



PATIENT EDUCATION

# *Caring for Your Two-Month-Old*

MAYO CLINIC CHILDREN'S CENTER



BARBARA WOODWARD LIPS  
PATIENT EDUCATION CENTER

## Mayo Clinic Children's Center

*For more than 100 years, teams of physicians have cared for children at Mayo Clinic.*

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*Pediatric Sub-Specialties in the following areas:*

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Anesthesiology	Adolescent Medicine	Psychiatry and Psychology
Cardiology	Gynecology, Adolescent	Pulmonology
Cardiovascular Surgery	Hematology and Oncology	Radiation Oncology
Child and Family	Infectious Diseases	Radiology
Advocacy Program	Medical Genetics	Regional (Health System)
Community Pediatrics and	Neonatal Medicine	Pediatrics
Adolescent Medicine	Nephrology	Research
Critical Care	Neurology	Rheumatology
Dermatology	Neurosurgery	Sleep Medicine Center
Developmental and	Ophthalmology	Speech Pathology
Behavioral Pediatrics	Oral and Maxillofacial Surgery	Surgery
Emergency Medicine	Orthopedic Surgery	Urology
Endocrinology and Metabolism	Otorhinolaryngology (ENT)	
Gastroenterology and Hepatology	Physical Medicine and Rehabilitation	

*Pediatric Specialty Clinics:*

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Adrenoleukodystrophy Clinic	Dana Child Developmental and	Metabolic Bone Clinic
Aerodigestive Clinic	Learning Disorders Program	Mood Disorders Clinic
Anxiety Disorders Clinic and	Dermatology Genetics Clinic	Neonatal Follow-Up Clinic
Intensive Therapy Program	Diabetes Clinic	Neuromuscular Clinic
Arrhythmia and Device	Eating Disorders Clinic	Pain Clinic
Placement Clinic	Eosinophilic Esophagitis Clinic	Pain Rehabilitation Center
Asthma Center	Epilepsy Clinic	Pediatric Diagnostic Referral Clinic
Attention Deficit Hyperactivity	Erythromelalgia Clinic	Pediatric Level 1 Trauma Center
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Bariatric Surgery Clinic	Reanimation Clinic	Pulmonary Hypertension Program
Brain Injury Program	Feeding Program	Renal Stone Clinic
Brain Tumor Clinic	Fertility Preservation	Spina Bifida Clinic
Cerebral Palsy Clinic	Fetal Surgery Program	Spinal Deformities Clinic
Chemotherapy/Radiation	Friedreich's Ataxia Clinic	Sports Medicine Center
Long-Term Effects Clinic	Functional Movement	Thyroid Nodule/Cancer Clinic
Child and Adolescent Intensive	Disorder Program	Transgender Clinic
Mood Program (CAIMP)	Heart Failure Clinic	Transitions Program
Childhood Sarcoma Clinic	Hemophilia/Coagulopathy Clinic	Transplant Center
ComPASS (Palliative Care and	Hyperlipidemia Program	Travel Clinic
Integrative Medicine)	Immunodeficiency Disorders Clinic	Vascular Malformations
Congenital Heart Clinic	Inflammatory Bowel Disease Clinic	Velo-Pharyngeal
Constraint Induced Movement	Learning Disorders	Insufficiency Clinic
Therapy Program	Assessment Clinic	Voiding Clinic
Craniofacial Clinic	Long QT Syndrome Clinic	Weight Management Clinic
Cystic Fibrosis Center	Marfan Syndrome Clinic	

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# Introduction

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Like most parents, you may be amazed by the impact your baby has had on your life. Along with changes in your daily life, your baby has also changed. Your baby looks and acts differently from just two months ago.

Use the following information as a resource during the next two months of your baby's life.

If you have questions about this information or your baby, talk with your baby's health care provider. Getting your questions answered can help you feel comfortable about your baby's care.





