



## Children's Healthcare Medical Associates

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### Well Child Care at 2 Months

Revised August 2012

**Feeding:** Your baby still needs only breast milk or infant formula to grow healthy and strong. It is not time to start cereal or baby foods yet. Cereals and vegetables can be started at 6 months of age. At this age most babies take 3 to 5 ounces of breast milk or formula every 3 to 4 hours. Even if you only give your baby breast milk, you may occasionally want to feed your baby with pumped milk that you put in a bottle. This will help your baby will learn another way to drink milk and other people can enjoy feeding your baby.

**Development:** Babies start to lift their heads briefly. They reach for things with their hands. They enjoy smiling faces and sometime smile in return. Cooing sounds are in response to people speaking gentle, soothing words. We recommend that your baby spend some time on his tummy each day while awake and supervised.

**Sleep:** Many babies wake up every 3 to 4 hours, while others sleep through the night. Every baby is different. Feeding your baby a lot just before bedtime doesn't have much to do with how long your baby will sleep. Never put your baby in bed with a bottle.

**How do I prevent sleep problems?** Parents want their children to go to bed without resistance and to sleep through the night. They look forward to a time when they can again have 7 to 8 hours of uninterrupted sleep. Newborns, however, have a limit to how many hours they can go without a feeding, usually 4 or 5. By 2 months of age, some 50 percent of bottle-fed infants can sleep through the night. By 4 months, most bottle-fed infants have acquired this capacity. Most breast-fed babies can sleep through the night by 5 months of age. Consider the following guidelines if you want to teach your baby that nighttime is a special time for sleeping, that her crib is where she stays at night, and that she can put herself back to sleep. It is far easier to prevent sleep problems before 6 months of age than it is to treat them later.

- **Place your baby in the crib when he is drowsy but awake.** This step is very important. Without it, the other preventative measures will fail. Your baby's last waking memory should be of the crib, not of you or being fed. He must learn to put himself to sleep without you. Don't expect him to go to sleep as soon as you lay him down. It often takes 20 minutes of restlessness for a baby to go to sleep. If he is crying, rock him and cuddle him. But when he settles down, try to place him in the crib before he falls asleep. Handle naps in the same way. This is how your child will learn to put himself back to sleep after normal awakenings. (Note: The sleep position recommended by the American Academy of Pediatrics for healthy infants is on the back or side.)
- **Hold or comfort your baby for all fussy crying during the first 3 months.** All new babies cry some during the day and night. Always respond to a crying baby. Gentle rocking and cuddling seem to help the most. Babies can't be spoiled during the first 3 or 4 months of life.
- **Do not let your baby sleep for more than 3 or 4 consecutive hours during the day.** Try to awaken him gently and entertain him. In this way, the time when your infant sleeps the longest will occur during the night.
- **Make middle-of-the-night feedings brief and boring.** You want your baby to think of nighttime as a time for sleeping. When he awakens at night for feedings, don't turn on the lights, talk to him, or rock him. Feed him quickly and quietly. This approach will lead to longer periods of sleep at night. Try to delay the middle of the night feeding. Your baby should be down to one feeding during the night (2 for some breast-fed babies). Never awaken your baby at night for a feeding except at your bedtime.
- **Don't awaken your infant to change diapers during the night.** The exception to this rule is when you are treating a bad diaper rash.
- **Don't let your baby sleep in your bed.** Once your baby is used to sleeping with you, a move to his own bed will be extremely difficult.
- **Give the last feeding at your bedtime (10 or 11 PM).** Try to keep your baby awake for the 2 hours before this feeding. Going to bed at the same time every night helps your baby develop good sleeping habits.
- **Move your baby's crib to a separate room.** By 3 months of age, your baby should be sleeping in a separate room. This will help parents who are light sleepers sleep better. Also, your baby may forget that her parents are available if she can't see them when she awakens.

## Vaccine Benefits: Why get vaccinated?

Your children's first vaccines protect them from **8 serious diseases**, caused by viruses and bacteria. These diseases have injured and killed many children (and adults) over the years. Polio paralyzed about 37,000 people and killed about 1,700 each year in the 1950s before there was a vaccine. In the 1980s, Hib disease was the leading cause of bacterial meningitis in children under 5 years of age. About 15,000 people a year died from diphtheria before there was a vaccine. Most children have had at least one rotavirus infection by their 5th birthday.

