



Two Week Packet:

Please complete screening questions in the first half of the packet.

Information about race and ethnicity helps us make sure we provide the highest quality care for all patients. Please take the time to answer the following questions:

Preferred Spoken Language: _____

Would you like to have a medical interpreter for your appointments? yes no

Preferred written language: _____

For the ethnicity and race questions below, please answer in terms of the patient if that is different from the person/parent completing this form. You may choose more than one, if that is how you identify.

Ethnicity:

- Decline to Answer
- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Decline to Answer
- Native Hawaiian or Other Pacific Islander
- Other
- Unknown
- White

Family Health History

(If your child was adopted or conceived with a donor sperm or egg, please include any known health information about the biological family.)

Do any of the following biological family members of the patient have any significant health problems? Please pay special attention to the list of specific health problems on the right)

Biological Father	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Describe Here
Biological Mother	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Describe Here
Sibling #1	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Describe Here
Sibling #2	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Describe Here
Sibling #3	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Describe Here
Paternal Grandfather	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Describe Here
Paternal Grandmother	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Describe Here
Maternal Grandfather	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Describe Here
Maternal Grandmother	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Describe Here

- Specific Health Problems:**
1. Childhood deafness/hearing loss
 2. Congenital hip dislocation/dysplasia
 3. Asthma
 4. Allergies, food or environmental (please specify)
 5. Eczema
 6. Heart disease before age 55
 7. High cholesterol
 8. High blood pressure
 9. Diabetes (specify child-onset or adult-onset)
 10. Urinary/kidney reflux
 11. Alcohol or drug abuse
 12. Psychiatric or mental illness

Social History

	Name	DOB	Occupation/Employer
Parent #1			
Parent #2			
Who lives at home with the patient?			
Does anyone who lives in the home smoke any form of tobacco?			Yes No
Is there any lead paint in the home or was your home built before 1978?			Yes No

Parent: Two Week Packet



Health Needs Assessment

Patient Name: _____ Patient Date of Birth: _____

Your Name: _____ Your Relationship to Patient: _____

Preferred Language: _____

		Yes/No
	In the last 12 months, did you or your family ever eat less than you felt you should because there wasn't enough money for food?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are you worried that in the next 2 months you may not have stable housing ?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Think about the place you live. Do you have problems with any of the following? Pests (mice or roaches), mold, no/not working smoke detectors, water leaks, no window guards.	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, has the electric, gas, oil, or water company threatened to shut off your services in your home?	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, have you or your family ever had to go without health care because you didn't have a way to get there ?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are you or your family worried about feeling safe in your home ?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do you feel that you need more support from other people or programs to help you care for yourself or your family?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do you need help understanding your or your child's healthcare needs (diagnosis, medications, plan, etc.) beyond today's visit?	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, was there a time when your child needed to see a doctor or get medications or supplies but could not because of cost ?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Did you or your child miss school or work because of a health problem that could have been avoided in the last 12 months?	<input type="checkbox"/> Y <input type="checkbox"/> N
	If you checked YES to any boxes above, would you like to receive assistance with any of these needs?	<input type="checkbox"/> Y <input type="checkbox"/> N

Comments:



TWO WEEKS

Name _____ Date _____

Weight _____ Length _____ Head Circumference _____

Feeding:

- Your baby should be fed nothing but breast milk or infant formula fortified with iron at this age
- Primarily breastfed babies should receive daily vitamin D drops, 400 IU once a day
- Formula fed babies need this until drinking 32 oz.

Office Hours and Telephone Coverage: We are available 24 hours a day, 365 days a year!

- Monday-Friday: 8:30am-5:30 pm (later as needed to accommodate urgent visits)
- Saturdays and Holidays: 9am-12pm (later as needed to accommodate urgent visits) – Urgent visits only
- Sundays: Mornings (office times vary); Call starting at 8am – Urgent visits only
- After regular business hours: After hour calls are answered by well-trained pediatric nurses who follow protocols approved by Longwood Pediatrics. Please restrict calls to urgent medical issues only.

Please ALWAYS call us before going to any emergency room.