# Developmental Milestones

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## Mental and physical development

Most two-month-old babies smile spontaneously. They turn their heads to track and follow objects with their eyes. They coo and lift their heads for increasingly longer times. Babies show they are hearing by becoming quiet when they hear a familiar voice and startled when they hear loud sounds.

In the next two months, you can expect your baby to smile more and begin to laugh and squeal. This happens especially when you talk and sing to your baby or make eye contact. Babies begin to discover their hands. They look at their hands, reach, and put them together.

Babies of this age have weak neck muscles. They cannot hold up their head without help. Be sure you always support your baby's head and neck. Gradually, your baby gains more control and movement becomes smoother.

Although babies should be placed on their back to sleep, they need to spend time on their stomach when they are awake. Give your baby "tummy time" each day. This position helps strengthen upper back, shoulder, and neck muscles. Your baby continues to have better head control as neck muscles strengthen. Tummy time also helps prevent flattening of the back of the head.



### *Colic*

If your baby cries about the same time each day and nothing you do seems to bring comfort, your baby may have colic. Colic is not a disease. It is a pattern of excessive crying with no apparent cause. This frustrating and largely unexplained condition affects about 10 percent of infants.

Colic usually starts by three weeks of age, peaks at about six weeks, and usually improves markedly by the baby's third to fifth month. A new onset of excessive crying that starts after three weeks is not likely to be colic. Talk to your baby's health care provider if you are worried about your baby's crying.

Try to find out what works best to ease your baby's colic. To calm and comfort your baby, try offering a pacifier. Rock your baby tummy-down on your knees and slowly rub their back. Give your baby a warm bath, or gently massage your baby, especially around the tummy.

Caring for a baby who has colic can be exhausting and stressful. Try to stay positive; colic will end. Seek out a good listener and talk about your feelings. Arrange for someone else to care for your baby sometimes so that you can have a break.

### **Growth**

Babies grow very fast during the first six months. Usually they gain two to four pounds by their two-month well-child appointment. Full-term infants usually gain one-half to one ounce a day during their first six months. Then their rate of growth slows.

# Nutrition

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**You should not give your baby solid food before the age of four months.**



## **Breast milk**

It is recommended to breastfeed your baby up until 12 months. After 12 months, you may continue to breastfeed if you and your baby desire to do so.

For the first six months, breast milk is all your baby needs if you are breastfeeding. Wait until your baby is at least four months old to introduce solid foods while you continue to breastfeed.

From six to 12 months, continue to provide breast milk as you introduce age-appropriate solid foods. If you have questions or concerns about breastfeeding, call a lactation consultant or your baby's health care provider.

## **Formula**

If you are not breastfeeding your baby, formula fortified with iron is the best substitute for breast milk. Because babies need iron for growth, typically you should not use low-iron formula.

As with breast milk, your baby needs no other foods or water during the first six months. Wait until your baby is at least four months old to introduce solid foods and continue to give your baby iron-fortified formula.

From six to 12 months, continue to provide formula while you introduce age-appropriate solid foods.

## **Do not give cow's milk or honey until your baby is at least 12 months old.**

- Giving cow's milk before this can cause iron deficiency and allergies.
- Giving honey before your baby is 12 months old can cause botulism, a type of food poisoning.

### *Solid foods*

*The general recommendation is to wait until close to six months of age before you start giving your baby solid foods.* The absolute earliest to give your baby solid foods is at four months of age. Babies younger than this have difficulty swallowing and digesting anything other than breast milk or formula.

Starting solids earlier than four months can lower the amount of breast milk or formula your baby drinks. This may cause potential health complications.

Giving your baby anything other than breast milk or formula does not help your baby sleep through the night.

## **Feeding basics**

Breast milk and iron-fortified formula contain everything your baby needs to thrive and grow well at this age. No other foods, water, or juice are needed. Giving water, other than what is in formula, or juice to a baby lowers their appetite for breast milk or formula. Then your baby cannot get adequate nutrition.

