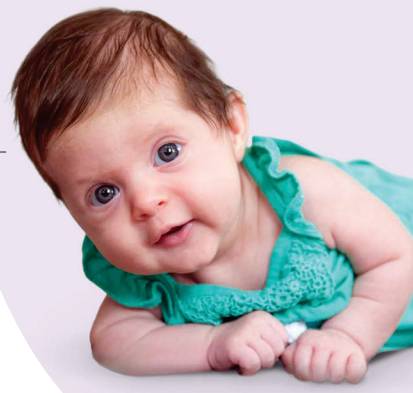
Your baby at 2 months



Baby's Name _____ **Baby's Age** _____ **Today's Date** _____

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 2 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

What most babies do by this age:

Social/Emotional Milestones

- ☐ Calms down when spoken to or picked up
- ☐ Looks at your face
- ☐ Seems happy to see you when you walk up to her
- ☐ Smiles when you talk to or smile at her

Language/Communication Milestones

- ☐ Makes sounds other than crying
- ☐ Reacts to loud sounds

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Watches you as you move
- ☐ Looks at a toy for several seconds

Movement/Physical Development Milestones

- ☐ Holds head up when on tummy
- ☐ Moves both arms and both legs
- ☐ Opens hands briefly

Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

You know your baby best. Don't wait. If your baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your baby more; and
2. Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at **cdc.gov/FindEI**.

For more on how to help your baby, visit **cdc.gov/Concerned**.

Don't wait.
Acting early can make a real difference!

The Edinburgh Postnatal Depression Scale

Today's Date: _ _ / _ _ / _ _ _ _ Weeks pregnant: _____ or week postnatal: _____

Surname: _____ Given Name:_____ Total Score: _____

INSTRUCTIONS:

Please select one option for each question that is the closest to how you have felt in the PAST SEVEN DAYS.

1. I have been able to laugh and see the funny side of things:

( )As much as I always could
( )Not quite as much now
( )Definitely not so much now
( )Not at all

2. I have looked forward with enjoyment to things:

( ) As much as I ever did
( ) Rather less than I used to
( ) Definitely less than I used to
( ) Hardly at all

3. I have blamed myself unnecessarily when things went wrong:

( ) Yes, most of the time
( ) Yes, some of the time
( ) Not very often
( ) No, never

4. I have been anxious or worried for no good reason:

( ) No, not at all
( ) Hardly ever
( ) Yes, sometimes
( ) Yes, very often

5. I have felt scared or panicky for no very good reason:

( ) Yes, quite a lot
( ) Yes, sometimes
( ) No, not much
( ) No, not at all

6. Things have been getting on top of me:

( ) Yes, most of the time I haven't been able to cope at all
( ) Yes, sometimes I haven't been coping as well as usual
( ) No, most of the time I have coped quite well
( ) No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping:

( ) Yes, most of the time
( ) Yes, sometimes
( ) Not very often
( ) No, not at all

8. I have felt sad or miserable:

( ) Yes, most of the time
( ) Yes, quite often
( ) Not very often
( ) No, not at all

9. I have been so unhappy that I have been crying:

( ) Yes, most of the time
( ) Yes, quite often
( ) Only occasionally
( ) No, never

10. The thought of harming myself has occurred to me:

( ) Yes, quite often
( ) Sometimes
( ) Hardly ever
( ) Never

Comments:

_____
_____
_____
_____

NB: If you have had **ANY** houghts of harming yourself, please tell your GP or your midwife today.

Black Dog Institute

* Murray and Cox 1990 * Cox, Holden & Sagovsky 1987

Following vaccination—
what to expect and what to do

Australian Government
Department of Health and Aged Care

National Immunisation Program
A joint Australian, State and Territory Government Initiative

All vaccinations may cause the following reactions:

Mild fever that doesn't last long <38.5°C

Where the needle was given: Sore, red, burning, itching or swelling for 1–2 days and/or small, hard lump for a few weeks

Grizzly, unsettled, unhappy and sleepy

Teenagers/adults fainting and muscle aches

SEE BACK PAGE FOR ADDITIONAL COMMON REACTIONS SPECIFIC TO EACH VACCINE

What to do at home:

If baby/child is hot don't have too many clothes or blankets on

Breast feed more frequently and/or give extra fluids

Put a cold wet cloth on the injection site if it is sore

For fever or pain give paracetamol. Follow instructions on the packaging

When to seek medical advice:

See your doctor or immunisation provider, or go to hospital if:

Pain and fever are not relieved by paracetamol (eg. Panadol®)

The reactions are bad, not going away or getting worse or if you are worried at all

Any of the rare reactions below are experienced

How to report an adverse reaction:

Significant events that occur following immunisation should be reported to your doctor or vaccination provider. Alternatively you can report directly to the Therapeutic Goods Administration **(www.tga.com.au)** or by phone to a pharmacist from NPS Medicinewise on **1300 134 237.**

You can also report adverse events following immunisation to your state or territory health services.

