

# Two Weeks



## Patient information

Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

Weight: \_\_\_\_\_

Length: \_\_\_\_\_

Head circumference: \_\_\_\_\_

## Immunizations

NOTE: Your child's doctor may modify the immunization schedule at times.

- **Hepatitis B**, protects against hepatitis B virus (if not already given in hospital)

## Development

Your baby will get better at some newborn reflexes—she will have better accuracy at putting hand to mouth, locating the nipple to feed, etc. Your baby will have very strong finger grasps until about six to eight weeks of age. Neck and head control develop rapidly in the first six to eight weeks of life. She will begin focusing on light sources in her environment (for example, overhead light, television, windows) and will stare at them for prolonged periods of time.

Your baby's favorite state is sleep and major comforts are rocking and sucking. However, many babies will have a fussy period each day lasting three to five hours during which they are wakeful, somewhat irritable and difficult to comfort. This occurs especially in the evening time. The baby may pull up his legs and appear to have "gas pains". This is normal. Rocking and sucking will usually keep the baby somewhat comfortable during this time. Slings or other infant carriers are also helpful. This period of fussiness usually decreases by three to four months of age.

Talk to your baby even though he doesn't seem to understand yet. Keep the baby in the face-to-face position while you're talking. A newborn can see objects best at a distance of 12–15 inches, therefore, keep him in this range while you talk and he will see you clearly. A newborn can also see bright colors and black and white contrasts, so bright wall pictures and posters may catch the baby's eye. Music boxes and brightly colored mobiles are also appropriate.

A newborn baby can become overstimulated when handled by too many people over a short period of time. This is usually manifested by fussiness that is not quieted by feeding, sucking, rocking or other consoling measures. If this happens, it is OK to let the baby cry for 10–15 minutes in his crib. This will allow him to rest while the overstimulation subsides.

## Feeding

Your baby should be fed nothing but breast milk or infant formula fortified with iron at this age. If your baby is primarily breastfed, she should receive daily vitamin D drops, 400 IU once a day. Formula fed babies do not need this as the formula is supplemented with all the necessary vitamins. Honey should never be given to an infant under one year of age.

Breastfeeding mothers should be sure to eat a well-balanced diet, including adequate calcium (1500 mg per day), prenatal vitamins, and six-to-eight cups of fluids each day. Breastfeeding mothers should rest as much as possible!

Lead from plumbing in older homes can be hazardous to children. If you are preparing your baby's formula from powder or concentrate, use water from the cold water tap only and run the water for two to three minutes prior to making the formula (especially first thing in the morning) as this will lessen the chance of excess lead accumulating in the formula.

## Special instructions

You should have a digital rectal thermometer at home (available in any pharmacy) to check your baby's temperature in case of illness. Oral, underarm, and skin strip thermometers do not give an accurate report of a young baby's temperature. You do not need to monitor your child's temperature regularly, but you may check it if the baby seems sick or feels hot. The rectal temperature in an infant normally ranges from 97.5° F (36.4° C) to 100° F (37.8° C). Please contact our office immediately if the baby has a rectal temperature of 100.4° F (38° C) or higher.

It is common after delivery for women to feel sad, emotional, or anxious. If you are experiencing any of these feelings and they are excessive or they are interfering with caring for yourself or your baby, please discuss this with us, your obstetrician, or your primary care doctor. You may be suffering from postpartum depression and help is available.

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## Safety

### Sleep safety

Sudden infant death syndrome (SIDS) is the most common reason for death among healthy infants, but there are a number of things parents can do to dramatically reduce the risk of SIDS:

- **Remember “Back to Sleep”**—infants should always be placed to sleep on their back (please note that infants who spit up or have reflux should still sleep on their backs—there is no increased risk of choking and putting them to sleep on their side or stomach increases the risk for SIDS).
- **Infants should sleep in a safe, modern crib** or bassinet with no pillows, stuffed animals, or other soft bedding; if bumpers are used, they should be thin (not “pillow-like”) and should be secured tightly to the sides of the crib.
- **Infants should sleep in the same room** as their parents during the highest risk period for SIDS (approximately the first 4–6 months of life).
- **Consider offering a pacifier** at nap time and bedtime because it has been shown to reduce the risk of SIDS, however, if your infant refuses the pacifier, he or she should not be forced to take it.
- **Avoid overheating:** The infant should be lightly clothed for sleep, and the bedroom temperature should be kept comfortable for a lightly clothed adult.
- **Do not smoke** or allow other people to smoke around your infant.

### Home safety

Even though babies at this age cannot roll over, they can move suddenly. Never leave infant on a changing table, countertop, couch, bed, or other raised surface without always having one hand on the baby. Do not rely on a changing table strap alone to restrain the baby.

**Smoke detectors** are very important in the home. Batteries should be changed every six months (you can remember to do this by changing the batteries each spring and fall when the time changes).

**The temperature of your home’s hot water** should be no more than 120 degrees to prevent serious burns. Check the temperature by running the hot water from the tap and measuring the temperature with a kitchen thermometer. Adjust your hot water heater as needed.

### Car safety

Your child should be in a rear-facing car seat in the back seat of the car for all car trips, even very short ones! Adjust the shoulder straps so that they are at or below the level of your child’s shoulders. The straps should fit snugly—you should only be able to get only one finger between the straps and your child. In winter, it is safer to put warm layers on top of your child after strapping her into the car seat; securing the straps on top of bulky clothing can reduce the effectiveness of the car seat. If you would like further information on child car safety or would like to find a certified car seat inspector who can check the installation of your car seat, please consult the National Highway Traffic Administration website at [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov).

### Sun safety

Avoid the midday sun between 10 a.m. and 3 p.m. as much as possible. Use a hat or canopy and light clothing that covers as much skin as possible.

### Next visit

Your next routine visit will be when the baby is two months old. At that time she will receive the following immunizations: Diphtheria/Tetanus/Pertussis (DTaP), Polio (IPV), Haemophilus influenza B (HIB), Hepatitis B, Pneumococcal Conjugate, and Rotavirus. Please read the vaccine handouts given at today’s visit prior to the two-month checkup.