

Nutrition

- **Weight.** Most babies have regained or even exceeded their birth weight by two weeks of age.
- **Breast-Feeding Patterns.** Daily nursing patterns will vary from baby to baby and at times from day to day. During the first month, breast-fed infants need 8 to 12 feedings a day. By two weeks of age many will settle into a pattern of about 8 feedings a day. By two months of age many will drop a night feeding and nurse 6 to 7 times in a 24 hour period. Ideally a mother will watch the baby, not the clock, and breast-feed her infant on cue or demand, not by a rigid schedule. Most infants will fall into a daily nursing pattern that is suited for that infant. Rigid feeding schedules are not recommended for breast-fed infants and have even caused poor weight gain in newborns.
- **Cluster Feeding & Growth Spurts.** What are normal breast-feeding patterns? A baby who is cluster feeding will nurse 5 - 10 times in a 2 - 3 hour period and will then sleep deeply for 4 to 6 hours. Cluster feeding tends to happen late night/early morning in the first few weeks. After 2 to 3 weeks of age cluster feeding may occur during the late afternoon or early evening hours. Growth spurts typically happen around 7 - 10 days, 3 weeks, 6 weeks, 3 months, and 6 months of age. These are usually fussy periods of several days when your infant may want to feed every 1 to 1 and 1/2 hours. Be patient, try to get some rest, this period will pass. These patterns are normal. However, if you feel that your infant is "always at the breast" and unable to be satisfied, you need to see your child's provider or a lactation consultant to make sure that proper growth is occurring.
- **Breast-Feeding & Returning to Work.** If mother will be returning to work, this is a good time to introduce a bottle. Now that breast-feeding has been well established, and your baby is two weeks of age, giving a bottle of expressed breast milk once a day or every other day will help with the transition to more bottle feedings later and should allow mother to continue nursing as long as she chooses.
- **Formula Fed Infants.** In general formula fed infants have more regular feeding schedules. Most need 6 to 8 feedings a day for the first month and 5 to 6 feedings a day from 1 to 3 months of age. A good rule of thumb for the number of ounces per feeding is to use the age of the baby in months and add 3. For the first 3 or 4 months this total will give you the typical number of ounces per feeding for that age infant. For example a one month old infant will take 4 ounces of formula per feeding on average and a 2 month old would take 5 ounces at a time.
- **Vitamin D Supplementation.** The American Academy of Pediatrics recommends that vitamin D supplementation be given to breast-fed infants starting in the first month of life. Vitamin D is needed to develop and maintain strong bones as well as fight infections and help prevent serious conditions like cancer and diabetes. Breast-fed infants are at risk for vitamin D deficiency and rickets (a disease of weak bones) due to the low vitamin D content of breast milk. Vitamin D is also made naturally in the body with exposure of skin to sunlight; however, infants should not have significant exposure to the sunlight. The recommended dose of vitamin D from birth to age 18 years is 600 IU (international units). You may either give an infant a multivitamin that contains vitamin D or a vitamin D preparation to your baby. Tri-Vi-Sol drops and Vi-Daylin ADC drops are better-tasting and easier to give than Poly-Vi-Sol drops. Vitamin D-only drops are also fine to give and are becoming more available than in the past.

Care of Your Child

All babies cry each day from being hungry, wet, too warm, uncomfortable positioning, and just to let off steam. Most normal infants have a fussy period each day. Commonly the fussy period is somewhere between 6 pm and midnight and generally lasts less than 3 hours a day. The length of the fussy period normally peaks at about 6 weeks of age. As long as your baby calms within a few hours and is relatively peaceful the rest of the day, there is no cause for alarm. If the crying lasts more than two hours a day, or if your baby truly appears to be in pain, your baby should be evaluated.

