



## What to Expect at your Child's Well Visit

A yearly physical exam by your pediatrician is an important part of your child's health care. This annual appointment allows the pediatrician to give your child a thorough physical examination, perform routine screenings (e.g., vision and hearing tests), make sure vaccinations are up-to-date and obtain any recommended laboratory testing. It's also a good opportunity to address important questions relating to nutrition, sleep habits, safety, and development.

During the check-up, we can often address other problems so you don't have to make another trip to the office. Please note, however, that we will have to bill your insurance for an additional office visit when we address these issues. Depending on the terms of your insurance plan, you may be subject to an additional copay and/or deductible amount for the additional services.

Please let us know if you have any questions.

Cockerell & McIntosh Pediatrics

## Things You Should Know: Your Baby Birth to 3 Months

### FEEDING

#### *Breastfed Babies*

- **Breastfed babies should eat every 1-3 hours for a total of 8 to 12 feedings per day.** They may feed anywhere from 10 to 30 minutes per feeding.
- Once back to birth weight, your baby may sleep 5 hours at night without needing a feeding.
- By 2 months of age the time between feedings is typically 2 to 4 hours with longer periods of time at night.
- Your baby may have up to 8 stools per day the first few weeks. Stools may be liquid, yellow and seedy.
- Please call our office with any concerns or questions. Lactation experts are available.

#### *Formula Babies*

- **Formula fed babies usually eat every 2 to 4 hours. By two weeks of age, the quantity of formula intake is usually 18 to 24 ounces per day. By 2 months of age, babies are usually eating 26 to 32 ounces per day.**
- It is not necessary to boil city water to prepare formula.
- It is important to clean the bottles and nipples well. This may be done in the dishwasher or by hand with dishwashing detergent and hot water.
- Low iron formulas should not be used. They are not adequate for good nutrition and growth. If you feel your baby is not tolerating formula, call us before making any changes.
- Formula fed babies may have one to several stools per day. Stool appearance varies from runny to solid and may be brown, green or yellow in color. Constipation is common. Using dark molasses in the formula may help. Call us about this. Gas is normal.

#### *Solids*

- **Solids are not recommended until the baby is 4-6 months old.** Adding cereal to a bottle will not help your infant sleep longer.

#### *Vitamins*

- **Breastfed babies and babies who drink less than 32 ounces of formula per day should take a vitamin such as Tri-Vi-Sol or Poly-Vi-Sol.**

### CRYING

Most newborns cry up to 3 hours per day (total). The most common cause of crying after hunger is fatigue. Over-stimulation is a common cause of fatigue. It is best to learn the early warning signs of fatigue and put your baby to bed before crying starts. If this process is started early, all family members will get more sleep. Remember, crying for a short time is normal for babies in the process of falling asleep.

### UMBILICAL CORD

Do not bathe the baby in the tub until the cord has fallen off. The cord may ooze a small amount of blood after falling off. Call our office if the cord has a foul odor or the skin around it becomes red and tender.

### BATHING

Once your baby's umbilical cord has fallen off, you may bathe your baby in the tub. Typically most infants should have a daily bath at least in the diaper region.

### DIAPER RASH

Diaper rashes are usually caused by being left in wet or dirty diapers too long. When rash appears, change diapers more often. You may apply Desitin, Vaseline or A&D ointment as needed for a diaper rash.

## SLEEP

### PUT YOUR BABY TO SLEEP ON HIS OR HER BACK TO REDUCE THE RISK OF SUDDEN INFANT DEATH SYNDROME (SIDS)!

- Experts strongly recommend that you do not put your baby to sleep prior to putting the baby in bed. Children need to develop their own internal controls to fall or stay asleep. The parents' role is to help the baby learn this process. Put your baby in bed drowsy but still awake. It is very important that the infant learn to fall asleep on his or her own even though this is sometimes difficult emotionally for parents.
- Sleep patterns vary the first few months. Do not normally allow your baby to sleep longer than three hours during the day.
- The duration of sleep is not related to the type or amount of feeding. Introducing cereal at this age will not make your baby sleep through the night.

