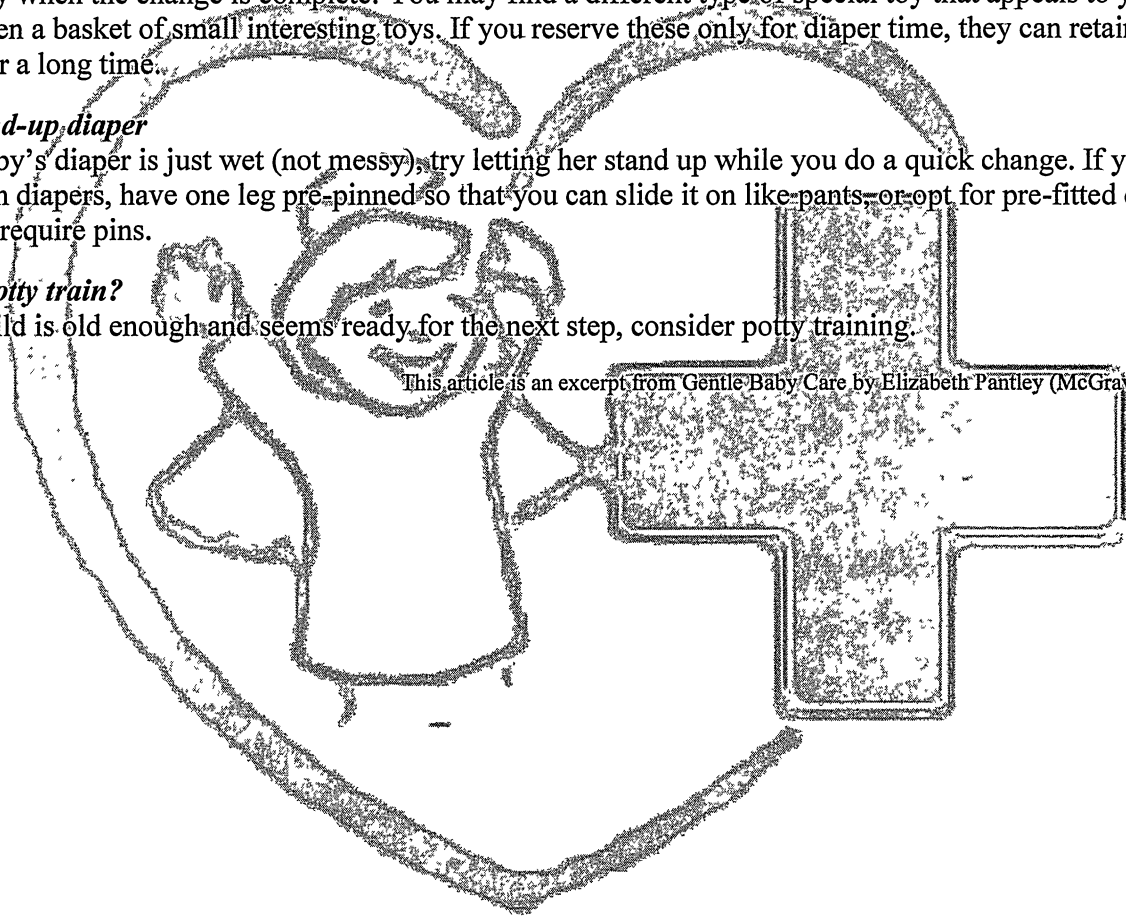
Try a stand-up diaper

If your baby’s diaper is just wet (not messy), try letting her stand up while you do a quick change. If you’re using cloth diapers, have one leg pre-pinned so that you can slide it on like pants, or opt for pre-fitted diapers that don’t require pins.

Time to potty train?

If your child is old enough and seems ready for the next step, consider potty training.

This article is an excerpt from *Gentle Baby Care* by Elizabeth Pantley (McGraw-Hill, 2003).



Your Baby's Head Shape: Information for Parents on Positional Skull Deformities



Many parents wonder if the shape of their newborn's head is normal. Maybe it seems a bit flat in the back or uneven on one side. Most of these slight imperfections happen when infants spend too much time in one position such as in a crib, a car safety seat, or an infant carrier. The good news is that most of the time the shape of the head returns to normal on its own by simply changing your baby's position regularly. This publication was written by the American Academy of Pediatrics to answer questions from parents about their newborn's head shape.

Q: Is there a name for this condition?

A: Yes. It is called *occipital* (which means back of the head) *plagiocephaly*, or OP. It is pronounced ok-si-pi-tl pley-jee-uh-sef-uh-lee. Because babies now are put to sleep on their backs, OP is seen more and more. It is more likely to affect boys and usually happens in the first few months after the child is born.

Q: What causes OP?

A: A newborn's skull is soft and can change shape for a variety of reasons. Sometimes the head becomes uneven during birth when it squeezes through the birth canal. Most of the time, however, the head changes shape when an infant spends too much time lying in one position. For example, an infant who spends too much time on her back looking straight up or with her head always turned to the same side may develop a flat spot on the back or side of her head.

Q: What does OP look like?

A: The flat spot on the back of the head is the most obvious sign of OP. However, infants may also have one side of the head (including the ear, forehead, and cheek) that is pushed forward. This can best be seen when looking at the infant from the top of the head. The infant's head goes from being evenly shaped like a circle that fits in a square (Figure 1) to being misshaped with one ear pushed forward (Figure 2).

Q: How is OP different from other skull deformities?

A: A different type of skull deformity in infants is called *craniosynostosis* (cra-nio-sy-nos-to-sis). This is when one or more of the skull bones fuse together too early. Like OP, it causes changes in the shape of an infant's head. However, the changes are usually noticeable by doctors at birth and look much different than the changes caused by OP. This condition does not cause OP, but it can affect brain growth and usually requires surgery to treat.