Always hold your baby when you give a bottle. Propping a bottle to feed your baby or putting your baby to bed with a bottle (called forced feeding) can cause problems. Your baby can choke and drink too much. Tooth decay can be a problem, as well as an increase in the likelihood of ear infections.

### *Warming breast milk or formula*

If your baby prefers warm breast milk or formula, place the bottle in a container of warm water for a few minutes. Gently shake the bottle. Then test the temperature. To test, shake a few drops on the back of your hand or the inside of your wrist.

**Do not warm formula or breast milk in a microwave.** Liquids do not heat evenly, which can cause the liquid to burn your baby's mouth. Also, if breast milk gets too hot, it can lose some of the health benefits.



## Feeding cues

Each baby has somewhat different feeding needs. Continue to follow your baby's cues. They tell you when it is time to eat. Offer the breast or a bottle when you recognize these feeding cues. Crying is a late sign of hunger, and crying babies may have a difficult time feeding. Try to learn the early feeding cues, such as stirring and stretching, sucking motions, and lip movements.

You may begin to see feeding patterns. In general, newborn babies eat five to eight times in 24 hours. Most babies do not need more than 32 ounces of formula a day. Your baby's health care provider monitors your baby's growth at well-child appointments.

## Burping and spitting up

Your baby may swallow air while eating. To release this air, burp your baby after you feed from each breast or after you feed one to two ounces of formula.

To burp your baby:

- Pat your baby's back gently while the baby is against your shoulder or sitting on your lap.
- Support your baby's head while you do this.
- Your baby may not need to burp every time.

Spitting up is common, but it usually is not a cause for concern. Babies may spit up during a feeding, right after a feeding, or up to an hour after a feeding. To lessen spitting up, give your baby smaller amounts of milk at a time. Follow this by burping. Whenever possible, hold your baby in an upright position for 30 minutes after a feeding.

Spitting up is different from vomiting. Vomiting is more forceful, and it causes a baby to appear uncomfortable. Contact your baby's health care provider if your baby vomits green liquid or blood.

## Juice

Juice has little nutritional value for babies or children. Offering juice before you introduce solid foods can risk having juice replace breast milk or infant formula in the diet. Your baby then takes in less protein, fat, vitamins, and minerals, such as iron, calcium, and zinc.

Babies who drink juice also are at increased risk for dental cavities. Prolonged exposure of the gums and teeth to the sugars in juice is a major cause of dental cavities.

## Vitamin D and supplements

Vitamin D helps develop strong bones. Talk to your baby's health care provider about giving your baby a daily vitamin D supplement. To give your baby the correct dose, follow the instructions that come with the liquid supplement.

You do not need to give other vitamin or mineral supplements unless your baby's health care provider tells you otherwise.

# Health

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## Preventing illness

Babies are especially susceptible to illness. To lower your baby's exposure to illness:

- Have people wash their hands before they hold or play with your baby.
- Whenever possible, keep your baby away from large crowds and people who have colds.
- If you breastfeed, continue to give your baby breast milk, which helps build up your baby's immunity to many illnesses.
- Create a smoke-free environment. Children who are exposed to smoke from cigarettes, pipes, or cigars are at increased risk for serious health problems. Babies of parents who smoke are at greater risk for sudden infant death syndrome (SIDS). See the section titled "Preventing sudden infant death syndrome (SIDS)" for more information about SIDS.

## Immunizations

Immunizations, also called vaccinations, are an important part of your baby's care. They save lives and protect against the spread of disease. Not having your child immunized puts your child at risk to catch a dangerous or deadly disease.

Go to all scheduled well-child appointments. Keep your baby's immunizations up to date. Read the information that you get at the well-child appointments.

If you have questions about immunizations, talk with your baby's health care provider.

All babies six months and older should get a yearly influenza (flu) vaccination. This helps to prevent the flu and flu-related complications that may develop. Those who have close contact with your baby also should get a yearly flu vaccination to help prevent passing this illness.