## SAFETY

- **ALWAYS put your baby in a car seat.** The car seat should be rear-facing in the back seat away from an air bag. Install and position it according to the manufacturer's directions. See the attached car seat guidelines. Always wear your seat belt yourself.
- **Babies should sleep on their back to reduce the risk of SIDS (Sudden Infant Death Syndrome).**
- **Do not put anything in bed with your child.** This includes loose blankets, bumper pads, stuffed animals, sleep positioners and pillows. We recommend sleepers to keep your child warm at night. If you choose to swaddle your infant in a blanket, make sure there is enough room for leg movement to prevent hip problems.
- **Do not put your infant in bed with you. Sleeping with your baby is dangerous.** Ask us about it.
- For the first few weeks your infant should only be handled by immediate family members to reduce the risk of infections.
- **Never leave an infant unattended on a bed or table.**
- Protect your infant from older brothers and sisters. Use a play pen as an island of safety.
- Necklaces or long cords on pacifiers are dangerous.
- Do not hold your baby while drinking hot liquids or smoking.
- Be sure you have working smoke detectors, as well as a fire safety plan in place.
- Carbon monoxide detectors are recommended.
- Babies can easily suffocate if left lying on a soft surface on their tummies.
- Check the temperature of your hot water heater. It should be below 120 °F.
- The number for the Poison Control Center should be kept near your phone in a place you can find it easily.  
**1-800-366-8888**
- **Exposure to cigarette smoke causes many medical problems for your child. These include an increased number of upper respiratory infections, asthma, ear infections and increased risk of SIDS.**

## GROWTH AND DEVELOPMENT

- **Read to your baby every day.**
- Mirrors and mobiles help your baby develop.
- **Do tummy time every day for playing. NEVER for sleeping.**
- Hold and cuddle your baby as much as you want. You can't spoil your child at this age.
- Although your baby does not have any teeth, wipe the gums twice a day with warm water and a soft cloth. Toothpaste is not recommended at this time.

## IMMUNIZATIONS AND WELL CHILD VISITS

- We would like to see your baby in the office at 2 weeks, 1 month, 2 months, and 4 months of age for well child checks.
- Your baby will receive the hepatitis B vaccine at the 1 month visit.
- Your baby will receive the following vaccines at the 2 and 4 month visits: DTaP, Hib, Prevnar, Polio and Rotavirus.
- Call the office immediately if your infant appears to develop a severe reaction after shots are given.

**Please do not hesitate to call our office if you have questions or concerns!** Revised 08/2015

# Healthy Minds: Nurturing Your Child's Development from **2 to 6 Months**

What do we really know about how a young child develops? What can parents do to best support their child's healthy development and growing brain? Some of the answers are in this series of *Healthy Minds* handouts. Each handout is based on findings from a report\* from the National Academy of Sciences that examined the research on child and brain development to establish what is known about the early years. The information we offer is age-specific, summarizes key findings from the report and suggests how you might be able to use these key findings to nurture your own child's healthy development.

These handouts are brought to you by ZERO TO THREE, the nation's leading resource on the first 3 years of life, and the American Academy of Pediatrics, dedicated to the health of all children.



## ▶ **Key findings** from the report include:

- Your relationship with your child is the foundation of his or her healthy development.
- Your child's development depends on both the traits he or she was born with (nature), and what he or she experiences (nurture).
- All areas of development (social/emotional/intellectual/language/motor) are linked. Each depends on, and influences, the others.
- What children experience, including how their parents respond to them, shapes their development as they adapt to the world.

## **How it looks in everyday family life:**

Five-month-old Tara loves playing peek-a-boo with her mom and dad. When they stop, she squeals and reaches out her arms to let them know she wants more. So they continue. Soon her parents add another twist to the game as they start to hide behind the pillow for a few seconds before they "reappear" to give her time to anticipate what will happen next.

This simple game is more than just fun. It shows how all areas of Tara's development are linked and how her parents help to encourage her healthy development. Tara's interest in playing with her parents is a sign of her **social and emotional development** because she has fun with her parents and can see how much they enjoy being with her. This makes her feel loved and secure, and will

help her develop other positive relationships as she grows. Her desire to play this game with mom and dad leads to the development of new **intellectual abilities** as she learns to anticipate what comes next, an important skill for helping her feel more in control of her world. Knowing what to expect will also help her to more easily deal with being separated from you as she learns that people exist even when she can't see them.

Tara's early **language and motor abilities** emerge as she squeals, makes sounds and moves her arms to let her parents know that she does not want them to stop. When they continue, her parents let her know that she is a good communicator, and each time they reappear, she learns that she can trust them to always come back

Relationships are the foundation of a child's healthy development.



