

Anticipatory Guidance Two Weeks

FEEDINGS:

Breast milk is the best food for babies. If for some reason you are unable to breast feed, formula is the only choice. Unless your baby's doctor tells you different, use a formula such as Enfamil, SMA, or Similac. Babies should be fed with an iron-supplemented formula for the first year. If your baby is colicky, your doctor may want you to change to lactose-free or soy formula. Be sure to discuss this with your doctor before you change formulas. Both breast milk and formulas have everything a baby needs. There is no need to give any other juices, water or foods until at least six months. Giving your baby other foods before six months will increase the baby's chances for upset stomach and allergies. If your baby seems hungry, please contact your physician before introducing solid foods. Honey should not be given before the infant's first birthday.

SCHEDULING:

How often to feed? When a baby is hungry. You should wait a minimum of 2 ½ to 3 hours between feedings. As baby grows, it could be 3 ½ to 4 hours between feedings. During the first few weeks, breast-feeding babies may need to feed every 2 to 2 ½ hours until your milk comes in fully. If your baby breast-feeds longer than 20 minutes on each breast, your baby may need a pacifier to satisfy his/her sucking needs. Babies feeding on formula will vary their intake from feeding to feeding—this is normal. Do not try to have the baby take more if he/she seems finished. Be aware of your baby's signals and allow him/her to regulate the amount. **BE SURE TO BURP YOUR BABY SEVERAL TIMES DURING A FEEDING.** This will help release air trapped in your baby's tummy which can cause discomfort or "spitting up." Spend time with your baby. At this age you cannot spoil your baby with too much holding or cuddling.

SLEEPING POSITION:

Recent research has shown that babies should not sleep on their stomachs. Babies who sleep this way have a greater risk of sudden infant death syndrome (SIDS). Babies should be put to sleep on their back or side. Place your baby on his/her side, cushioned so they cannot roll onto their stomach.

STIMULATION:

Newborns can hear, see, smell, taste and feel. They quickly learn to recognize and prefer their mother's face, voice, touch, and smell. Give your baby lots of attention and learn to recognize his/her responses and signals. Provide gentle touch, massage, movement, and soothing music. Don't let dad feel left out; have him help in the care and allow him time to play with the child. Dad is an important part of the child's life.

OLDER BROTHERS AND SISTERS:

Once the "newness" of the new baby wears off, many older siblings will begin to feel left out, and jealous—this is natural. As much as possible, try to involve the older children in the care of the baby and thank the older child for helping. Be sure to spend time with the older child for special times and outings, or just play time together. Tell your older child

how you feel. Say “I love you” and let him/her know there is enough love to go around for everybody. The older child may act like a baby for a short time after the birth of a new baby. Sometimes it helps if the older child has a doll to care for like his/her mommy. Most importantly, talk to the older child about his/her feelings.

SAFETY:

Accidents are the number one threat to your child. You can lower your child’s risk for the most common causes of accidents. Buy a car seat that has been approved. Follow the directions for placing the child in the car seat for every ride. Some parents believe that if they hold their babies when riding, the baby will be safe. In a study by the highway Safety Research Institute, volunteers were instructed to hold onto a dummy the same size and weight of a six month old baby. The parent knew they were going to be involved in a crash, but were unable to hang onto the infant at speeds of 15 miles per hour. Please, place your child in a car seat every time your baby rides in a car. Remember, in the summer, the car can become so hot that it may burn the child when placing him/her in the car seat. Cover the car seat up when not in use. Never leave a child alone in a car.

Smoke detectors should be placed at several locations around the home such as baby’s room, hallways, and kitchen. Detectors will signal if there is a fire in the house and reduce the risk of fire injury.

Another simple way to make your home safer for your baby is to lower the hot water heater to 120 degrees. Most are set to 160 and a child can receive a deep, serious burn in one second. At 120 degrees it takes five minutes. If your hot water heater does not have a dial to regulate the temperature, turn the dial a little more than half way down.

REMINDERS:

Give your baby the sound of your voice (talking and singing), your touch and caress. Support your baby’s head when lifting or carrying. For the first month keep baby sheltered from the world—let baby feel secure and cozy at home. Avoid taking your baby out shopping or on unnecessary trips. Take this time to get to know your baby. Mother, remember to take care of yourself as well. Rest when baby rests, eat well and drink lots of fluids. Treasure the time you have together. Remember this time will not come again.