- **Colic.** The most common cause of excessive crying in early infancy is colic, but other medical reasons need to be excluded. No one understands what causes colic. Some experts describe colic as a developmental phase where some infants are more sensitive to outside stimulation. At times colic can be triggered by sensitivity to the formula or for breast-fed infants, sensitivity to a food in the mother's diet. Depending on how colic is defined, about 10 to 20% of all infants have colic. Colic usually improves by two months of age and is usually gone by about 3 months. The following measures may help:
 - **Shoulder:** Nuzzle baby between your neck and shoulder. Baby may stop crying to look around.
 - **Movement:** Rocking, walking and swinging all soothe your baby. A car trip may put your baby to sleep.
 - **Sucking:** A pacifier or nursing soothes an irritable baby.
 - **Swaddling:** Wrap baby firmly in a blanket, restraining arms and legs. Rock gently.
 - **Soothing Sounds:** Baby may be soothed by sounds. Sounds that work well are the white noise of an off-air radio station, vacuum cleaner, clothes dryer or dishwasher, or a recording of these sounds. Soft and soothing conversation may calm.
 - **Baby Carrier:** A soft fabric baby carrier worn on the chest allows your baby to experience warmth as well as motion.

- Chest: Great for Dads! Lie on your back and put your baby on your chest. Body warmth and the rhythm of your breathing may soothe your baby.
- A change of scenery: Take a walk outside or a visit to the patio with your baby.
- Make an appointment if your baby is crying more than two hours a day or truly appears to be in pain.

Remember:

- Baby will outgrow colic.
- Crying is not causing emotional damage.
- Colic is not your fault. It just happens.
- If you are unsure your baby has colic, make an appointment with your baby's doctor.

Constipation/ Normal Stools

Breast-fed infant's stools are usually still quite frequent, fairly watery, seedy and yellow. Formula fed infants tend to have less frequent and less watery stools. Often the number of stools for both breast-fed and formula babies decrease as a baby gets closer to a month of age. However, true constipation (hard, infrequent stools) is abnormal in the first few weeks of life. If you think that your 2 week old is constipated let us know. In the second month of life some babies (even breast-fed infants) will go 3 or more days without having a bowel movement. This is usually normal.

True constipation refers to hard stools that are difficult to pass. Straining with bowel movements is normal. After a month of age if your infant is truly constipated you may:

- Insert a rectal thermometer with Vaseline about half an inch.
- Use 1/2 of a Pediatric glycerin suppository once.
- Rectal stimulation and/or glycerin suppositories are recommended only if your child has been extremely uncomfortable in his attempt to have a bowel movement.

Sleep

Prevention of Sleep Problems

- Place your baby in the crib when he is drowsy but awake. This step is very important, without it, other measures will fail. Your baby must learn to fall asleep by himself. If he fusses when he is placed in his crib try gentle and brief patting to settle him before picking him up.
- Your baby's last waking memory should be of the crib, not of being rocked or fed.
- For the first few months, if fussing turns to real crying respond to your baby. Babies cannot be spoiled and need to be comforted during the first 3 to 4 months.
- Do not let your baby sleep for more than 3 consecutive hours during the day.
- Keep daytime feeding intervals to at least 2 hours. This may not always be possible in breast feeding newborns during the first few weeks or during growth spurts, but is a reasonable long-term goal.
- Make middle of the night feedings brief and boring without lights, talking or rocking.
- Nighttime diapers should be changed only if necessary.
- Don't let your baby sleep in your bed.

Back to Sleep

- Placing babies on their backs to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS), also known as "crib death." 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. The AAP recommends that infants less than 12 months be put to sleep with no soft bedding of any kind. One-piece sleepers or some other sleep clothing, with no other covering, should be used as an alternative to blankets.

Tummy Time: Back to Sleep, Tummy to Play

- **Sleep Position and Head Shape.** Now that babies are sleeping on their backs, the incidence of SIDS is going down, but the frequency of head-shape and neck mobility problems is going up. Some experts say that close to 10 percent of all babies now have some flattening on the back or side of the head and/or neck mobility problems due to spending a prolonged amount of time lying on their backs. Having your baby spend time every day lying on her tummy is the best way to prevent or treat these head and neck problems. Tummy time will also help strengthen your baby's neck and back muscles and help develop skills needed for rolling over, sitting and crawling. By two weeks of age, tummy time should be an important part of your baby's daily routine. Here are a few tummy time tips:

- Place your baby on a firm but comfortable surface, like a blanket or quilt on the floor. Tummy time must always be supervised. Placing your hand on the baby's bottom may help shift weight from the upper body.
- If your baby is still unable to lift her head, place a rolled towel or small pillow under the chest and armpits, with her arms out in front.
- You may need to lie or sit in front of your baby and entertain her so that she learns to enjoy tummy time.
- Gradually increase tummy time as your baby gets stronger and more comfortable with being on her stomach.
- Goal amount of tummy time is at minimum of 30 minutes total per day.