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

# Charting Your Child's Healthy Development: 2 to 6 months

The following chart describes many of the things your baby is learning between 2 and 6 months and what you can do to support your child in all areas of her development. As you read, remember that children develop at their own pace and in their own way. Understanding who your child is, what her strengths are and where she needs more support, is essential for promoting her healthy development. If you have questions regarding your child's development, ask your pediatrician.

What's going on:	What you can do:	Questions to ask yourself:
<p>Babies are very interactive at this age. They use their new language and communication skills as they smile and coo back and forth, and enjoy babbling, starting with "ohs" and "ahs" and progressing to P's, M's, B's and D's. Your baby may babble and then pause, waiting for you to respond. They also love to imitate, which helps them learn new skills. For example, mom sticks out her tongue, baby imitates and mom does it again. This also teaches them about the back and forth of conversation.</p>	<ul style="list-style-type: none"> <li>● When your baby babbles, both talk and babble back, as if you both understand every word. These early conversations will teach her hundreds of words before she can actually speak any of them.</li> <li>● Engage in back-and-forth interactions with gestures. For example, hold out an interesting object, encourage your baby to reach for it and then signal her to give it back. Keep this going as long as your baby seems to enjoy it.</li> </ul>	<ul style="list-style-type: none"> <li>● How does your baby let you know what she wants and how she's feeling?</li> <li>● How do you and your baby enjoy communicating with each other? What do you say or do that gets the biggest reaction from her?</li> </ul>
<p>Babies this age love to explore. They learn from looking at, holding and putting their mouths on different objects. At about 3 months, babies begin to reach for things and try to hold them. Make sure all objects are safe. A toy or anything else you give her shouldn't fit entirely in her mouth.</p>	<ul style="list-style-type: none"> <li>● Introduce one toy at a time so your baby can focus on, and explore, each one. Good choices include a small rattle with a handle, a rubber ring, a soft doll and a board book with pictures.</li> <li>● Lay your baby on her back and hold brightly colored toys over her chest within her reach. She'll love reaching up and pulling them close. You will start to see what most interests her.</li> </ul>	<ul style="list-style-type: none"> <li>● What kind of toys or objects does your baby seem most interested in? How do you know?</li> <li>● How do you and your baby most enjoy playing together? Why?</li> </ul>
<p>Babies have greater control over their bodies. By 4 to 6 months, they may be able to roll both ways, become better at reaching and grasping and will begin to sit with assistance. They also begin wanting to explore their food and help feed themselves. Touching and tasting different foods is good for learning and for building self-confidence.</p>	<ul style="list-style-type: none"> <li>● Place your baby in different positions—on her back, stomach, and sitting with support. Each gives her a different view and a chance to move and explore in different ways.</li> <li>● Let your baby play with your fingers and explore the bottle or breast during feedings. As she grows, let her handle finger foods and help hold the spoon.</li> </ul>	<ul style="list-style-type: none"> <li>● How does your baby use her body to explore? Which positions does she like the best and least?</li> <li>● How would you describe your baby's activity level? Does she like/need to move around a lot or is she more laid-back?</li> </ul>

*\*The report, From Neurons to Neighborhoods: The Science of Early Childhood Development, was a 2½-year effort by a group of 17 leading professionals with backgrounds in neuroscience, psychology, child development, economics, education, pediatrics, psychiatry and public policy. They reviewed what was known about the nature of early child development and the influence of early experiences on children's health and well-being. The study was sponsored by a number of federal agencies and private foundations.*

With thanks to

*The Gerber Foundation*  
Enhancing the quality of life of infants and young children



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For more information go to:  
[www.zerotothree.org](http://www.zerotothree.org)  
[www.aap.org](http://www.aap.org)



# Preventive Care Schedule

Age	Procedures
4-5 Day	Physical Exam Immunizations Hep B (if not given at birth) Labs: None
2 Weeks	Physical Exam
1 Month	Physical Exam Immunizations: Hep B
2 Months	Physical Exam Immunizations: DTaP, Hib, IPV, PCV, Rotavirus
4 Months	Physical Exam Immunizations: DTaP, Hib, IPV, PCV, Rotavirus
6 Months	Physical Exam Immunizations: DTaP, Hib, PCV Rotavirus, Hep B
9 Months	Physical Exam Immunizations: IPV
12 Months	Physical Exam Immunizations: MMR, Varivax, Hep A Labs: Lead, Hematocrit
15 Months	Physical Exam Immunizations: DTaP, Hib, PCV
18 Months	Physical Exam Immunizations: Hep A
2 Years	Physical Exam Immunizations: May need catch-up dose of Hep A Labs: Lead, Hematocrit
30 Months	Physical Exam
3 Years	Physical Exam Labs: Lead Hematocrit
4-5 Years	Physical Exam Immunizations: Immunizations: DTaP, IPV, MMR, Varivax Labs: Lead, Hematocrit, Urinalysis
6-8 Years	Yearly Physical Exam
9-10 Years	Yearly Physical Exam Immunizations: HPV Labs: Cholesterol
11-15 Years	Yearly Physical Exam Immunizations: Tdap, Meningococcal, may need catch-up does of HPV Labs: Hematocrit, Urine, Cholesterol at 11 years if not obtained at 9-10 years
16-18 Years	Yearly Physical Exam Meningococcal Labs: Hematocrit (females only), Cholesterol screening at 17-18 years if not previously performed