Rare reactions requiring immediate medical attention

As with any medication, on rare occasions, an individual may experience a severe reaction. Seek medical attention if any of the below are experienced and inform of recent vaccination.

Anaphylaxis

- A severe allergic reaction which occurs suddenly, usually within 15 minutes, however anaphylaxis can occur within hours of vaccine administration. Early signs of anaphylaxis include: redness and/or itching of the skin, swelling (hives), breathing difficulties, persistent cough, hoarse voice and a sense of distress.

Intussusception (relates to rotavirus vaccine)

- This is an uncommon form of bowel obstruction where one segment of the bowel slides into the next, much like the pieces of a telescope.
- There is a very small risk of this occurring in a baby in the first week after receiving the first dose of rotavirus vaccine, and a smaller risk after the second vaccine dose.
- The baby has bouts of crying, looks pale, gets very irritable and pulls the legs up to the abdomen because of pain.

Seizure

- Some young children (especially aged 1–3 years) are more prone to seizures when experiencing a high fever from any source (with an infection or after a vaccine). The seizure usually lasts approximately 20 seconds and very rarely more than 2 minutes.

Rash (relates to shingles vaccine Zostavax®)

- Very rarely a generalised chickenpox-like rash following Zostavax® vaccination may occur around 2–4 weeks after vaccination, which may be associated with fever and feeling unwell. This rash may be a sign of a serious reaction to the virus in the vaccine.

Where can I get more information?

Contact your immunisation provider

Visit **health.gov.au/immunisation**

Contact your state or territory health service

Practice contact details:

Vaccines given on ____ / ____ / 20____ Time given: _____ (Please wait a minimum of 15 minutes after immunisation)

Indicate injection sites by circling appropriate box: **LA** = Left Arm, **RA** = Right Arm, **LL** = Left Leg, **RL** = Right Leg

Hepatitis B vaccine (H-B-Vax® II Paediatric or Engerix® B Paediatric)	**Diphtheria, tetanus, whooping cough, hepatitis B, polio, *Haemophilus influenzae* type b vaccine** (Infanrix® hexa or Vaxelis®)	**Pneumococcal vaccine** (Prevenar 13®)	**Rotavirus vaccine** (Rotarix®)
• See 'Common reactions' **LL** **RL** **LA** **RA**	• See 'Common reactions' **LL** **RL** **LA** **RA**	• See 'Common reactions' **LL** **RL** **LA** **RA**	• See 'Common reactions' • Vaccine virus can be shed in poo, particularly after the first dose. Handwashing is important after every nappy change. • Intussusception – see 'rare reactions' **BY MOUTH**
Meningococcal B vaccine (Bexsero®)	**Meningococcal ACWY vaccine** (Nimenrix®)	**Measles, mumps, rubella vaccine** (MMRII® or Priorix®)	**Hepatitis A vaccine** (Vaqta® Paediatric)
• See 'Common reactions' • Fever (>38.5°C) is common in young children receiving this vaccine. Paracetamol will reduce the likelihood of fever. For children less than 2 years of age, a dose of paracetamol is recommended 30 minutes before vaccination or as soon as possible afterwards. Followed by two more doses 6 hours apart even if there is no fever. **LL** **RL** **LA** **RA**	• See 'Common reactions' **LL** **RL** **LA** **RA**	• See 'Common reactions' • Reactions that may be present 7 to 10 days after vaccination: – fever over 39°C – rash (not infectious) – head cold, runny nose, cough, puffy eyes – swelling in the neck /under the chin. **LL** **RL** **LA** **RA**	• See 'Common reactions' • Rash **LL** **RL** **LA** **RA**
***Haemophilus influenzae* type b vaccine** (ActHIB®)	**Measles, mumps, rubella, chickenpox vaccine** (Priorix-Tetra® or ProQuad®)	**Diphtheria, tetanus, whooping cough vaccine** Children (Infanrix® or Tripacel®) Adults and adolescents (Boostrix® or Adacel®)	**Diphtheria, tetanus, whooping cough, polio vaccine** (Infanrix® IPV or Quadracel®)
• See 'Common reactions' **LL** **RL** **LA** **RA**	• See 'Common reactions' • Reactions that may be present 7 to 10 days after vaccination: – fever over 39°C – rash (not infectious) – head cold, runny nose, cough, puffy eyes – swelling in the neck /under the chin. • Reactions 5–26 days after vaccination: – mild chickenpox like rash (may be infectious, seek medical advice). **LL** **RL** **LA** **RA**	• See 'Common reactions' • Very rarely, large injection site reactions (>50 mm) including limb swelling may occur (with the 4th or 5th dose of a tetanus-containing vaccine in children). These reactions usually start within 24–72 hours after vaccination, and resolve spontaneously within 3–5 days. If this reaction extends beyond one or both joints, seek medical advice. **LL** **RL** **LA** **RA**	• See 'Common reactions' • Large injection site reaction of redness and swelling from the shoulder to the elbow. If this reaction extends beyond one or both joints, seek medical advice. **LA** **RA**
Pneumococcal vaccine (Pneumovax 23®)	**Human papillomavirus (HPV) vaccine** (Gardasil®9)	**Shingles vaccine** (Zostavax®)	**Influenza vaccine**
• See 'Common reactions' • Large injection site reaction with redness and swelling, more common after the second or subsequent dose of this vaccine. **LA** **RA**	• See 'Common reactions' • Mild headache • Mild nausea **LA** **RA**	• See 'Common reactions' • Reactions 2-4 weeks after vaccination: generalised chickenpox like rash – seek immediate medical attention and inform of recent vaccination. – see 'rare reactions' **LA** **RA**	• See 'Common reactions' **LL** **RL** **LA** **RA**

