



BRIGHT FUTURES HANDOUT ► PARENT

2 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.

✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Find ways to spend time with your partner. Keep in touch with family and friends.
- Find safe, loving child care for your baby. You can ask us for help.
- Know that it is normal to feel sad about leaving your baby with a caregiver or putting him into child care.

✓ HOW YOU ARE FEELING

- Take care of yourself so you have the energy to care for your baby.
- Talk with me or call for help if you feel sad or very tired for more than a few days.
- Find small but safe ways for your other children to help with the baby, such as bringing you things you need or holding the baby's hand.
- Spend special time with each child reading, talking, and doing things together.

✓ FEEDING YOUR BABY

- Feed your baby only breast milk or iron-fortified formula until she is about 6 months old.
- Avoid feeding your baby solid foods, juice, and water until she is about 6 months old.
- Feed your baby when you see signs of hunger. Look for her to
 - Put her hand to her mouth.
 - Suck, root, and fuss.
- Stop feeding when you see signs your baby is full. You can tell when she
 - Turns away
 - Closes her mouth
 - Relaxes her arms and hands
- Burp your baby during natural feeding breaks.

If Breastfeeding

- Feed your baby on demand. Expect to breastfeed 8 to 12 times in 24 hours.
- Give your baby vitamin D drops (400 IU a day).
- Continue to take your prenatal vitamin with iron.
- Eat a healthy diet.
- Plan for pumping and storing breast milk. Let us know if you need help.
 - If you pump, be sure to store your milk properly so it stays safe for your baby. If you have questions, ask us.

If Formula Feeding

- Feed your baby on demand. Expect her to eat about 6 to 8 times each day, or 26 to 28 oz of formula per day.
- Make sure to prepare, heat, and store the formula safely. If you need help, ask us.
- Hold your baby so you can look at each other when you feed her.
- Always hold the bottle. Never prop it.

✓ YOUR GROWING BABY

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Hold, talk to, cuddle, read to, sing to, and play often with your baby. This helps you connect with and relate to your baby.
- Learn what your baby does and does not like.
- Develop a schedule for naps and bedtime. Put him to bed awake but drowsy so he learns to fall asleep on his own.
- Don't have a TV on in the background or use a TV or other digital media to calm your baby.
- Put your baby on his tummy for short periods of playtime. Don't leave him alone during tummy time or allow him to sleep on his tummy.
- Notice what helps calm your baby, such as a pacifier, his fingers, or his thumb. Stroking, talking, rocking, or going for walks may also work.
- *Never hit or shake your baby.*

Helpful Resources:

Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

2 MONTH VISIT—PARENT



SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Always put your baby to sleep on her back in her own crib, not your bed.
 - Your baby should sleep in your room until she is at least 6 months old.
 - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Swaddling should not be used after 2 months of age.
- Prevent scalds or burns. Don't drink hot liquids while holding your baby.
- Prevent tap water burns. Set the water heater so the temperature at the faucet is at or below 120°F /49°C.
- Keep a hand on your baby when dressing or changing her on a changing table, couch, or bed.
- Never leave your baby alone in bathwater, even in a bath seat or ring.

WHAT TO EXPECT AT YOUR BABY'S 4 MONTH VISIT

We will talk about

- Caring for your baby, your family, and yourself
- Creating routines and spending time with your baby
- Keeping teeth healthy
- Feeding your baby
- Keeping your baby safe at home and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

Message from your provider: Infants can start solids between 4-6 months. Talk to your pediatrician for more information.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this handout 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. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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Fever and Your Child



If your child has a fever, it is probably a sign that her body is fighting an infection. When your child becomes ill because of a virus or bacteria, her body may respond by increasing body temperature. It is important to remember that, except in the case of heat stroke, fever itself is not an illness—only a symptom of one. Fever itself also is not a sign that your child needs an antibiotic.

