



PATIENT EDUCATION

Caring for Your Four-Month-Old

MAYO CLINIC CHILDREN'S CENTER

A close-up, high-contrast photograph of a baby's face, looking directly at the camera with a curious expression. The baby has dark hair and is wearing a pink garment. The background is dark, making the baby's face stand out.

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

Pediatric Specialty Clinics:

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

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Introduction

You may be starting to feel more comfortable with your parenting role and with caring for your baby. However, new issues and challenges come up as your baby grows.

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.



Developmental Milestones

Mental and physical development

Most four-month-olds like to look at their hands, move and reach with their hands, and put their hands together. They may be able to grasp a rattle or other soft object. They can turn their head to track and follow objects with their eyes.

Most babies this age can hold their head steady and may be able to bear some weight on their legs. Some babies still may need to have their head and neck supported.

When on their stomach, some babies may try to raise their body using their arms.

Some babies this age are starting to roll over, front-to-back and back-to-front.

You may notice that your baby's voice is becoming louder. Your baby may make "raspberry" sounds, squeal when happy, and cry when hungry or wanting to be held. Using a gentle, soothing voice is the best way to calm your baby.

In the next two months, you can expect to see your baby reach for objects and turn toward sounds. When on the floor or in the crib, your baby may move toward an object. Some babies begin to sit alone at about six months.

You likely are beginning to sense what your baby needs. You can tell by the way your baby behaves, the type of cry you hear, and the pattern of activities.

Respond quickly to your baby's crying. In doing so, you continue to build your baby's trust in you. You cannot spoil a baby at this age. Babies cry less when they learn other ways to communicate and to comfort themselves.

Colic

If your baby has been diagnosed with colic, it usually improves markedly by the time your baby is three to five months old.

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.

Talk to your baby's health care provider if you have concerns that your baby's colic is not improving.

If you have taken care of your baby's basic needs and are still unable to console them for longer than two hours, call your baby's health care provider.

Growth

Babies grow very fast during the first six months. Full-term infants usually gain one-half to one ounce a day or one to two pounds a month during the first six months. Then their rate of growth slows.

Nutrition

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 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.

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 are important for your baby's growth at this age. Continue to feed breast milk or iron-fortified formula to your baby until they are at least one year old.

By four months of age, babies need no more than four or five feeding sessions per day. Most babies can now take about six ounces every four to five hours.

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, formula, or solid foods

If your baby prefers warm breast milk, formula, or solid foods, place the bottle or dish 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. Stir the food and then taste it.

Do not warm formula, breast milk, or food in a microwave because they heat unevenly, which could cause them to burn your baby's mouth. Also, if breast milk gets too hot, it can lose some of the health benefits.

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.

Starting solid foods

The general recommendation is to wait until close to six months of age before starting solid foods, but if you feel your baby is ready for solid foods and is over four months, follow these guidelines.

Make sure your baby has the developmental and oral motor skills for swallowing solid foods. Look for these signs that your baby is ready to try solid foods:

- Can hold upper body steady when sitting with support.
- Can control the head and neck and hold the head up enough to eat from a spoon.
- Is interested in food when others eat.
- Sometimes opens mouth when food approaches.
- Is able to swallow baby food placed on the tongue.

Start giving solid foods with a **single-grain, iron-fortified baby cereal**. Mix two to three teaspoons of cereal with expressed breast milk or formula. Mix until the texture is thin and smooth. Once your baby becomes used to eating cereal of this texture, gradually increase the amount and thickness.

After your baby gets used to eating cereal, you may begin to add plain, pureed vegetables and fruits. Iron is important for your baby's growth. Continue to give your baby iron-fortified cereal even after you start other foods.

Feeding solid foods

If you have decided to feed your baby solid foods, follow these guidelines.

- Put the amount of food you think your baby will eat in a dish separate from the jar. Refrigerate any unused food that is in the jar. Use it at the next feeding. Throw away any food left in your baby's dish.
- Do not add salt or sugar to baby food.
- It is not necessary to heat baby foods. Most babies do not yet want foods warmed.
- Always feed solid foods from a spoon. Do not give foods from a bottle or infant feeder.
- Expect this new experience to be slow and messy. Your baby is learning. Put a bib on your baby and be patient.
- It may take up to ten times of tasting a new food before your baby begins to like it. Be patient.
- Try not to feed your baby when you are rushed or pressed for time.
- Watch for signs of choking or gagging. Your baby needs to adjust to the new textures.
- If your baby has trouble with a new food, wait several days before you give that food again.

