

# Your Baby at 2 Months



Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

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

## What Most Babies Do by this Age:

### Social/Emotional

- Begins to smile at people
- Can briefly calm himself (may bring hands to mouth and suck on hand)
- Tries to look at parent

### Language/Communication

- Coos, makes gurgling sounds
- Turns head toward sounds

### Cognitive (learning, thinking, problem-solving)

- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act bored (cries, fussy) if activity doesn't change

### Movement/Physical Development

- Can hold head up and begins to push up when lying on tummy
- Makes smoother movements with arms and legs

## You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- Is missing milestones
- Doesn't respond to loud sounds
- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't bring hands to mouth
- Can't hold head up when pushing up when on tummy

**Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.**

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at [cdc.gov/FindEI](http://cdc.gov/FindEI).

For more information, go to [cdc.gov/Concerned](http://cdc.gov/Concerned).

**DON'T WAIT.**  
Acting early can make a real difference!



[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly)  
1-800-CDC-INFO (1-800-232-4636)



Download CDC's  
Milestone Tracker App



Learn the Signs. Act Early.

# Help Your Baby Learn and Grow



You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 2-month-old baby today.

## What You Can Do for Your 2-Month-Old:

- Cuddle, talk, and play with your baby during feeding, dressing, and bathing.
- Help your baby learn to calm herself. It's okay for her to suck on her fingers.
- Begin to help your baby get into a routine, such as sleeping at night more than in the day, and have regular schedules.
- Getting in tune with your baby's likes and dislikes can help you feel more comfortable and confident.
- Act excited and smile when your baby makes sounds.
- Copy your baby's sounds sometimes, but also use clear language.
- Pay attention to your baby's different cries so that you learn to know what he wants.
- Talk, read, and sing to your baby.
- Play peek-a-boo. Help your baby play peek-a-boo, too.
- Place a baby-safe mirror in your baby's crib so she can look at herself.
- Look at pictures with your baby and talk about them.
- Lay your baby on his tummy when he is awake and put toys near him.
- Encourage your baby to lift his head by holding toys at eye level in front of him.
- Hold a toy or rattle above your baby's head and encourage her to reach for it.
- Hold your baby upright with his feet on the floor. Sing or talk to your baby as he is upright.

Milestones adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

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



Learn the Signs. Act Early.



# Ages & Stages Questionnaires®

## 4 Month Questionnaire

3 months 0 days through 4 months 30 days



Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: \_\_\_\_\_

### Baby's information

Baby's first name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Baby's last name: \_\_\_\_\_

Baby's date of birth: \_\_\_\_\_ If baby was born 3 or more weeks prematurely, # of weeks premature: \_\_\_\_\_ Baby's gender:  Male  Female

### Person filling out questionnaire

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_ Relationship to baby:  Parent  Guardian  Teacher  Child care provider  
 Grandparent or other relative  Foster parent  Other: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_

Country: \_\_\_\_\_ Home telephone number: \_\_\_\_\_ Other telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Names of people assisting in questionnaire completion: \_\_\_\_\_

### Program Information

Baby ID #:	Age at administration in months and days:
Program ID #:	If premature, adjusted age in months and days:
Program name:	

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

### Important Points to Remember:

- Try each activity with your baby before marking a response.
- Make completing this questionnaire a game that is fun for you and your baby.
- Make sure your baby is rested and fed.
- Please return this questionnaire by \_\_\_\_\_.

### Notes:

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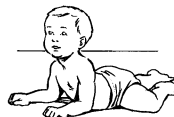
## COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your baby chuckle softly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. After you have been out of sight, does your baby smile or get excited when he sees you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your baby stop crying when she hears a voice other than yours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your baby make high-pitched squeals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Does your baby laugh?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. Does your baby make sounds when looking at toys or people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

COMMUNICATION TOTAL \_\_\_\_\_

## GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. While your baby is on his back, does he move his head from side to side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. After holding her head up while on her tummy, does your baby lay her head back down on the floor, rather than let it drop or fall forward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. When your baby is on his tummy, does he hold his head up so that his chin is about 3 inches from the floor for at least 15 seconds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. When your baby is on her tummy, does she hold her head straight up, looking around? (She can rest on her arms while doing this.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___



**GROSS MOTOR** (continued)

- |  | YES                   | SOMETIMES             | NOT YET               |     |
|--|-----------------------|-----------------------|-----------------------|-----|
| 5. When you hold him in a sitting position, does your baby hold his head steady?                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. While your baby is on her back, does your baby bring her hands together over her chest, touching her fingers? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |



GROSS MOTOR TOTAL \_\_\_

**FINE MOTOR**

- |   | YES                   | SOMETIMES             | NOT YET               |     |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. Does your baby hold his hands open or partly open (rather than in fists, as they were when he was a newborn)?                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. When you put a toy in her hand, does your baby wave it about, at least briefly?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your baby grab or scratch at his clothes?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. When you put a toy in her hand, does your baby hold onto it for about 1 minute while looking at it, waving it about, or trying to chew it?         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your baby grab or scratch his fingers on a surface in front of him, either while being held in a sitting position or when he is on his tummy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. When you hold your baby in a sitting position, does she reach for a toy on a table close by, even though her hand may not touch it?                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |



FINE MOTOR TOTAL \_\_\_

**PROBLEM SOLVING**

- |   | YES                   | SOMETIMES             | NOT YET               |     |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. When you move a toy slowly from side to side in front of your baby's face (about 10 inches away), does your baby follow the toy with his eyes, sometimes turning his head? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. When you move a small toy up and down slowly in front of your baby's face (about 10 inches away), does your baby follow the toy with her eyes?                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. When you hold your baby in a sitting position, does he look at a toy (about the size of a cup or rattle) that you place on the table or floor in front of him?             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. When you put a toy in her hand, does your baby look at it?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. When you put a toy in his hand, does your baby put the toy in his mouth?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