Many conditions, such as an ear infection, a common cold, the flu, a urinary tract infection, or pneumonia, may cause a child to develop a fever. In some cases, medication, injury, poison, or an extreme level of overactivity may produce a fever. An environment that is too hot may result in heat stroke, a potentially dangerous rise in body temperature. It is important to look for the cause of the fever.

Fevers are generally harmless and help your child fight infection. They can be considered a good sign that your child's immune system is working and the body is trying to rid itself of the infection.

The main purpose for treating fever is to help your child feel better. Reducing her temperature may make her more comfortable until the illness that has caused the fever has been treated or, more likely, run its course.

What is a fever?

A fever is a body temperature that is higher than normal. Your child's normal body temperature varies with his age, general health, activity level, the time of day, and how much clothing he is wearing. Everyone's temperature tends to be lower early in the morning and higher between late afternoon and early evening. Body temperature also will be slightly higher with strenuous exercise.

Most pediatricians consider any thermometer reading above **100.4°F (38°C)** a sign of a fever. This number may vary depending on the method used for taking your child's temperature. If you call your pediatrician, say which method you used.

Signs and symptoms of a fever

If your child has a fever, her heart and breathing rates naturally will speed up. You may notice that your child feels warm. She may appear flushed or perspire more than usual. Her body also will require more fluids.

Some children feel fine when they have a fever. However, most will have symptoms of the illness that is causing the fever. Your child may have an earache,

When to call your pediatrician right away

Call your pediatrician immediately if your child has a fever and

- Looks very ill, is unusually drowsy, or is very fussy
- Has been in an extremely hot place, such as an overheated car
- Has additional symptoms such as a stiff neck, severe headache, severe sore throat, severe ear pain, an unexplained rash, or repeated vomiting or diarrhea
- Has a condition that suppresses immune responses, such as sickle-cell disease or cancer, or is taking steroids
- Has had a seizure
- Is younger than 2 months of age and has a rectal temperature of 100.4°F (38°C) or higher

What if my child has a febrile seizure?

In some young children, fever can trigger seizures. These are usually harmless. However, they can be frightening. When this happens, your child may look strange for a few minutes, shake, then stiffen, twitch, and roll his eyes.

- Place him on the floor or bed, away from any hard or sharp objects.
- Turn his head to the side so that any saliva or vomit can drain from his mouth.
- Do not put anything into his mouth.
- Call your pediatrician.

Your pediatrician should always examine your child after a febrile seizure, especially if it is his first one. It is important to look for the cause of the febrile seizure.

More information about febrile seizures is available in the AAP brochure, *Febrile Seizures*.

a sore throat, a rash, or a stomachache. These signs can provide important clues as to the cause of your child's fever.

Managing a mild fever

A child older than 6 months of age who has a temperature below 101°F (38.3°C) probably does not need to be treated for fever, unless the child is uncomfortable. Observe her behavior. If she is eating and sleeping well and is able to play, you may wait to see if the fever improves by itself.

In the meantime,

- Keep her room comfortably cool.
- Make sure that she is dressed in light clothing.
- Encourage her to drink fluids such as water, diluted fruit juices, or a commercially prepared oral electrolyte solution.
- Be sure that she does not overexert herself.

Over-the-counter medications for fever

There are also medications you can give your child to reduce his temperature if he is uncomfortable. Both **acetaminophen** and **ibuprofen** are safe and effective in proper doses. Be sure to follow the correct dosage and medication schedule for your child. Remember, any medication can be dangerous if you give your child too much.

Ibuprofen should only be used for children older than 6 months of age. It should not be given to children who are vomiting constantly or are dehydrated. *Do not use aspirin to treat your child's fever. Aspirin has been linked with side effects such as an upset stomach, intestinal bleeding, and, most seriously, Reye syndrome.*

If your child is vomiting and unable to take medication by mouth, your pediatrician may recommend a rectal suppository for your child. Acetaminophen suppositories can be effective in reducing fever in a vomiting child.

