2 Months Old

PARENT EXPRESS

A Guide for You and Your Baby

Dear Parent:

It’s fun to watch your baby grow!

Your baby is beginning to take interest in everything. While she is awake, she busies herself with looking, listening, and learning. Even though she can’t really talk yet, she lets you know how she feels by crying, smiling, or screaming.

If she is a quiet baby, she spends time just looking. If she is an active baby, she does a lot of smiling or screaming, depending on how she feels.

Your baby is beginning to learn about herself as a person. And you, as her parent, are learning all about her.

In This Issue
- What It’s Like to Be 2 Months Old
- What to Do with a Crying Baby
- Feeding Your Baby
- Games Babies Play
- Single Parenting
- Immunizations
- A Question about Sleeping
- Easy Exercises to Help You Relax

What It’s Like to Be 2 Months Old

How I Grow
- I still wobble my head a little when I am propped up.
- I hold my head up for a few minutes when I’m on my back.
- I hold onto things for a little while.
- I move my arms and legs and “bicycle” with my feet when I get excited.
- I stay awake for as long as 10 hours a day.
- I may even sleep for as long as seven hours a night. Be patient with me if I still wake up during the night—pretty soon I’ll be able to sleep longer.

How I Talk
- I gurgle, laugh, and smile when I’m happy.
- I like to try out cooing sounds.
- I cry to let you know when I want something.

How I Respond
- I blink at shadows—maybe my own hands.
- I follow you with my eyes when you move around.
- I like to stare at people and things.
- I smile at others besides my mother.
- I quiet down when I suck my fingers, a bottle, or a pacifier.
- I perform just to get your attention.
How I Understand

- I recognize different voices and people.
- I recognize a few objects, such as my bottle.

How I Feel

- I feel happy, scared, or uncomfortable at times.

What to Do with a Crying Baby

Crying is the main way your baby communicates. Different cries tell you about your baby’s different needs. By listening and watching him closely, you will soon learn more about those needs.

Your baby may cry for a number of reasons:

- He may be hungry. A young baby cannot wait long to be fed. His hungry cry may quickly change to an angry cry if you cannot feed him at once.
- He may be dressed too warmly or not warmly enough. Adjust his clothing to make him more comfortable.
- He may have an air bubble in his stomach that makes him uncomfortable. Air bubbles keep your baby from eating as much as he needs. Gentle burping may help. Try feeding again after burping.
- He may have a diaper rash. Leave his diapers off for a while. Free circulation of air helps skin to heal, and most babies love the freedom of not wearing a diaper. If the weather is cold, wrap him loosely in a blanket.
- He may want to be held close. Talk to him, cuddle him, and rock him for a while.
- He may be bored.
  - Turn him around in his bed to give him a different view.
  - Hang something over the bed that he can watch but can’t reach.
  - Play some soft music.

It is impossible to spoil a baby during the first few months. Respond promptly to your baby’s needs, the most urgent needs first. You will be teaching him that he can trust you!

Feeding Your Baby

Parents used to think that feeding solid foods at bedtime would help their babies sleep through the night. Not true. If your baby is hungry, give her breast milk or iron-fortified formula—it will help her sleep.

No Solids Yet

There are good reasons for waiting to feed solids. Your baby’s digestive system is not yet ready to handle foods other than milk. Her tongue and swallowing movements won’t develop enough for solid foods until she is 4 to 6 months old.

Supplements

Babies who are solely breastfed should be receiving a Vitamin D supplement. Vitamin D is important for normal development of bones and teeth. You can get this infant supplement over the counter. Talk with your child’s healthcare team.

Sleeping through the Night

Most babies will sleep through the middle-of-the-night feeding by the age of 3 months or by the time they weigh 12 to 13 pounds, but their sleep patterns may vary for a while after that.

If your baby sleeps through the 10 p.m. feeding (or the last feeding of the day), you might want to wake her up at 11 p.m. for a feeding. She will then probably sleep through the night until 5 or 6 a.m. the next morning. However, some 2-month-olds will wake up every four hours to be fed, day or night.

You can begin to teach your baby that nights are for sleeping by making night feedings as calm as possible. Leave the lights off (except perhaps for a dim night light), and put her down to sleep after feeding her and changing her diaper, rather than talking or playing with her.

Your baby is the best judge of how much she needs at each feeding. Be careful not to force her to feed longer than she wants. She will change her feeding pattern when she is ready.
Games Babies Play

Learning to Look: An Eyes and Ears Game

Playing with your baby gives her a chance to explore the world and satisfy her growing curiosity. She will enjoy your loving attention and will benefit from it.

Purpose
This game trains your baby’s eyes to follow an object. She also will learn to pay attention.