## Cough and cold medicine

Over-the-counter cough and cold medicines are not recommended or safe for children younger than six years old. These medications have not been studied in children.

Suggested treatment options include nasal suction, saline rinse, cool humidified air, and drinking plenty of fluids.

If you are thinking of using natural remedies to soothe your baby, talk with your baby's health care provider first. Many natural remedies are thought to be safe but may in fact harm your baby.

## Fever

A fever occurs when the body temperature rises above normal – above 100.4 degrees Fahrenheit (F) or 38 degrees Celsius (C).

A fever is a symptom, not an illness by itself. Fevers can have many causes. The most common cause of fever in children is viral illness. Fevers related to viral illness usually last about two to three days.

Fevers can be a sign of a more serious illness. Follow these guidelines for when to contact your baby's health care provider. But remember, these are general guidelines. **If you are worried about how your baby looks or acts, call your child's health care provider.**

*Call your baby's health care provider during regular office hours if your baby.*

- Is two to three months and has a rectal temperature greater than 100.4 degrees F (38 degrees C).

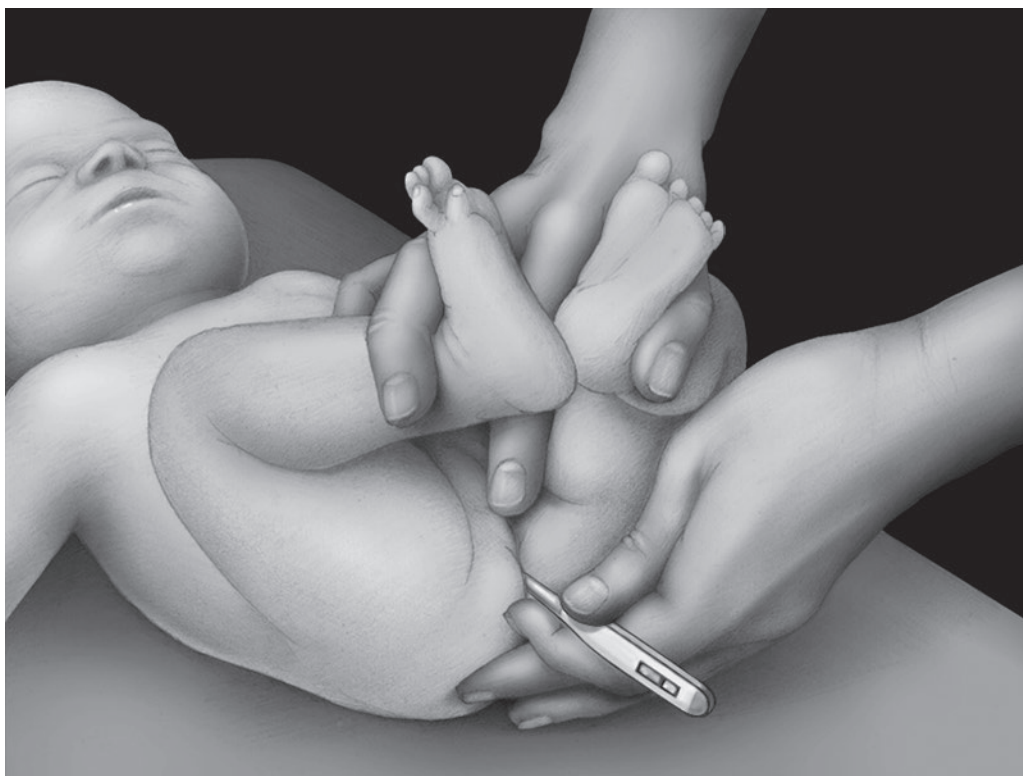
*Call your baby's health care provider right away or take your baby to an emergency care facility if your baby has:*

- A rectal temperature of 100.4 degrees F (38 degrees C) in an infant under 2 months
- Difficulty breathing.
- Disorientation or confusion, or is not responsive or difficult to awaken.
- Stiff neck.
- Seizure.
- Signs of significant dehydration, such as a dry mouth, sunken eyes, or minimal urination, for 8 to 12 hours.
- Intense abdominal pain.
- Extreme irritability and is difficult to comfort or calm for more than one hour.
- Acts very sick.