None of these diseases has completely disappeared. Without vaccination, they will come back. This has happened in other parts of the world.

### DIPHTHERIA

*Bacteria*

**You can get it from** contact with an infected person.

**Signs and symptoms** include a thick covering in the back of the throat that can make it hard to breathe.

**It can lead to** breathing problems, heart failure, and death.

### TETANUS (Lockjaw)

*Bacteria*

**You can get it from** a cut or wound. It does not spread from person to person.

**Signs and symptoms** include painful tightening of the muscles, usually all over the body.

**It can lead to** stiffness of the jaw, so the victim can't open his mouth or swallow. It leads to death in about 1 case out of 5.

### PERTUSSIS (Whooping Cough)

*Bacteria*

**You can get it from** contact with an infected person.

**Signs and symptoms** include violent coughing spells that can make it hard for an infant to eat, drink, or breathe. These spells can last for weeks.

**It can lead to** pneumonia, seizures (jerking and staring spells), brain damage, and death.

### HIB (Haemophilus influenzae type b)

*Bacteria*

**You can get it from** contact with an infected person.

**Signs and symptoms.** There may be no signs or symptoms in mild cases.

**It can lead to** meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the blood, joints, bones, and covering of the heart; brain damage; deafness; and death.

### HEPATITIS B

*Virus*

**You can get it from** contact with blood or body fluids of an infected person. Babies can get it at birth if the mother is infected, or through a cut or wound. Adults can get it from unprotected sex, sharing needles, or other exposures to blood.

**Signs and symptoms** include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach.

**It can lead to** liver damage, liver cancer, and death.

### POLIO

*Virus*

**You can get it from** close contact with an infected person. It enters the body through the mouth.

**Signs and symptoms** can include a cold-like illness, or there may be no signs or symptoms at all.

**It can lead to** paralysis (can't move arm or leg), or death (by paralyzing breathing muscles).

### PNEUMOCOCCAL

*Bacteria*

**You can get it from** contact with an infected person.

**Signs and symptoms** include fever, chills, cough, and chest pain.

**It can lead to** meningitis (infection of the brain and spinal cord coverings), blood infections, ear infections, pneumonia, deafness, brain damage, and death.

### ROTAVIRUS

*Virus*

**You can get it from** contact with other children who are infected.

**Signs and symptoms** include severe diarrhea, vomiting and fever.

**It can lead to** dehydration, hospitalization (up to about 70,000 a year), and death.

## How Vaccines Work

**Immunity from Disease:** When a child gets sick with one of these diseases, her immune system produces immunity, which keeps her from getting the same disease again. But getting sick is unpleasant, and can be dangerous.

**Immunity from Vaccines:** Vaccines are made with the same bacteria or viruses that cause a disease, but they have been weakened or killed to make them safe. A child's immune system responds to a vaccine the same way it would if the child had the disease. This means he will develop immunity without having to get sick first.

## Routine Childhood Vaccines

Vaccines can prevent the 8 diseases described on the previous page. Children will also get at least one “booster” dose of most of these vaccines when they are older.

- **DTaP** (Diphtheria, Tetanus & Pertussis) Vaccine: **5 doses – 2 months, 4 months, 6 months, 15-18 months, 4-6 years.** Some children should not get pertussis vaccine. These children can get a vaccine called **DT**, which does not contain pertussis.
- **Hepatitis B** Vaccine: **3 doses – Birth, 1-2 months, 6-18 months.**
- **Polio** Vaccine: **4 doses – 2 months, 4 months, 6-18 months, 4-6 years.**
- **Hib** (Haemophilus influenza type b) Vaccine: **3 or 4 doses – 2 months, 4 months, 6 months, 12-15 months.** Several Hib vaccines are available. With one type, the 6-month dose is not needed.
- **Pneumococcal** Vaccine: **4 doses – 2 months, 4 months, 6 months, 12-15 months.** Older children with certain diseases may also need this vaccine.
- **Rotavirus** Vaccine: **2 or 3 doses – 2 months, 4 months, 6 months.** Rotavirus is an oral (swallowed) vaccine, not a shot. Two rotavirus vaccines are available. With one type, the 6 month dose is not needed.