Caring for your two week old infant

Bowel movements: Stools vary in color, consistency and frequency. Breastfed infants have yellow, liquidy stools. Formula fed infants have brown to green, more solid stools. Some babies have bowel movements every day or less often. Breastfed babies often have stools with each feeding. Your baby may make a face or grunt while having a bowel movement. This is normal and is not painful.

Illnesses: Call us right away if your baby's temperature goes over 100.4 degrees rectally, even if he or she does not seem sick. Although it is uncommon, babies this young can get sick very quickly. Babies under six weeks old should not be given Tylenol.

Vaccines: Your baby probably received his or her first immunization for Hepatitis B at the hospital. The second shot is given at the one month visit. He or she will receive a series of immunizations at the two, four, and six month visits. A complete history and physical exam will be done at that time to assess growth and development. Attached is a list of vaccinations your baby will need up to age five.

Additional Resources

Here are some recommended references. Check your local library for other helpful childcare books.

Babyhood by Penelope Leach

Your Baby and Child by Penelope Leach

What to Expect the First Year by A. Eisenberg, M. Murkoff and S. Hathaway

Infants and Mothers by T. Berry Brazelton

The Nursing Mother's Companion by Kathleen Higgins

Your Premature Baby by F. Manginello and T. Digeronimo

Child Care Choices by E. Zigler and M. Lang

Colic

“Colic” means excessive crying in an infant 2 to 12 weeks of age who is otherwise healthy. The cause of colic is unknown. However, because many physical problems can cause excessive crying in an infant, the diagnosis of colic should be made only by a doctor.

SYMPTOMS OF COLIC

Colic usually begins by 2 to 3 weeks of age and may last 3 or 4 months. Colicky infants usually cry at least 3 hours a day. This is 2 ½ time more than non-colicky infants. The crying may or may not occur at the same time each day, but usually happens more often in the evening. The baby does not stop crying when usual ways of comforting, such as holding and feeding, are tried. The colicky infant usually shows these signs:

- Flailing arms and legs
- Clenched fists
- Arched back
- Draws legs up toward the abdomen
- Bulging and tense abdomen (tummy)
- Struggling and angry when held

POSSIBLE CAUSES OF COLIC

No one knows the real cause of colic, but some things that *may* be related include:

- Exposure to tobacco smoke
- Stomach spasms
- Immature nervous system
- Gas pain
- Hormones out of balance
- Immature digestive system
- Allergy to milk
- Tension or emotional stress in the baby’s environment

WAYS TO HELP YOUR BABY

There is no sure treatment for colic, so nothing you try will comfort your crying baby every time. The following suggestions have been tried by other parents who have had colicky infants. You may try:

- Cuddling your baby.
- Taking your baby for a ride in a stroller or car.
- Placing your baby in a wind-up swing (prop a young infant up with blankets).
- Rocking and cuddling your baby in a rocking chair.
- Giving your baby a pacifier (many infants are soothed by extra sucking).
- Burping the baby often while feeding to remove as much air as possible from the stomach to reduce excessive gas. Massage the baby’s stomach.
- Playing soothing music or tapes of heartbeat (to soothe you and the baby).
- Carrying your baby in a front pack.
- Walking while holding your baby.
- Running the vacuum cleaner or washer. (The constant sound can be comforting to your baby).

WHEN TO CALL THE DOCTOR

Call your child's doctor if your baby has any of these symptoms:

- Fever
- Diarrhea
- Hard stools
- Poor weight gain
- Excessive spitting up of formula
- Vomiting
- Blood in stools (bowel movements)
- Poor feeding

THINGS TO REMEMBER

A baby who cries too much despite everything you do to comfort him can make the parents nervous or angry. It is important for you to remember the following things:

- Colic is not your fault.
- Your anger and frustration are normal.
- Your baby is not angry with you.
- Your baby is healthy in spite of the excessive crying.

SUGGESTIONS FOR PARENTS

Colic is not a minor problem. It affects 1 in 4 infants and can cause the entire family a great deal of distress. Please be assured that colic will end between the infant's third and sixth month of life. Until then, the following suggestions may be helpful.