How to Play
- Put your baby on her back. Sit behind her and put your hand gently on her stomach. Try to keep her from seeing your face. You want your baby to watch the object and not you. (Remove your hand from her stomach if it bothers her.)
- Hold a noisemaking object such as a ring of keys about a foot above her face.
- Shake the object gently until she looks at it.
- Watch your baby’s eyes to see how she follows the object.
- Move the object slowly in a circle in the air, around her head.
- Change the direction of the circle. If your baby can’t follow the object in a circle, make only part of a circle.

Other Eyes and Ears Games
- Put mobiles over your baby’s crib so she can watch them as they move. You are helping your baby’s brain to develop important nerve connections for her eyes.
- When buying a mobile, look under it to see exactly what the baby is seeing. A good mobile should have strong contrasting colors and simple shapes. Primary colors or black and white are better than soft pastels.
- Move objects back and forth in a straight line in front of your baby.
- Making sure your child has all the needed immunizations before going to childcare or school
Learn to keep a record of your child’s immunizations. Take the records whenever you take your child to your healthcare provider. Never skip your child’s immunizations. Make up missed shots.

Single Parenting
If you are a single parent, your child’s needs will be even more demanding. It is easy for single parents to become so involved with their children that they stop seeing other people. But you need to spend time with other adults. Share activities or outings with family and friends you enjoy being around. Check the following places for news about parent groups and other activities that may interest you:
- Local newspapers
- Religious groups
- Service organizations
- Library bulletin boards

Don’t limit yourself to events and groups labeled as being for single parents.

Immunizations
Shots (immunizations) should begin at 2 months. Check with your healthcare provider about the shots and other immunizations (rotavirus vaccine is oral) your baby needs. When you immunize your baby, you are:
- Protecting your baby’s health for the rest of his life
- Preventing dangerous diseases that could cause breathing problems and lung damage, brain damage, heart problems, blindness, and death
- Making sure your child has all the needed immunizations before going to childcare or school

Learn to keep a record of your child’s immunizations. Take the records whenever you take your child to your healthcare provider. Never skip your child’s immunizations. Make up missed shots.

A Question about Sleeping
Should I put my baby to sleep on her back? Is she more likely to choke on her back than on her stomach or side?

The U.S. Public Health Service, the American Academy of Pediatrics (AAP), and the SIDS (Sudden Infant Death Syndrome) Alliance strongly recommend that parents and caregivers put healthy babies to sleep on their backs to prevent SIDS. Since these organizations began sponsoring the Back to Sleep Campaign in 1992, the death rate from SIDS has been reduced by 57 percent, according to a 2005 report by AAP. Check with your healthcare provider for special instructions.

No evidence shows that sleeping on the back causes choking. Babies get used to the back position, even if they protest at first.

Scientists are not sure what causes SIDS, also known as “crib death.” It is the most common cause of death between 1 month and 1 year. It most commonly occurs between 2 and 4 months of age and is less likely to happen as babies get older.
Other things you can do to prevent SIDS include:

- Keeping the baby away from all tobacco smoke
- Placing only a tightly fitting sheet on the crib mattress. Take away all soft blankets, pillows, and toys that could cause suffocation.
- Dressing your baby warmly in sleeping clothes that keep her nose and mouth free for breathing
- Taking your baby for medical checkups often

Easy Exercises to Help You Relax

Allow time each day for relaxation and exercise—you’ve earned it! These exercises only take a few minutes and will refresh you.

- Lie flat on your back with your knees bent. Take a deep breath. Now breathe out slowly. Repeat five times.
- Lie flat with your arms at your sides. Move your arms out to shoulder level, keeping elbows stiff. Then raise your arms over your head and bring your hands together. Repeat five times.
- Lie flat, then raise your head, touching your chin to your chest. Try not to move any other part of your body. Repeat several times.

Sources and Recommended Readings


Contact

Carole A. Gnatuk, Ed.D., Extension Child Development Specialist

Adapted from a publication originally written by Dorothea Cudaback, D.S.W., and colleagues at the University of California Cooperative Extension. Professionals at the University of Kentucky who have assisted in the preparation of the Parent Express series: Sandra Bastin, Ph.D., R.D., L.D.; Donna Clore, M.S.; Ruth Ann Crum, M.S.; Darlene Forester, Ph.D., R.D.; Starr Gantz, R.D.; Carole Gnatuk, Ed.D.; Peter Hesseldenz, M.A.; Janet Kurzynsky, Ph.D., R.D.; Alex Lesueur, Jr., M.S.L.S.; Suzanne McGough, M.S., R.D.; Marilyn Peterson, R.N., B.S.N.; Larry Piercy, Ph.D.; Sam Quick, Ph.D.; Michael Rupured, M.S.; Tammy Stephenson, Ph.D.; Diane Strangis, M.S.; Janet Tietyen, Ph.D., R.D., L.D.