## Taking your baby's temperature

If you think your baby has a fever, use a digital rectal thermometer to check your baby's temperature, unless instructed otherwise by your baby's health care provider.

Put a small amount of lubricant, such as KY™ Jelly, on the tip of the thermometer. Insert the thermometer into the rectum following the instructions that come with the thermometer. Hold your baby's feet and legs securely when you take a rectal temperature. See Figure 1.



**Figure 1.** Taking your baby's temperature

Most fevers are not harmful for children because they help the body fight infection. Although a fever may make your baby feel uncomfortable, it will not cause permanent harm.

Ask your baby's health care provider for more information about fevers and babies if you have questions or concerns.

To comfort your baby with a fever:

- Do not overdress or bundle your baby. Dress your baby in one light layer of clothing while indoors.
- Sponge your baby with lukewarm, not cold, water. If your baby shivers or becomes cold, stop sponging or warm up the water temperature.

## Preventing diaper rash

For the first few months, change your baby's diaper every two or three hours. However, when your baby has a bowel movement, change the diaper right away. If your baby is asleep, there is no need to wake your baby to change a diaper.

After a wet or soiled diaper, use a washcloth, warm water, and a mild soap or diaper wipes, if needed, to wash the baby. For girls, wipe from front to back to avoid carrying bacteria to the vagina or bladder. Pat dry the diaper area with a soft cloth. Avoid using or limit the use of baby powder. It can irritate your baby's lungs.

If your baby gets diaper rash, continue to change diapers frequently. Wash your baby with plain warm water after each wet and dirty diaper. Do not use diaper wipes until the rash clears because they may be irritating. Allow time each day for your baby to be without a diaper, exposed to air. Use an over-the-counter diaper rash ointment, such as A and D Ointment™ or Desitin™. Call your baby's health care provider if the rash does not get better in a few days.



## Sleep

Babies have different sleep patterns. By two months of age, many babies sleep five to six hours during the night. By five or six months of age, many babies sleep through the night. Every baby is different. But at some point during your baby's first year they will start sleeping for about 10 hours each night.



*To help your baby sleep*

- Promote good sleeping habits as your baby starts to set patterns.
- Keep a regular bedtime and make bedtime quiet and relaxing.
- Provide a safe sleeping environment, such as a crib or a bassinet. This helps prevent accidental suffocation and falls. You can place the crib or bassinet close to you to make nighttime feeding easier.
- Put your baby in the crib or bassinet when drowsy but still awake. This helps your baby learn to fall asleep on their own.
- Babies sleep better after they have been fed. But giving your baby anything other than breast milk or formula does not help your baby sleep through the night.
- If your baby wakes up for more than one or two feeding during the night, it is not because of hunger. Before feeding, try holding your baby briefly to see if that will satisfy. If you do breastfeed or bottle feed your baby more than one or two times during the night, give small amounts unless you are told otherwise by your baby's health care provider.
- Do not wake up your baby for nighttime feeding.
- When you and your baby are ready, move your baby to a separate room. This can help everyone sleep better.
- **To lower the risk of SIDS, always place your baby on their back for naps and at night.** See the section titled "Preventing Sudden Infant Death Syndrome (SIDS)" for more information about SIDS.

To lower the chance that flat spots may develop on your baby's head from sleeping on the back do the following:

- Give your baby "tummy time" when your baby is awake and being watched.
- From one week to the next, change the direction that your baby lies in the crib.
- Keep your baby from spending too much time in car seats, carriers, and bouncers.