**Vaccine Risks:** Vaccines can cause side effects, like any other medicine. Mostly these are mild “local” reactions such as **tenderness, redness or swelling** where the shot is given, or a **mild fever**. This can happen in up to 1 child out of 4 with most childhood vaccines. They appear soon after the shot is given and go away within a day or two.

### **Acetaminophen may help to treat fever and irritability:**

Acetaminophen drops (one example is Tylenol) comes in a concentration of 80mg per 0.8ml (dosing is based on weight but most 2 month olds should get 0.4ml every 4 to 6 hours). Most acetaminophen drops are being replaced by acetaminophen liquid or suspension in a concentration of 160mg per 5ml (dosing is based on weight but most 2 month olds should get 1.25ml every 4 to 6 hours). For swelling or soreness, put a warm, wet washcloth on the area of the shots as often and as long as needed for comfort. More severe reactions can also occur, but this happens much less often. Some of these reactions are so uncommon that experts can't tell whether they are caused by vaccines or not. Among the most serious reactions to vaccines are **severe allergic reactions** to a substance in a vaccine. These reactions happen very rarely – less than once in a million shots. Reactions usually happen very soon after the shot is given. The risk of any vaccine causing serious harm, or death, is extremely small. Getting a disease is much more likely to harm a child than getting a vaccine. Vaccine specific reactions are as follows:

#### • **DTaP Vaccine**

**Mild Problems:** Fussiness (up to 1 child in 3); tiredness or poor appetite (up to 1 child in 10); vomiting (up to 1 child in 50); swelling of the entire arm or leg for 1-7 days (up to 1 child in 30) – usually after the 4th or 5th dose.

**Moderate Problems:** Seizure (jerking or staring)(1 child in 14,000); non-stop crying for 3 hours or more (up to 1 child in 1,000); fever over 105°F (1 child in 16,000).

**Serious Problems:** Long-term seizures, coma, lowered consciousness, and permanent brain damage have been reported very rarely after DTaP vaccine. They are so rare we can't be sure they are caused by the vaccine.

#### • **Polio Vaccine / Hepatitis B Vaccine / Hib Vaccine**

These vaccines have not been associated with mild problems other than local reactions, or with moderate or serious problems.

#### • **Pneumococcal Vaccine**

**Mild Problems:** During studies of the vaccine, some children became fussy or drowsy or lost their appetite.

#### • **Rotavirus Vaccine**

**Mild Problems:** Children who get rotavirus vaccine are slightly more likely than other children to be irritable or to have mild, temporary diarrhea or vomiting. This happens within the first week after getting a dose of vaccine. Rotavirus vaccine does not appear to cause any serious side effects.

**Precautions:** If your child is sick on the date vaccinations are scheduled, your provider may want to put them off until she recovers. A child with a mild cold or a low fever can usually be vaccinated that day. But for a more serious illness, it may be better to wait. Some children should **not get certain vaccines**. Talk with your provider if your child had a serious reaction after a previous dose of a vaccine, or has any life-threatening allergies. (These reactions and allergies are rare.) Talk to your provider before getting these vaccines if your child has experienced any of these reactions.

- If your child had any of these reactions to a previous dose of DTaP:
  - A brain or nervous system disease within 7 days
  - Non-stop crying for 3 or more hours
  - A seizure or collapse
  - A fever over 105°F
- If your child has:
  - A life-threatening allergy to the antibiotics neomycin, streptomycin, or polymyxin B

- If your child has:
  - A life-threatening allergy to yeast
- If your child has:
  - A weakened immune system
  - Ongoing digestive problems
  - Recently received a blood transfusion or other blood product
  - Ever had intussusception (an uncommon type of intestinal obstruction)

## **What if my child has a moderate or severe reaction?**

### **What should I look for?**

Look for any unusual condition, such as a serious allergic reaction, high fever, weakness, or unusual behavior. Serious allergic reactions are extremely rare with any vaccine. If one were to happen, it would most likely come within a few minutes to a few hours after the shot.