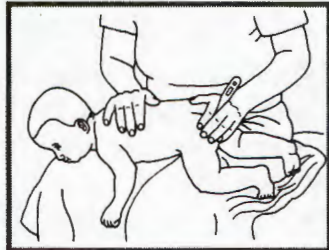
Read the label on all medications to make sure that your child receives the right dose for his age and weight. To be safe, talk to your pediatrician before giving your child any medication to treat fever if he is younger than 2 years of age.

How to take your child's temperature

While you often can tell if your child is warmer than usual by feeling his forehead, only a thermometer can tell if he has a fever and how high the temperature is. There are several types of thermometers and methods for taking your child's temperature.

Mercury thermometers should not be used. The American Academy of Pediatrics (AAP) encourages parents to remove mercury thermometers from their homes to prevent accidental exposure to this toxin.

Rectal: If your child is younger than 3 years of age, taking his temperature with a rectal digital thermometer provides the best reading.



- Clean the end of the thermometer with rubbing alcohol or soap and water. Rinse it with cool water. Do not rinse with hot water.
- Put a small amount of lubricant, such as petroleum jelly, on the end.
- Place your child belly down across your lap or on a firm surface. Hold him by placing your palm against his lower back, just above his bottom.
- With the other hand, turn on the thermometer switch and insert the thermometer 0.5" to 1" into the anal opening. Hold the thermometer in place loosely with 2 fingers, keeping your hand cupped around your child's bottom. Do not insert the thermometer too far. Hold in place for about 1 minute, until you hear the "beep." Remove the thermometer to check the digital reading.

Oral: Once your child is 4 or 5 years of age, you may prefer taking his temperature by mouth with an oral digital thermometer.



- Clean the thermometer with lukewarm soapy water or rubbing alcohol. Rinse with cool water.

- Turn on the switch and place the sensor under his tongue toward the back of his mouth. Hold in place for about 1 minute, until you hear the "beep." Check the digital reading.
- For a correct reading, wait at least 15 minutes after your child has had a hot or cold drink before putting the thermometer in his mouth.

Ear: Tympanic thermometers, which measure temperature inside the ear, are another option for older babies and children.



- Gently put the end of the thermometer in the ear canal. Press the start button. You will get a digital reading of your child's temperature within seconds.
- While it provides quick results, this thermometer needs to be placed correctly in your child's ear to be accurate. Too much earwax may cause the reading to be incorrect.

Underarm (Axillary): Although not as accurate, if your child is older than 3 months of age, you can take his underarm temperature to see if he has a fever.



- Place the sensor end of either an oral or rectal digital thermometer in your child's armpit.
- Hold his arm tightly against his chest for about 1 minute, until you hear the "beep." Check the digital reading.

Other methods for taking your child's temperature are available. They are not recommended at this time. Ask your pediatrician for advice.

Sponging

Your pediatrician may recommend that you try sponging your child with lukewarm water in cases such as the following:

- Your child's temperature is above 104°F (40°C).
- She is vomiting and unable to take medication.
- She has had a febrile seizure in the past (see "What if my child has a febrile seizure?").

Sponging may reduce your child's temperature as water evaporates from her skin. Your pediatrician can advise you on this method.

Do not use cold water to sponge your child, as this could cause shivering. That could increase her temperature. Never add alcohol to the water. Alcohol can be absorbed into the skin or inhaled, causing serious problems such as a coma.

Usually 5 to 10 minutes in the tub is enough time for a child's temperature to start dropping. If your child becomes upset during the sponging, simply let her play in the water. If she is still bothered by the bath, it is better to remove her even if she has not been in long enough to reduce her temperature. Also remove her from the bath if she continues to shiver because shivering may increase body temperature.

Do not try to reduce your child's temperature to normal too quickly. This could cause the temperature to rebound higher.

Be sure to call your pediatrician if your child still "acts sick" once her temperature is brought down, or if you feel that your child is very sick. Also call if the fever persists for

- More than 24 hours in a child younger than 2 years of age
- More than 3 days in a child 2 years of age or older

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From your doctor

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The American Academy of Pediatrics is an organization of 57,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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