## **Preventing sudden infant death syndrome (SIDS)**

Sudden infant death syndrome (SIDS) is a sudden and unexplained death of a baby under one year old. The cause is unknown. Research studies show that the following precautions can lower the risk of SIDS.

- **Always place your baby on their back for naps and at night.**
- Place your baby on a firm sleep surface, such as on a safety-approved crib mattress covered by a fitted sheet.
- Keep soft objects, toys, and loose bedding out of your baby's sleep area.
- Keep your baby's sleep area close to, but separate from, where you and others sleep.
- Think about using a clean, dry pacifier when you place your baby down to sleep, but do not force your baby to take it.
- Dress your baby in light sleep clothing. Keep the room at a temperature that is comfortable for adults. Too many layers of clothing can overheat your baby.
- Avoid products that claim to lower the risk of SIDS, such as positioning devices. Most have not been tested for effectiveness or safety.
- Do not rely on a home monitor to lower the risk of SIDS.
- Do not allow smoking around your baby.

Talk about the risk of SIDS with anyone who cares for your baby. Talk to grandparents, babysitters, and daycare providers. Ask them to follow these guidelines.

# Safety Concerns

## Child safety seats

**Your baby must be in an approved, rear-facing car seat at all times when in a vehicle.**

Babies are safest if they continue to ride rear-facing until they are two years old or reach the highest weight or height allowed by the car seat's manufacturer. Generally, these are 30 to 40 pounds and 26 to 32 inches.

In a vehicle, the safest place for your baby is in the back seat, in the middle if possible. Never put your baby in the front seat. It is even more dangerous if your car has airbags. Airbags can cause serious harm or death to children.

- Always read and follow the manufacturer's instructions for your car seat. If you do not have instructions, contact the manufacturer. The address and phone number are on a label on the seat.
- Follow the instructions in your vehicle owner's manual about using car seats. Some manufacturers' instructions may be available on their web sites.
- Do not use child safety seats that have been in a crash or that you do not know the history of.
- Most car seats expire after 6 years from the date of manufacture. An expiration date should be printed somewhere on the seat. When in doubt, call the manufacturer and ask for this date.
- Secure the harness straps when your baby is in the car seat. This includes when you carry the car seat or place it in a shopping cart.

Car seat instructions can be confusing. On average, four out of five car seats are not installed correctly. If you have questions or would like more information about the use of your baby's car seat, ask your baby's health care provider. Find out who you can contact in your community to get more information. You also can seek out a public agency in your area that inspects child safety seats, or you can attend an infant passenger safety class.

**Never put a child safety seat in the front seat.**

**Never leave your child alone in a vehicle.**

**Be a good role model and always wear your seatbelt.**



## Preventing falls

Babies learn quickly. As they get older, they wiggle more and become more active.

- Do not leave your baby alone on a changing table, bed, sofa, or chair.
- Keep an infant or car seat on the floor when your baby is in it. Do not set it on a table or counter.
- Always secure the harness straps when your baby is in an infant or car seat.
- Put your baby in a safe place, such as a crib or playpen when you cannot hold your baby.
- For your baby's safety, use a crib that does not have drop sides. Crib slats should be no more than  $2\frac{3}{8}$  inches apart from each other.



## Preventing burns

To prevent burns and scalds, keep your home's water heater temperature set at or below 120 degrees Fahrenheit (48.8 degrees Celsius). Use the water heater's instruction manual or go to the manufacturer's web site. There you can learn how to check the temperature your water heater is set at or to change the setting. Never leave your baby alone in or near water.

Frequently check that your smoke and carbon monoxide detectors are working. Have a working fire extinguisher in your home.

Make sure your baby's sleepwear is not flammable, which means it cannot easily catch fire.

### *Sun safety*

Keep your baby out of direct sunlight. Find shade under a tree, umbrella, or stroller canopy. Protect your baby from sunburn with clothing and a hat. Keep your baby's eyes away from direct sunlight.

Do not use sunscreen before 6 months of age.