Q: Does OP cause brain damage?

A: No. OP is more of a cosmetic problem and is not dangerous. It does not affect brain growth or cause brain injury, ear infections, hearing difficulties, jaw or bone problems, or vision problems.

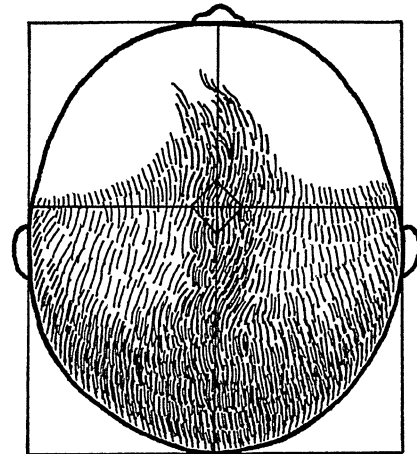


Figure 1. Evenly shaped head

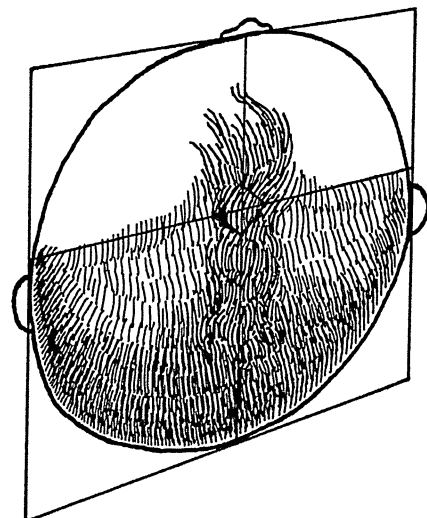


Figure 2. Misshaped head with one ear pushed forward

Q: Can OP be prevented?

- A: The best way to prevent OP is to avoid keeping your infant's head in the same position all the time. This can be done by changing the position of your baby's head. Here are some ways this can be done.
- **Place interesting objects over your infant's crib** (make sure they are out of your child's reach) to encourage him to look around in different directions. Every once in a while, move the crib in your baby's room so he'll turn his head in different directions to see what's going on around him.
 - **Alternate on which side you place your infant's head when he is on his back.** For example, turn his head to the left one day, then the right the next day. Put him in the crib with his head at the foot of the bed one day and at the head of the crib the next day.
 - **Hold your baby upright when he is awake** to relieve pressure on the back of the head and to give him chances to look at things around him.
 - **Don't forget to give your baby plenty of tummy time when he is awake.** This not only helps prevent OP, it also allows your baby to develop the upper body strength he'll need to push up and crawl when the time comes. Whenever your baby is on his tummy, however, you need to be with him at all times and make sure he's on a flat surface and awake.
 - **Limit the amount of time your baby spends in a car safety seat, unless he's actually riding in a vehicle.** The same goes for other types of infant seats, such as swings, carriers, or bouncy seats, where the back or side of your baby's head rests against them.

Q: What if my baby has trouble turning his head to the side?

- A: One in 5 infants has trouble turning his head to the side (a condition known as *torticollis* [tor-ti-col-lis]) because of tight or weakened neck muscles. These infants benefit from exercises to stretch and strengthen neck muscles. If your baby is diagnosed with this condition, your baby's doctor or a physical therapist can show you these exercises.

Q: How is OP diagnosed?

- A: Your pediatrician will examine your baby's head at each visit. If any flattening is found, the doctor will determine whether it is caused by lying in the same position or from some other cause. X-rays and computed tomography (CT) scans are usually not necessary to diagnose OP.

Q: What if my baby's head was flat at birth?

- A: In about 1 in 4 infants with OP, the flattening is obvious at the time of the baby's birth. In these cases, the head most likely changed shape in the womb. If the baby turns the head toward the flat side after birth, the flattening may get worse. If your baby had OP at birth, please be reassured that there is nothing you or your doctor could have done to prevent this.

Why babies need to sleep on their backs

It is very important to remember that infants need to lie on their backs when sleeping. Lying on the side or belly is *not recommended* until after the baby's first birthday.

Placing your baby to sleep on her back greatly reduces the risk of sudden infant death syndrome (SIDS). A little more than a decade ago, researchers found that tummy and side sleeping were linked with SIDS. In response, the American Academy of Pediatrics launched a nationwide Back to Sleep campaign, encouraging parents to put their babies to sleep on their backs. Since that time, SIDS rates in the United States have decreased more than 40%.

Q: How is OP treated?

- A: Most infants with OP are treated by simply changing the position of their heads to avoid lying on the same side all the time. This should be started as soon as OP is found so that the flattening doesn't get worse. Once these changes are made, most flattening improves within 2 to 3 months.
- If there is no improvement by 5 to 6 months of age or if the condition gets worse, your pediatrician may refer you to a physician with expertise in pediatric neurosurgery or craniofacial surgery to determine whether more treatment is needed. Such treatment could include a skull-molding helmet.
- Skull-molding helmets are designed to help reshape the infant's head. They are custom made and fit snugly in areas that are pushed forward while leaving a small amount of room in areas that are flat. This treatment is expensive—helmets can cost thousands of dollars. Also, they usually need to be worn 23 hours per day for several months. The helmets need to be modified as the infant's head changes shape, requiring follow-up visits with the people who made the helmet. Other than occasional skin irritation, there are no known side effects to helmet treatments.
- Surgery is rarely needed to treat OP.

Q: Do these treatments work?

- A: Medical studies show that simply changing an infant's position corrects the shape of the head by about 45% to 50%. It is not clear whether skull-molding helmets are better than position changes. Most studies show them to be equally effective, particularly for children with mild or moderate deformities. It is important to note that neither treatment completely reverses the deformities.

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