Immunization/Lab Key
<b>Cholesterol:</b> blood test to screen for high cholesterol
<b>DTaP:</b> Diphtheria, Tetanus and acellular Pertussis vaccine
<b>Hematocrit:</b> test for anemia
<b>Hep A:</b> Hepatitis A vaccine
<b>Hep B:</b> Hepatitis B vaccine
<b>Hib:</b> Haemophilus Influenzae type B vaccine, an anti-meningitis vaccine
<b>HPV:</b> Human Papillomavirus vaccine for preventing genital warts, cervical cancer and anal cancer
<b>IPV:</b> Inactivated Polio vaccine
<b>Lead:</b> test for lead poisoning
<b>Meningococcal:</b> Meningococcal vaccine, an anti-meningitis vaccine
<b>MMR:</b> Measles, Mumps and Rubella vaccine
<b>PCV:</b> Pneumococcal vaccine, an anti-pneumonia and anti-meningitis vaccine
<b>Rotavirus:</b> Rotavirus vaccine for preventing Rotavirus stomach flu
<b>Tdap:</b> Tetanus, Diphtheria and acellular Pertussis vaccine
<b>Urinalysis:</b> urine test
<b>Varivax:</b> Chickenpox vaccine

## CAR SEAT GUIDELINES

- Car seats should be installed tightly using the vehicle seat belt or LATCH system. There should be no more than one inch of movement side to side or front to back.
- Do not place rear-facing car seats in the front seat of vehicles with air bags.
- All children under 2 years old should ride rear-facing. You may switch from an infant seat to a convertible car seat before age 2 years as long as your child remains rear-facing and fits the height and weight requirements of the seat.
- All children younger than 13 years should ride in the back seat.
- A car seat must be replaced if it has been in a moderate or severe crash. Consider replacing seats that have been in a minor crash.
- Always read the car seat manufacturer's instruction manual and your vehicle owner's manual for specific installation instructions.
- For complete guidelines from the American Academy of Pediatrics visit [www.healthychildren.org](http://www.healthychildren.org) and search for "Car Seats".

### Infants/Toddlers (Birth to 2 years)

**Weight/Height Requirements:** Make sure your child fits within the weight and height limits of the car seat.

**Types of Seats:** Rear-facing only seat, Convertible seat

**Seat Position:** Rear-facing

**Installation Tips:** Harness straps should slide through the slots that are at or below shoulder level. Straps should fit snugly against your child. Make sure the seat is at the correct angle so your child's head does not flop forward.

### Toddlers/Preschoolers (2 and 3 year olds)

**Weight/Height Requirements:** Make sure your child fits within the weight and height limits of the car seat.

**Types of Seats:** Convertible seat, Forward-facing only seat, Combination seat with harness.

**Seat Position:** Forward-facing.

**Installation Tips:** Harness straps should slide through the slots that are at or above shoulder level. Some seats require using the top harness slot for the forward-facing position. Also, you may have to adjust the angle of the seat.

### Young Children (4 to 12 year olds)

**Weight/Height Requirements:** Children should remain in a booster seat until the seat belt fits properly, typically when they are 4 feet 9 inches tall and between 8 and 12 years of age. They should be able to use just the seat belt when they can ride with their knees bent at the seat edge without slouching and with their seat belt low across their upper thighs and snug across their shoulder and middle chest.

**Types of Seats:** High back booster seat, Backless booster seat

**Seat Position:** Forward-facing

**Installation Tips:** Belt-positioning booster seats must be used with both lap and shoulder belts. Make sure the lap belt fits low and snug across your child's upper thighs. The shoulder strap should cross the mid-chest and shoulder.