## Preventing non-accidental head trauma (shaken baby syndrome)

Non-accidental head trauma, also known as shaken baby syndrome, is a medical term for the injuries caused by shaking or throwing a baby.

**Never shake or throw your baby.** Shaking or throwing a baby, even for a few seconds, can cause bleeding inside the head and pressure on the brain. This may cause blindness, deafness, internal bleeding, paralysis, brain damage, or death.

Shaking a baby generally happens when a person is angry or frustrated and loses control. Do not hold your baby during an argument or fight. If you find yourself becoming annoyed or angry, put your baby in the crib and leave the room. Take a time-out. Call someone for support.

Tell anyone who cares for or spends time with your baby about the dangers of shaking or throwing a baby. Do not leave your baby with someone who seems violent, is angry, drinking alcohol, or using drugs.

Some symptoms of non-accidental head trauma or shaken baby syndrome include sleepiness, fussiness, poor eating, vomiting, seizures, not breathing, or unconsciousness.

**Immediately seek medical care for your baby if you suspect an injury.**

## **Radon**

Radon is a gas that occurs naturally from the breakdown of uranium in soil, rock, and water. It has no odor or color. Radon can enter homes through cracks or openings in walls or foundations and become part of the air you breathe. It is the leading cause of lung cancer among nonsmokers.

The only way to know whether your home has high levels of radon is to test. Test kits are available at city and county health departments, home improvement stores, and hardware stores.

If you have unsafe levels of radon in your home, there are ways to lower the risk.

For information about radon testing or what you can do if you have radon in your home, contact your local department of public health or a local chapter of the American Lung Association.

## **Insects**

Keep your baby out of areas where there are mosquitoes. If that is not possible, use screens and clothing to protect your baby. If that is not possible, insect repellent can be applied to babies older than 2 months.

DEET is a chemical used in insect repellents. Choose an insect repellent that contains 10-30 percent DEET. Use just enough repellent to cover your baby's clothing and exposed skin. Do not apply insect repellent to a baby's face or hands. Wash your baby's skin with soap and water to remove repellent after you return indoors.

## **Other safety issues**

- Keep plastic bags, balloons, string, and small objects out of your baby's reach.
- Closely supervise pets and children around your baby.
- Avoid or limit the use of baby powder. It can irritate your baby's lungs.
- Make sure there are no strings or ribbons on bedding and clothing. They can cause strangulation of the neck, fingers, or toes.

# Interacting With Your Baby

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Learn how your baby interacts with the environment. Hold, cuddle, and rock your baby. Talk, sing, and read to your baby. Your baby will continue to respond more to your facial expressions, voice, and language. Play music and use age-appropriate toys to play with your baby.

Although babies should be placed on their back to sleep, they need to spend time on their stomach when they are awake. Give your baby “tummy time”. This position helps strengthen upper back, shoulder, and neck muscles. Your baby continues to have better head control as neck muscles strengthen. Tummy time also helps prevent flattening of the back of the head.

## Crying

Crying is one way your baby communicates or “talks” to you. **Crying is normal and not harmful.** Babies often cry more at two months than they did in the first few weeks of life. This is because they are awake more often. They have become more alert and more aware of their environment.

Babies cry for many reasons. You may recognize that your baby uses different cries. Your baby may have a hunger cry, a wet or dirty diaper cry, and a too hot or too cold cry. Other cries may signal when your baby is tired or over-stimulated, afraid, or sick. Or your baby may cry when it is time to be held.

Respond quickly to your baby’s crying. In doing so, you help build your baby’s trust in you. You cannot spoil a baby at this age.

There are many ways to calm and comfort your baby. Talk with your baby’s health care provider about ideas on how to calm your baby. Babies cry less when they discover other ways to communicate and learn to comfort themselves.

If you have taken care of basic needs but still are not able to console your baby for longer than two hours, call your baby’s health care provider.