Signs of a serious allergic reaction can include:

- difficulty breathing
- weakness
- hives
- hoarseness or wheezing
- dizziness
- paleness
- swelling of the throat
- fast heart beat

### **What should I do?**

**Call** a doctor, or get the child to a doctor right away.

**Tell** your doctor what happened, the date and time it happened, and when the shot was given.

Ask your health care provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report yourself through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

\*VAERS does not provide medical advice.

### **The National Vaccine Injury Compensation Program**

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

### **For More Information:**

Ask your health care provider. They can show you the vaccine package insert or suggest other sources of information. Call your local or state health department.

Contact the Centers for Disease Control and Prevention (CDC) at **1-800-232-4636 (1-800-CDC-INFO)**. Visit CDC websites at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) and [www.cdc.gov/ncidod/diseases/hepatitis](http://www.cdc.gov/ncidod/diseases/hepatitis).

## **Safety Tips:**

### **Avoid Suffocation and Choking**

- Use a crib with slats not more than 2 and 3/8 inches apart
- Place your baby in bed on his back.
- Use a mattress that fits the crib snugly.
- Keep plastic bags, balloons, and baby powder out of reach.
- We do not recommend bumper guards.

### **Prevent Fires, Burns, Scalds**

- Never eat, drink, or carry anything hot near the baby or while you are holding the baby.
- Turn your water heater down to 120°F (50°C).
- Install smoke detectors.
- Do not smoke inside the house or near the baby. Try to cut back on cigarettes and set a quit date. Tell your friends you are quitting.

### **Car Safety**

- Never leave a child alone in a car.
- Use an approved infant car safety seat and follow the instructions for proper use.
- Parents should always wear seat belts.

### **Avoid Falls**

- Never step away when the baby is on a high place, even on a changing table.
- Keep the crib sides up.

# Choking/CPR for infants less than 1 year of age ... If alone with a child who is choking ...

**1. Call for help. 2. Start rescue efforts for 1 minute. 3. Call 911 or an emergency number**

**You should start first aid for choking if ...**

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough, talk, or make a normal voice sound.
- The child is found unconscious. (Go to CPR.)

**DO NOT start first aid for choking if ...**

- The child can breathe, cry, talk or make a normal voice sound.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

## INFANT CHOKING

Begin the following if the infant is choking and is unable to breathe. However if the infant is coughing, crying, speaking, or able to breathe at all, DO NOT do any of the following. Depending on the infant's condition, call 911 or the pediatrician for further advice.



← ALTERNATING →

**Alternate back blows and chest thrust until the object is dislodged or the infant becomes unconscious. If the infant becomes unconscious, begin CPR.**

(Health care professionals only: assess pulse before starting CPR.)

## INFANT CPR (Cardiopulmonary Resuscitation)

To be used when infant is unconscious or when breathing stops.

### 1 OPEN AIRWAY

- Look for movement of chest and abdomen.
- Listen for sounds of breathing.
- Feel for breathe on your cheek.
- Open airways as shown.
- Look for foreign object in the mouth. If you can see an object in the infant's mouth, sweep it out carefully with your finger.
- Do not try a finger sweep if the object is in the infant's throat, because it could be pushed further into the throat.



### 2 RESCUE BREATHING

- **Position** head and chin with both hands as shown – head gently tilted back.
- **Seal** your mouth over the infant's mouth and nose.
- **Blow** gently, enough air to make the chest rise and fall. 2 times.



**If no rise or fall, repeat 1 & 2. If no response, treat for blocked airway. (See steps 1 & 2 at left.)**

### 3 ASSESS RESPONSE

- Place your ear next to the infant's mouth and look, listen and feel for **normal breathing** or **coughing**.
- Look for **body movement**.

If you cannot see, hear, or feel signs of normal breathing, coughing, or movement, start chest compressions.



### 4 CHEST COMPRESSIONS

- Place 2 fingers of one hand over the lower half of the chest. Avoid the bottom tip of the breastbone.
- Compress chest ½" to 1" deep.
- Alternate 5 compressions with 1 breath.
- Compress chest 100 times per minute.



**Check for signs of normal breathing, coughing, or movement every minute.**