Development

Language and understanding

- **Listening:** Talk and even sing to your baby during dressing, feeding, bathing and household chores.
- **Being aware of sounds:** Let your baby hear many different sounds, such as soothing music or the birds outside. You should notice your baby responding to sounds.

Social Skills

- **Feeling secure and loved:** Fix your fussy baby's problem, if possible. Carry baby often.
- **Being comforted:** Respond right away to crying. Crying tells you something is wrong.
- **Smiling:** Make happy sounds. Smile at your baby, especially when your baby smiles back. Most babies are able to smile responsively by 2 months of age.
- **Being rocked:** Rock your baby to soothe and relax. Show love by touching and talking softly.

Gross Motor Skills

- **Lifting head:** Place baby on his abdomen while he is awake and you are playing with him. Dangle bright toys or make happy sounds in front to encourage head lifting. By two months of age most babies can lift their head to 45° while on stomach. Tummy time will help increase upper body and neck strength. Do tummy time for at least 30 minutes total a day.

Fine Motor Skills

- **Watching moving objects:** Get your baby to follow your face or a picture. Move the object slowly in different directions as far as your baby will follow. Show your baby lights or brightly colored objects. They especially like faces.
- **Favorite toys:** A bright mobile with contrasting colors is a favorite. Please put within 6-25 inches of his eyes so he can enjoy looking at it.
- **Having quiet times:** Babies need quiet time also to vocalize, play and explore their world!

Safety

- **Car Seat Shopping.** You MUST use a car seat when transporting your infant in an automobile, and selecting the right car seat can be a difficult decision. Whichever model you decide on, make sure it meets current Federal Motor Vehicle Safety Standards. Read and follow the instructions that come with the car safety seat and the section in the owner's manual of your car on using car safety seats correctly. For more information about car safety seats and for information about having your seat checked for proper installment, please call 1-800-252-8255 (Safe Riders Program) or 1-866-SEAT CHECK (www.seatcheck.org).
 - The American Academy of Pediatrics (AAP) recommends that infants be transported in a rear facing safety seat.
 - In addition child safety experts are now recommending that infants and toddlers remain in a rear facing safety seat until two years of age. Serious injuries are five times more likely to occur if your 12 to 24 month old child is in a forward facing rather than a rear facing safety seat.
- **Smoking.** Do not allow smoking in your house or around your baby as it increases respiratory illnesses, frequency of ear infections and may even increase cancer risk. Household smoking also increases the chance of Sudden Infant Death Syndrome (SIDS). If smoking is a part of your household, it must be done outdoors or preferably stopped altogether. If you find it difficult to stop on your own, contact your family doctor about methods for breaking the habit.

Early Childhood Intervention (ECI) Programs

The State of Texas has a network of local community programs (Early Childhood Intervention or ECI) that provide services to Texas families and their children, birth to age 3, with developmental delays. The cost of services provided are based on family income. Children are eligible for ECI services if they are under age 3 and have developmental delays or conditions (such as Down's, prematurity, vision or hearing impairments) that have a high possibility of resulting in a developmental delay. Anyone may refer a child for ECI services. If you believe that your child is delayed or has a condition that could lead to delays, call 1-800-682-5115 or visit the ECI website at www.dars.state.tx.us/ecis for the ECI program closest to you.

Reading Suggestions

- **New Mothers Guide to Breast-feeding**, The AAP, Bantam.
- **Caring for Your Baby and Young Child: Birth to Age 5**, The American Academy of Pediatrics.
- **Your Baby and Child: From Birth to Age 5**, Penelope Leach.
- **Baby 411: Clear Answers and Smart Advice for Your Baby's First Year**, Ari Brown, Denise Fields.
- **Infants and Mothers: Differences in Development**, Terry Brazelton.
- **Siblings without Rivalry**, Adele Faber and Elaine Mazlish, Avon Books.
- **The Happiest Baby on the Block: The New Way to Calm Crying and Help Your Newborn Baby Sleep Longer**, by Harvey Karp, MD.
- www.aap.org, The American Academy of Pediatrics
- www.cdc.gov/nip, National Immunization Program. Federal government sponsored online information about vaccines.
- www.vaccine.chop.edu, Information about vaccines from the Children's Hospital of Philadelphia