### **Adjusting to parenthood**

You probably know by now the stresses of parenthood. You may feel overwhelmed by your disorganized life. You may be exhausted from interrupted or decreased sleep. Taking care of a baby creates a lot more to do every day.

- Ask for help when you need it. If friends and family offer to help, don't refuse. Instead, suggest how they can help you.
- If you have other children, encourage them to interact with the baby and to help, but always supervise them.
- Give your other children time with no interruptions.
- Take time for your spouse or partner and yourself.
- Make sure you get enough rest and eat well.
- When possible, sleep when your baby sleeps.

## Postpartum blues and postpartum depression

The birth of a baby triggers many powerful emotions, from excitement and joy to fear and anxiety. But your baby's birth might also result in something you might not expect – depression.

Many moms experience postpartum blues soon after childbirth. These are also called “maternity blues” or “baby blues.” They commonly include mood swings, tearfulness, anxiety, and difficulty sleeping. Usually, these symptoms require no treatment and go away within two weeks.

It is very common to have postpartum blues. However, if symptoms last longer than two weeks or interfere with your everyday activities, including caring for your baby, you may have postpartum depression.



### *Postpartum depression*

Postpartum depression is a common, serious, and treatable complication of childbirth. It can happen any time up to a year after your baby is born.

If you're concerned about postpartum depression, make an appointment with your health care provider right away. Taking care of yourself is the best thing you can do for your baby.

Don't feel ashamed or guilty. Many factors contribute to postpartum depression. They include changes in your brain chemistry, hormone levels, and lifestyle. And none of them are your fault.

Work with your health care provider to develop a treatment plan that works for you. Treatment may include counseling, medication, or both. Left not treated, postpartum depression may last for a year or even longer.



## Returning to work

Returning to work requires decision making. You have to plan and prepare for things like childcare and breastfeeding, if you have chosen to breastfeed. Advanced planning can help the transition go as well as possible for everyone involved.

### *Childcare*

If you have not done so already, find out about childcare options for your baby. Types of childcare include center-based care and in-home care at your home or the home of a daycare provider.

Factors to consider when you make decisions about childcare include:

- Safety and health standards
- Hours needed for care
- Licensing, accreditation, and qualifications
- Child-to-staff ratio
- Care provider policies including visiting policy
- Your expectations
- Cost
- Back-up plan

### *Breastfeeding after you return to work*

You may want to continue to provide breast milk for your baby after you return to work. If so, you need to learn how to express and store your breast milk. You can express breast milk manually or with a breast pump. Ask your health care provider for materials meant to help with these and other returning-to-work issues.

This time of transition can be a challenge. But you can do it.



### *Housework*

You may need to change your expectations for housework during the first months of your transition back to work. Try these helpful tips.

- Prioritize household chores. Ask for help from your partner, older children, family members, and friends.
- Pick up clutter when you do not have time to actually clean.
- Focus on areas that people see from the front door and the rooms where your family spends the most time.
- Spend a few minutes a day picking up or organizing the rooms that matter most to you.
- When you leave a room, bring one thing with you that belongs in another room.
- Put a basket near the bottom or top of the stairs. Place items in the basket that need to be taken from one floor to the other. Take them with you when you go up or down the stairs.

# A Final Word

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Enjoy your baby during this time. Give your baby your time, attention, and unconditional love.

Follow the schedule your baby's health care provider suggests for well-child exams.

Well-child exams or regular checkups focus on your baby's growth and development. They let you get to know your baby's health care provider. Write down any questions or concerns you may have as you get ready for each well-child exam. Talk with your health care provider about any concerns you may have.

Your baby will receive immunizations as scheduled by their health care provider. Unless your baby has special needs or concerns, lab tests aren't needed at most well-baby exams.

If you have any questions or concerns about this information or anything concerning your baby, contact your baby's health care provider. Together, you will help your baby thrive and be healthy.





## BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal Mayo Clinic patient of more than 40 years and a self-made business leader who significantly expanded her family's activities in oil, gas and ranching. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.

*This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.*

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