Appointment Scheduling:

- Well Visit/Checkups: Our schedules are open one year in advance for routine well visit appointments. **Schedule your next well visit today!**
- Sick Visits: It is best to call the office early in the day to schedule an appointment. You can make an appointment by pressing option 2 for the receptionist. If you are not sure that your child needs to be seen, you may leave a message for our nursing staff and a nurse will call you back within an hour.

Communication:

We encourage all families to use MyChart, our patient portal. With MyChart you are able to communicate with your child's provider through messaging, book appointments, see your child's medical history and more. Sign up at the front desk today!

Next Visit:

Your next routine visit will be when the baby is two months old. The following vaccines are due at 2 months of age: 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.

Like us on Facebook



Updated 12/8/20



BRIGHT FUTURES HANDOUT ► PARENT

1 MONTH VISIT

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

✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Ask us for help if you have been hurt by your partner or another important person in your life. Hotlines and community agencies can also provide confidential help.
- Tobacco-free spaces keep children healthy. Don't smoke or use e-cigarettes. Keep your home and car smoke-free.
- Don't use alcohol or drugs.
- Check your home for mold and radon. Avoid using pesticides.

✓ FEEDING YOUR BABY

- Feed your baby only breast milk or iron-fortified formula until she is about 6 months old.
- Avoid feeding your baby solid foods, juice, and water until she is about 6 months old.
- Feed your baby when she is hungry. Look for her to
 - Put her hand to her mouth.
 - Suck or root.
 - Fuss.
- Stop feeding when you see your baby is full. You can tell when she
 - Turns away
 - Closes her mouth
 - Relaxes her arms and hands
- Know that your baby is getting enough to eat if she has more than 5 wet diapers and at least 3 soft stools each day and is gaining weight appropriately.
- Burp your baby during natural feeding breaks.
- Hold your baby so you can look at each other when you feed her.
- Always hold the bottle. Never prop it.

If Breastfeeding

- Feed your baby on demand generally every 1 to 3 hours during the day and every 3 hours at night.
- Give your baby vitamin D drops (400 IU a day).
- Continue to take your prenatal vitamin with iron.
- Eat a healthy diet.

If Formula Feeding

- Always prepare, heat, and store formula safely. If you need help, ask us.
- Feed your baby 24 to 27 oz of formula a day. If your baby is still hungry, you can feed her more.

✓ HOW YOU ARE FEELING

- Take care of yourself so you have the energy to care for your baby. Remember to go for your post-birth checkup.
- If you feel sad or very tired for more than a few days, let us know or call someone you trust for help.
- Find time for yourself and your partner.

✓ CARING FOR YOUR BABY

- Hold and cuddle your baby often.
- Enjoy playtime with your baby. Put him on his tummy for a few minutes at a time when he is awake.
- Never leave him alone on his tummy or use tummy time for sleep.
- When your baby is crying, comfort him by talking to, patting, stroking, and rocking him. Consider offering him a pacifier.
- *Never hit or shake your baby.*
- Take his temperature rectally, not by ear or skin. A fever is a rectal temperature of 100.4°F/38.0°C or higher. Call our office if you have any questions or concerns.
- Wash your hands often.

Helpful Resources: National Domestic Violence Hotline: 800-799-7233 | Smoking Quit Line: 800-784-8669
Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

1 MONTH VISIT—PARENT



SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- Make sure your baby always stays in her car safety seat during travel. If she becomes fussy or needs to feed, stop the vehicle and take her out of her seat.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Always put your baby to sleep on her back in her own crib, not in your bed.
 - Your baby should sleep in your room until she is at least 6 months old.
 - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
 - Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and toys in the crib.
- Swaddling should be used only with babies younger than 2 months.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Keep hanging cords or strings away from your baby. Don't let your baby wear necklaces or bracelets.
- Always keep a hand on your baby when changing diapers or clothing on a changing table, couch, or bed.
- Learn infant CPR. Know emergency numbers. Prepare for disasters or other unexpected events by having an emergency plan.

WHAT TO EXPECT AT YOUR BABY'S 2 MONTH VISIT

We will talk about

- Taking care of your baby, your family, and yourself
- Getting back to work or school and finding child care
- Getting to know your baby
- Feeding your baby
- Keeping your baby safe at home and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time.