Babies' appetites can change from day to day. Babies let you know when they are full. They turn their head away from the spoon or hold their lips closed. Never force your baby to eat more food after they are full.

Food allergy

Food allergy reactions can range from mild to severe. They happen when the body reacts against proteins found in foods. Usually, this happens shortly after a food is eaten. The following foods cause most food allergies.

- Cow's milk
- Eggs
- Peanuts
- Soy
- Wheat
- Nuts from trees
- Fish
- Shellfish

As you start new foods, watch for signs of a food allergy or intolerance, such as:

- Tingling or itching in the mouth
- Face, tongue, or lip swelling
- Wheezing
- Hoarse breathing
- Flushed skin or rash
- Hives or welts
- Diarrhea
- Vomiting

If any of these signs happen after you start a new food, stop feeding the food. Tell your baby's health care provider about the possible reaction. You may wish to keep a diary of new foods and any reactions.

Seek immediate medical attention if your baby has difficulty breathing or loses consciousness.

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

Preventing illness

Babies are especially susceptible to illness. It is not unusual for babies to get seven to nine colds a year, each lasting about seven to 10 days. To lower your baby's exposure to illness:

- Have people wash their hands before they hold or play with your baby.
- Wash your baby's hands before and after meals, after diaper changes, and after playing with toys.
- 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.

A baby entering daycare has an increased risk for colds and ear infections. Talk with your baby's daycare providers about their policy on illness, hand washing, regular washing of toys that children may put in their mouths, and smoking around children.



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 or 38 degrees Celsius.

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 has:

- A fever for more than 48 to 72 hours without a known cause.
- A fever that returns after having gone away for 24 or more hours.
- Burning or pain with urination.
- Ear pain or ear pulling.

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

- Rectal temperature of 100.4 degrees Fahrenheit (38 degrees Celsius) 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.

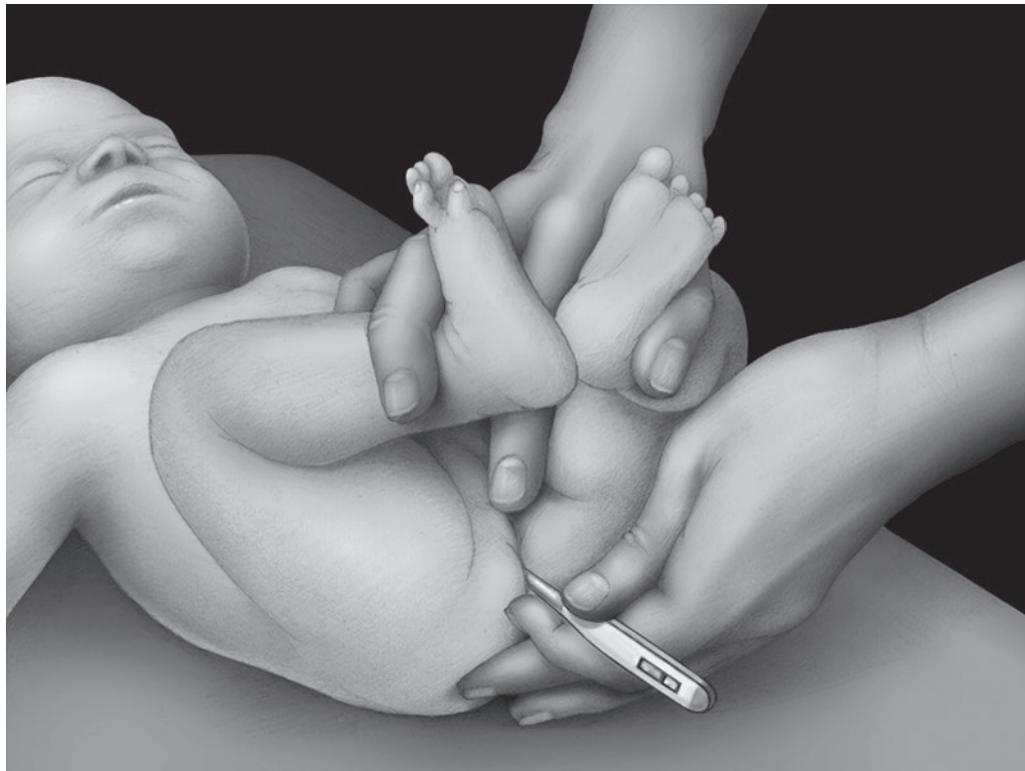


Figure 1. Taking your baby's temperature

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 your 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.

