

Well Child Care

TIP SHEET FOR PROVIDERS

Key Themes

- Introduce idea of reading cues early.
- Emphasize can't spoil baby: Important to follow baby's cues for feeding, sleeping and wanting to be held.
- Support parental confidence and self-efficacy. Empathize with their heightened feelings of protectiveness and exhaustion.
- Reassure that the first 12 weeks are a 4th trimester: not very organized sleep, not much day/night pattern, every day is a different day. Offer encouragement that the infant's circadian rhythm will start to emerge by 3–4 months of age.
- Encourage short, simple rituals and routines to help with the transition to sleep.
- Offer frequent follow up if you or the parents are worried. Your relationship with them can be a very stabilizing resource.

Development

Social smiling usually starts around 6 weeks of age though babies often have smaller smiles starting at birth. **Back and forth cooing** emerges.

Babies **fix and follow past the midline**. They prefer faces and parent's voices. In new situations, they will look at their parent's face for information that they are safe.

Providers—Observe when the baby looks at their caregiver's face for reassurance and point this out to the caregiver. Parents love to know that their baby recognizes them, needs them to learn about the world and feels safe in their arms.



Baby being weighed and checking parent's face for reassurance that they're okay

Feeding

At 2 months, babies are following their in utero programming for weight gain and are usually gaining weight well. This is a rapid time of growth where infants often double their birthweight by 4 months of age. Follow the baby's cues for **when they are hungry and when they are full**.

Babies are often becoming more efficient with feeding which can worry parents.

Providers—Ask parents if they can tell when their baby is hungry or full. This can open a conversation about the importance of being responsive to cues and reassurance that it is not spoiling to follow cues.

The feeding relationship is an essential part of the parent-child relationship. If it is strained, both parent and child will be stressed.

Sleep

2 month olds are starting to be more **“settled”** meaning newborn **fussiness typically starts to decrease and sleep becomes slightly more predictable**. At 10–12 weeks, infants start to develop a circadian rhythm with more sleep at night and more predictable nap times during the day. They often can sleep for 4–6 hours at the beginning of the night. For healthy babies who are gaining weight well, they do not need to be awakened to feed during these longer sleep times at night.

Most 2 month olds need to return to sleep after 1–2 hours of wakefulness. Common cues that infants are ready to sleep include a shorter attention span, glazed eyes, turning away from an interaction, yawning, rubbing their eyes, fussy body movements and crying. Responding quickly to these sleepy cues will help a baby fall asleep more easily when they are not over-tired. A too tired baby is a wired (and fussy) baby.

Two month olds continue to enter sleep via the **Active Sleep state first and then transition into Quiet Sleep**. Each sleep state is approximately 20–30 minutes. At first, some babies will take very short naps and wake up after completing just the first round of Active Sleep. As they mature, they are

often able to string together more cycles of Active then Quiet sleep.

During **Active Sleep** the baby will move and startle more despite actually being asleep. Parents do not need to pick up or feed their baby unless they are awake or crying. This helps the baby start to consolidate their sleep cycles.

At 10–12 weeks, babies start to enter sleep in the **Quiet Sleep** state which makes it easier for babies to fall asleep and transition into deep sleep.

A short, calming and repetitive sleep ritual helps the baby anticipate and transition to sleep. 2 month olds often still need to be held or patted to fall asleep but some are starting to be able to self soothe from a drowsy state to an asleep state. Parents can try to fade away during the transition to sleep to begin the process of the baby learning to self soothe to sleep. This transition to self soothing to fall asleep is a learned process and can often take many months depending on the baby's temperament and rate of maturation. Providing this mutual regulation now will help their baby with the development of self-regulation when they are older.

Providers—Parents are often concerned about their infant's sleep patterns at this age. Reassure parents that following their baby's cues for sleep now and starting some calming sleep rituals will set the stage for healthy sleep patterns as the infant brain matures. The first 3 months are **NOT** a time to sleep train or “cry it out”

SUMMARY

- Observe and point out baby's cues for parents during the visit; discuss cues as their baby's “language” and that it's not spoiling to respond to their cues.
- Watch for any feeding difficulties and get extra support/help right away since early infancy is a sensitive period for brain development and for establishment of the parent-child relationship.
- Focus on following sleep cues and initiation of a calming, repetitive sleep routine.
- Support and contain parent's concerns or worries to help parents be more present with their baby (parallel process)

Parental Preoccupation

Parental protectiveness and worries are often very heightened at this age. Maternal/Parental preoccupation refers to the caregiver's brain being hard wired to think and worry about their baby. Many parents are returning to work at this age and transitioning to a new child care plan. The 2 month visit is the first set of childhood immunizations.

Providers—Recognize that parents' possible concerns about immunizations comes from wanting to protect their baby and do the right thing. This helps parents feel more understood and safe.

More information available at [pcrprograms.org](https://www.pcrprograms.org)

Referenced sources include: Promoting First Relationships in Pediatric Primary Care, Keys to Infant Caregiving, Parent-Child Interaction (PCI) Feeding & Teaching Scales, Sleep/Activity Program and BabyCues©