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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.



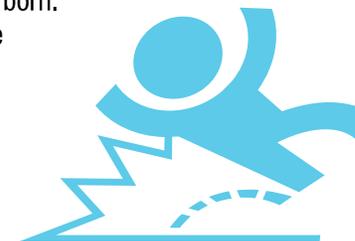
Falls

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.



(over)



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.

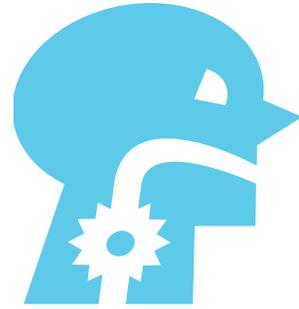
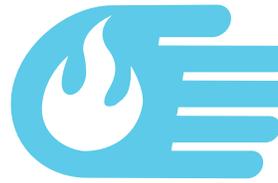
To protect your baby from house fires, be sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.

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

The information in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on the individual facts and circumstances.

Your Child's First Vaccines: What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

The vaccines included on this statement are likely to be given at the same time during infancy and early childhood. There are separate Vaccine Information Statements for other vaccines that are also routinely recommended for young children (measles, mumps, rubella, varicella, rotavirus, influenza, and hepatitis A).

Your child is getting these vaccines today:

DTaP Hib Hepatitis B Polio PCV13

(Provider: Check appropriate boxes.)

1 Why get vaccinated?

Vaccines can prevent disease. Most vaccine-preventable diseases are much less common than they used to be, but some of these diseases still occur in the United States. **When fewer babies get vaccinated, more babies get sick.**

Diphtheria, tetanus, and pertussis

- Diphtheria (D) can lead to difficulty breathing, heart failure, paralysis, or death.
- Tetanus (T) causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- Pertussis (aP), also known as “whooping cough,” can cause uncontrollable, violent coughing which makes it hard to breathe, eat, or drink. Pertussis can be extremely serious in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

Hib (*Haemophilus influenzae* type b) disease

Haemophilus influenzae type b can cause many different kinds of infections. These infections usually affect children under 5 years old. Hib bacteria can cause mild illness, such as ear infections or bronchitis, or they can cause severe illness, such as infections of the bloodstream. Severe Hib infection requires treatment in a hospital and can sometimes be deadly.

Hepatitis B

Hepatitis B is a liver disease. Acute hepatitis B infection is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach. Chronic hepatitis B infection is a long-term illness that is very serious and can lead to liver damage (cirrhosis), liver cancer, and death.

Polio

Polio is caused by a poliovirus. Most people infected with a poliovirus have no symptoms, but some people experience sore throat, fever, tiredness, nausea, headache, or stomach pain. A smaller group of people will develop more serious symptoms that affect the brain and spinal cord. In the most severe cases, polio can cause weakness and paralysis (when a person can't move parts of the body) which can lead to permanent disability and, in rare cases, death.

Pneumococcal disease

Pneumococcal disease is any illness caused by pneumococcal bacteria. These bacteria can cause pneumonia (infection of the lungs), ear infections, sinus infections, meningitis (infection of the tissue covering the brain and spinal cord), and bacteremia (bloodstream infection). Most pneumococcal infections are mild, but some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be deadly.



2

DTaP, Hib, hepatitis B, polio, and pneumococcal conjugate vaccines

Infants and children usually need:

- 5 doses of **diphtheria, tetanus, and acellular pertussis vaccine (DTaP)**
- 3 or 4 doses of **Hib vaccine**
- 3 doses of **hepatitis B vaccine**
- 4 doses of **polio vaccine**
- 4 doses of **pneumococcal conjugate vaccine (PCV13)**

Some children might need fewer or more than the usual number of doses of some vaccines to be fully protected because of their age at vaccination or other circumstances.

Older children, adolescents, and adults with certain health conditions or other risk factors might also be recommended to receive 1 or more doses of some of these vaccines.