**PROBLEM SOLVING** (continued)

6. When you dangle a toy above your baby while she is lying on her back, does your baby wave her arms toward the toy?



YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

PROBLEM SOLVING TOTAL \_\_\_\_\_

**PERSONAL-SOCIAL**

1. Does your baby watch his hands?



YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

2. When your baby has her hands together, does she play with her fingers?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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3. When your baby sees the breast or bottle, does he seem to know he is about to be fed?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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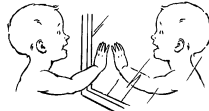
4. Does your baby help hold the bottle with both hands at once, or when nursing, does she hold the breast with her free hand?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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5. Before you smile or talk to your baby, does he smile when he sees you nearby?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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6. When in front of a large mirror, does your baby smile or coo at herself?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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PERSONAL-SOCIAL TOTAL \_\_\_\_\_

**OVERALL**

Parents and providers may use the space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain:

YES  NO

2. When you help your baby stand, are his feet flat on the surface most of the time? If no, explain:

YES  NO

**OVERALL** (continued)

3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:

 YES NO

4. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

 YES NO

5. Do you have concerns about your baby's vision? If yes, explain:

 YES NO

6. Has your baby had any medical problems in the last several months? If yes, explain:

 YES NO

7. Do you have any concerns about your baby's behavior? If yes, explain:

 YES NO

8. Does anything about your baby worry you? If yes, explain:

 YES NO



# 4 Month ASQ-3 Information Summary

3 months 0 days through  
4 months 30 days

Baby's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Baby's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity when selecting questionnaire?  Yes  No

**1. SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	34.60		●	●	●	●	●	●	●	●	○	○	○	○	○
Gross Motor	38.41		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	29.62		●	●	●	●	●	●	○	○	○	○	○	○	○
Problem Solving	34.98		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	33.16		●	●	●	●	●	●	●	○	○	○	○	○	○

**2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |  |            |           |  |            |    |
|--|------------|-----------|--|------------|----|
| 1. Uses both hands and both legs equally well?<br>Comments:    | Yes        | <b>NO</b> | 5. Concerns about vision?<br>Comments:   | <b>YES</b> | No |
| 2. Feet are flat on the surface most of the time?<br>Comments: | Yes        | <b>NO</b> | 6. Any medical problems?<br>Comments:    | <b>YES</b> | No |
| 3. Concerns about not making sounds?<br>Comments:              | <b>YES</b> | No        | 7. Concerns about behavior?<br>Comments: | <b>YES</b> | No |
| 4. Family history of hearing impairment?<br>Comments:          | <b>YES</b> | No        | 8. Other concerns?<br>Comments:          | <b>YES</b> | No |

**3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the  area, it is above the cutoff, and the baby's development appears to be on schedule.

If the baby's total score is in the  area, it is close to the cutoff. Provide learning activities and monitor.

If the baby's total score is in the  area, it is below the cutoff. Further assessment with a professional may be needed.

**4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- Provide activities and rescreen in \_\_\_\_\_ months.
- Share results with primary health care provider.
- Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_
- Refer to early intervention/early childhood special education.
- No further action taken at this time
- Other (specify): \_\_\_\_\_

**5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						





## Acetaminophen (Tylenol™, Feverall™) Dosage for Fever and Pain

Dosage						
	Infant drops 80 mg per dropperful (0.8 mL)	Infant or children's oral suspension 160 mg per 5 mL	Children's chewable or meltaway tablet 80 mg	Junior strength chewable or meltaway tablet 160 mg	Adult tablet 325 mg	Adult extra strength tablet 500 mg
6 to 11 lbs.	½ dropper (40 mg) (0.4 mL)	1.25 mL (40 mg)	–	–	–	–
12 to 17 lbs.	1 dropper (80 mg) (0.8 mL)	2.5 mL (80 mg)	–	–	–	–
18 to 23 lbs.	1½ dropper (120 mg) (1.2 mL)	3.75 mL (120 mg)	–	–	–	–
24 to 35 lbs.	–	5 mL (160 mg)	2 tablets (160 mg)	1 tablet (160 mg)	–	–
36 to 47 lbs.	–	7.5 mL (240 mg)	3 tablets (240 mg)	1½ tablets (240 mg)	–	–
48 to 59 lbs.	–	10 mL (320 mg)	4 tablets (320 mg)	2 tablets (320 mg)	1 tablet (325 mg)	–
60 to 71 lbs.	–	12.5 mL (400 mg)	5 tablets (400 mg)	2½ tablets (400 mg)	1 tablet (325 mg)	–
72 to 95 lbs.	–	15 mL (480 mg)	6 tablets (480 mg)	3 tablets (480 mg)	1½ tablets (487.5 mg)	1 tablet (500 mg)
95 to 146 lbs.	–	–	–	4 tablets (640 mg)	2 tablets (650 mg)	1 tablet (500 mg)

- Use **only** the enclosed medication dispenser that comes with the product. (Kitchen teaspoons are not accurate measures for medication.)
- Dose may be given every 4 hours. Do not use more than 5 times in 24 hours.

The following abbreviations are used on this dosage chart:

- Milligram (mg)
- Milliliter (mL)
- Pounds (lbs.)
- Not applicable: This form of medication should not be given to a child of this weight.



# 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](http://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>.

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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