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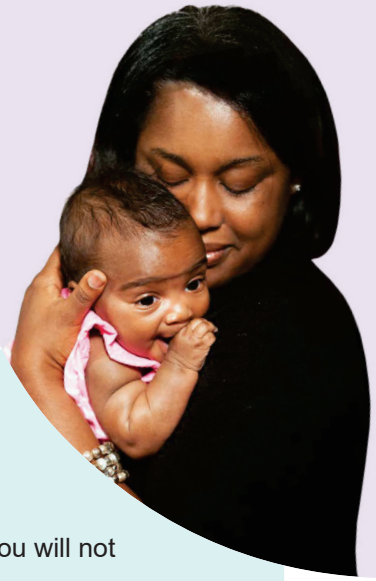
Help your baby learn and grow



As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.

- Respond positively to your baby. Act excited, smile, and talk to him when he makes sounds. This teaches him to take turns "talking" back and forth in conversation.
- Talk, read, and sing to your baby to help her develop and understand language.
- Spend time cuddling and holding your baby. This will help him feel safe and cared for. You will not spoil your baby by holding or responding to him.
- Being responsive to your baby helps him learn and grow. Limiting your screen time when you are with your baby helps you be responsive.
- Take care of yourself. Parenting can be hard work! It's easier to enjoy your new baby when you feel good yourself.
- Learn to notice and respond to your baby's signals to know what she's feeling and needs. You will feel good and your baby will feel safe and loved. For example, is she trying to "play" with you by making sounds and looking at you, or is she turning her head away, yawning, or becoming fussy because she needs a break?
- Lay your baby on his tummy when he is awake and put toys at eye level in front of him. This will help him practice lifting his head up. Do not leave your baby alone. If he seems sleepy, place him on his back in a safe sleep area (firm mattress with no blankets, pillows, bumper pads, or toys).
- Feed only breast milk or formula to your baby. Babies are not ready for other foods, water or other drinks for about the first 6 months of life.
- Learn when your baby is hungry by looking for signs. Watch for signs of hunger, such as putting hands to mouth, turning head toward breast/bottle, or smacking/licking lips.
- Look for signs your baby is full, such as closing her mouth or turning her head away from the breast/bottle. If your baby is not hungry, it's ok to stop feeding.
- Do not shake your baby or allow anyone else to—ever! You can damage his brain or even cause his death. Put your baby in a safe place and walk away if you're getting upset when he is crying. Check on him every 5–10 minutes. Infant crying is often worse in the first few months of life, but it gets better!
- Have routines for sleeping and feeding. This will help your baby begin to learn what to expect.

To see more tips and activities download CDC's Milestone Tracker app.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)

Download CDC's free *Milestone Tracker* app

Download on the App Store | GET IT ON Google Play

Learn the Signs. Act Early.