These vaccines may be given as stand-alone vaccines, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

3

Talk with your health care provider

Tell your vaccine provider if the child getting the vaccine:

For all vaccines:

- Has had an **allergic reaction after a previous dose of the vaccine**, or has any **severe, life-threatening allergies**.

For DTaP:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**.
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**.
- Has **seizures or another nervous system problem**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**.

For PCV13:

- Has had an **allergic reaction after a previous dose of PCV13, to an earlier pneumococcal conjugate vaccine known as PCV7, or to any vaccine containing diphtheria toxoid** (for example, DTaP).

In some cases, your child's health care provider may decide to postpone vaccination to a future visit.

Children with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before being vaccinated.

Your child's health care provider can give you more information.

4

Risks of a vaccine reaction

For DTaP vaccine:

- Soreness or swelling where the shot was given, fever, fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, the vaccine is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.
- Very rarely, long-term seizures, coma, lowered consciousness, or permanent brain damage may happen after DTaP vaccination.

For Hib vaccine:

- Redness, warmth, and swelling where the shot was given, and fever can happen after Hib vaccine.

For hepatitis B vaccine:

- Soreness where the shot is given or fever can happen after hepatitis B vaccine.

For polio vaccine:

- A sore spot with redness, swelling, or pain where the shot is given can happen after polio vaccine.

For PCV13:

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness, feeling tired, headache, and chills can happen after PCV13.
- Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines



Repositioning Techniques

For a Child Who Prefers Looking To Their Left

National Orthotics and Prosthetics Company

1. When on your lap, the child should be on your right leg. Make sure that the child's left arm is tucked between your waist and your right arm.
2. When carrying the child, have your child on your right. If possible, tuck your child's left arm under your right arm. You can also try using a swaddle while holding the child on your right side.
3. When playing, place interesting objects/toys on the child's right side.
4. When bottle feeding, hold the bottle off to the right. Remember to tuck your child's left arm between your waist and right arm. If this interferes with feeding, hold the bottle at midline.
5. When burping, hold your child over your left shoulder. Make sure that you are cheek to cheek so your child is unable to look to the left.
6. If you are unable to burp your child over your shoulder, try placing your child on your right leg.
7. When your child is lying down or in a car seat, try using a rolled up receiving blanket under your child's left shoulder and hip to prop your child towards their right side.
8. Your child should play on their tummy at least 5 times a day for 3-20 min in duration, depending on the age and neck strength of your child. There are many ways to practice tummy time. You can have your child lie on your stomach or play with them while you are lying on your back. Another way to practice tummy time is to place your child across your lap. You can also carry your child in a face down position. Make sure that your child's head is closer to your left arm to also encourage your child to only look to the right.
9. If your child likes to raise their right shoulder, or tilts their head towards their right shoulder, this is a good carry to work on pushing down on the right shoulder.



Repositioning Techniques

For a Child Who Prefers Looking To Their Right

National Orthotics and Prosthetics Company

1. When on your lap, the child should be on your left leg. Make sure that the child's right arm is tucked between your waist and your left arm.
2. When carrying the child, have your child on your left. If possible, tuck your child's right arm under your left arm. You can also try using a swaddle while holding the child on your left side.
3. When playing, place interesting objects/toys on the child's left side.
4. When bottle feeding, hold the bottle off to the left. Remember to tuck your child's right arm between your waist and left arm. If this interferes with feeding, hold the bottle at midline.
5. When burping, hold your child over your right shoulder. Make sure that you are cheek to cheek so your child is unable to look to the right.
6. If you are unable to burp your child over your shoulder, try placing your child on your left leg.
7. When your child is lying down or in a car seat, try using a rolled up receiving blanket under your child's right shoulder and hip to prop your child towards their left side.
8. Your child should play on their tummy at least 5 times a day for 3-20 min in duration, depending on the age and neck strength of your child. There are many ways to practice tummy time. You can have your child lie on your stomach or play with them while you are lying on your back. Another way to practice tummy time is to place your child across your lap. You can also carry your child in a face down position. Make sure that your child's head is closer to your right arm to also encourage your child to only look to the left.
9. If your child likes to raise their left shoulder, or tilts their head towards their left shoulder, this is a good carry to work on pushing down on the left shoulder.