- Do not feed your baby every time he cries.
- Arrange for a relative, friend, or babysitter to stay with the baby while you get out of the house one evening a week. Go see a movie, go out to dinner, or just take a walk.
- Try to rest when your baby naps. Enough rest will relieve your tension.
- **Caution: Never shake your baby.** Shaking will not stop the crying and could cause serious brain damage.

If you have any questions, be sure to ask your doctor or nurse.

INFANT VISION SIMULATOR CARD

How An Infant Views The World

From a distance of 1 meter



At 3 Days



At 1 Month



At 3 Months



At 6 Months



At 1 Year

Vision is normally developed by age 3 years.

This Vision Simulator Card was developed by

Ohio Optometric Association

P.O. Box 6036 Worthington, OH 43085

www.ooa.org • (614) 781-0708

The Importance of Eye Exams for Infants

- A comprehensive eye exam can and should be performed on an infant before one year of age.
- 1 out of 4 school-age children have a vision problem.
- 4 out of 100 children have a lazy eye (Amblyopia). Half of those children with lazy eye go undetected, resulting in permanent, preventable vision loss.
- Farsightedness (Hyperopia) - Distant objects are clear while near objects may be blurry and/or create eye strain.
- Nearsightedness (Myopia) - Distant objects are blurry while near objects are clear.
- In normal circumstances, 80% of what we learn is through our visual sense.
- A lifetime of comprehensive eye care should start during infancy with an eye exam by a primary eye doctor.

Optometrists are primary eye care doctors who diagnose and treat eye diseases and vision disorders.

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Infant Sleep Positioning and SIDS

Parents and caregivers should now consider placing healthy infants on their backs when putting them down to sleep. This is because recent studies have shown an increased incidence of Sudden Infant Death Syndrome (SIDS) in infants who sleep on their stomachs. There is no evidence that sleeping on the back is harmful to healthy infants.

Keep the following points in mind:

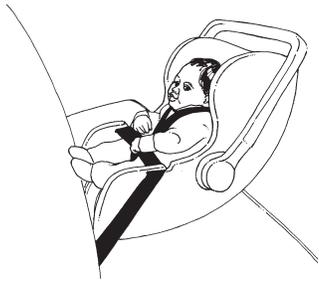
- Placing a child to sleep on the back has the lowest risk and is preferred. Sleeping on the side, however, is a reasonable alternative and is safer than sleeping on the stomach.
- Do not place your infant to sleep on soft surfaces or with pillows or stuffed toys. They could cover your child's airway.
- This recommendation is for healthy infants. Some infants with certain medical conditions or malformations may need to be placed on their stomachs to sleep. Talk to your pediatrician about which sleeping position is best for your child.
- This recommendation is for *sleeping* infants. A certain amount of "tummy time," while the baby is awake and observed, is recommended.

The information contained 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 individual facts and circumstances.

From your doctor



One-Minute Car Safety Seat Check-up



A. Infant-only seat



B. Rear-facing convertible seat



C. Convertible seat turned to face forward

Using a car safety seat correctly makes a big difference. Even the “safest” seat may not protect your child in a crash unless it is used correctly. So take a minute to check to be sure . . .

▶▶ **Does your car have a passenger air bag?**

- An infant in a rear-facing seat should NEVER be placed in the front seat of a vehicle that has a passenger air bag.
- The safest place for all children to ride is in the back seat.
- If an older child must ride in the front seat, move the vehicle seat as far back as possible, buckle the child properly, and make sure he stays in the proper position at all times.

▶▶ **Is your child facing the right way for weight, height, and age?**

- Infants should ride facing the back of the car until they have reached at least 1 year of age **AND** weigh at least 20 pounds (A and B).
- A child who weighs 20 pounds or exceeds the height limit for the car safety seat before she reaches 1 year of age should continue to ride rear-facing in a car safety seat approved for use at higher weights and heights in the rear-facing position.
- A child who weighs more than 20 pounds **AND** is older than 1 year may face forward (C). It is safest for a child to ride rear-facing until she reaches the top weight or height allowed by the seat for use in the rear-facing position.
- Once your child faces forward, she should remain in a car safety seat with a full harness until she reaches the top weight or height allowed by the seat. When changing the convertible seat for use in the forward-facing position, you must make adjustments. Check your car safety seat instructions.

▶▶ **Is the harness snug; does it stay on your child’s shoulders?**

- Harnesses should fit snugly against your child’s body. Check the car safety seat instructions on how to adjust the straps.
- The chest clip should be placed at armpit level (C) to keep the harness straps on the shoulders.

▶▶ **Has your child grown too tall or reached the top weight limit for the forward-facing seat?**

- Children are best protected in a car safety seat with a full harness until they reach the top weight or height limit of the car safety seat.
- Once your child outgrows his car safety seat, use a belt-positioning booster seat to help protect him until he is big enough for the seat belt to fit properly. A belt-positioning booster seat is used with a lap and shoulder belt (D).
- Shield boosters: Although boosters with shields may meet current Federal Motor Vehicle Safety Standards for use by children who weigh 30 to 40 pounds, on the basis of current published peer-reviewed literature, the American Academy of Pediatrics (AAP) does not recommend their use.
- A seat belt fits properly when the shoulder belt crosses the chest, the lap belt is low and snug across the thighs, and the child is tall enough so that when he sits against the vehicle seat back, his legs bend at the knees and his feet hang down.

▶▶ **Does the car safety seat fit correctly in your vehicle?**

- Not all car safety seats fit in all vehicles.
- When the car safety seat is installed, be sure it does not move side-to-side or toward the front of the car.
- Read the section on car safety seats in the owner’s manual for your car.



D. Belt-positioning booster seat

▶▶ **Is the seat belt in the right place and pulled tight?**

- Route the seat belt through the correct path (check your instructions to make sure), kneel in the seat to press it down, and pull the belt *tight*.
- A convertible seat has 2 different belt paths, 1 for use rear-facing and 1 for use forward-facing.
- Check the owner's manual for your car to see if you need to use a locking clip. Check the car safety seat instructions to see if you need a tether to keep the safety seat secure.

▶▶ **Can you use the LATCH system?**

- Lower Anchors and Tethers for Children (LATCH) is an anchor system that allows you to install a car safety seat without using a seat belt.
- Most new vehicles and all new car safety seats have these attachments to secure the car safety seat in the vehicle.
- Unless both the vehicle and the car safety seat have this system, seat belts are still needed to secure the car safety seat.

▶▶ **Do you have the instructions for the car safety seat?**

- Follow them and keep them with the car safety seat. You will need them as your child gets bigger.
- Be sure to send in the registration card that comes with the car safety seat. It will be important in case your car safety seat is recalled.

▶▶ **Has your child's car safety seat been recalled?**

- Call the Auto Safety Hotline or check the National Highway Traffic Safety Administration (NHTSA) Web site for a list of recalled seats. (See below.)
- Be sure to make any needed repairs to your car safety seat.

▶▶ **Has your child's car safety seat been in a crash?**

- If so, it may have been weakened and should not be used, even if it looks fine.
- If you must use a secondhand car safety seat, first check its full history. Do not use a car safety seat that has been in a crash, has been recalled, is too old (check with the manufacturer), has any cracks in its frame, or is missing parts. Make sure it has a label from the manufacturer and instructions.
- Call the car safety seat manufacturer if you have questions about the safety of your seat.

Questions?

Ask your pediatrician, a local safety group, or NHTSA. A certified Child Passenger Safety (CPS) Technician can help you use your child's car safety seat correctly. On the NHTSA Auto Safety Hotline or Web site, you may give your ZIP code to find the nearest CPS Technician.

The NHTSA Auto Safety Hotline

888/DASH-2-DOT (888/327-4236) (8:00 am to 10:00 pm ET, Monday through Friday) www.nhtsa.dot.gov/people/injury/childps/

The AAP offers more information in the brochure *Car Safety Seats: A Guide for Families*. Ask your pediatrician about this brochure or visit the AAP Web site at www.aap.org.

Although the American Academy of Pediatrics (AAP) is not a testing or standard-setting organization, this guide sets forth AAP recommendations based on the peer-reviewed literature available at the time of its publication and sets forth some of the factors that parents should consider before selecting and using a car safety seat.

Please note: Listing of resources 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 brochure. Phone numbers and Web site addresses are as current as possible, but may change at any time.

The information contained 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 individual facts and circumstances.