Teething

During the next few months, your baby may begin teething. You will see teeth slowly come through the gums. The average age for this is about six months. Most teething babies drool a lot and want to chew on almost anything.

Your baby may be fussy or irritable more often while teething. You can help comfort your baby. Give a cool, wet washcloth or soft teething ring to chew on. Before you use over-the-counter gels to treat baby's sore gums, talk to your baby's health care provider.

Start doing daily dental cleaning as soon as your baby's first tooth appears. Wipe the teeth with a piece of gauze or a damp cloth.

Sleep

You may notice that by four months your baby's sleep pattern has become more regular. Many babies begin to sleep through the night. Around four months, babies nap four to six hours during the day.

If your baby's sleep pattern is different, you may want to talk to your baby's health care provider. Ask about ways to keep your baby alert and awake during the day and sound asleep at night.

To help your baby sleep

- Promote good sleeping habits as your baby starts to set patterns.
- Keep a regular bedtime. Make bedtime quiet and relaxing. Read quietly or play soft music and speak softly.
- Put your baby in the crib when they are drowsy but still awake. This helps your baby learn to fall asleep. This is a skill your baby needs as it is normal for babies to wake during the night.
- Feed your baby before bedtime. Babies sleep better after they have been fed. However, giving your baby anything other than breast milk or formula does not help your baby sleep through the night.
- Do not allow your baby to have a bottle in bed. A bottle in bed leads to crying in the middle of the night when your baby reaches for the bottle and finds it empty or on the floor.
- If you must feed your baby during the night, keep the feeding brief. Keep it quiet, calm, and in a dimly lit room. This helps your baby learn that nighttime is not playtime.
- Slowly try to eliminate feeding during the middle of the night. Allow your baby to cry for a few minutes before you go to them. Your baby may fall back to sleep on their own.
- If your baby cries for more than a few minutes, go to them. Don't turn on the bedroom light. Check for illness or a dirty diaper while your baby is in the crib. Whisper soothing words and pat or rub your baby's back. Then quietly leave your baby's room.
- If your baby continues to cry, return a few minutes later and repeat the steps listed above.
- If the crying continues, wait a bit longer each time to respond.
- **To reduce 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 their 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

Most four-month-olds begin to move their bodies by rolling over and rocking or creeping along. Use these suggestions to protect your baby from falling.

- Never leave your baby alone on a high place, such as 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. Babies this age are now developing enough head control and upper chest and trunk strength to lean their body forward. They can fall out of an infant or car seat if they are not strapped in.
- Put your baby in a safe place, such as in 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 2½ inches apart from each other.
- Do not put your baby in a walker. "Exersaucers" that your baby cannot move around are safer.

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. Change the batteries at least once a year on a date you will remember, such as when daylight saving time begins. 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 six months of age. After six months of age, use a broad-spectrum sunscreen with a sun protection factor (SPF) of 15 or higher. Apply sunscreen to all areas of the body including the face, nose, ears, feet, and hands. Rub it in well. Reapply every 2 hours and after swimming.

Preventing suffocation and choking

Around four months, babies are at greater risk for suffocation and choking. They now move more and begin to put anything they can into their mouths.

- Keep plastic bags, balloons, and small objects out of your baby's reach.
- Teach older children not to give your baby small objects.
- Give your baby only toys that do not break. Give toys that do not have sharp edges or small parts that can come loose.
- Keep cords, ropes, and strings away from your baby, especially near the crib.
- Remove hanging mobiles or toys from the crib before your baby can reach them.
- Remove bumper pads from the crib once your baby starts rolling and before they can pull up to a kneeling or standing position.

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

- Closely supervise pets and older 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

This is an excellent time to interact with your baby. Your baby now smiles and responds more.

- Play with, hold, cuddle, and rock your baby.
- Talk, sing and read to your baby. These activities help encourage speech and language development.
- Play music and use age-appropriate toys to play with your baby. At this age, babies enjoy toys that make noise when you shake them.
- In a few months, you may wish to give your baby a comfort object, such as a blanket or stuffed animal.
- Feed your baby at family mealtimes whenever possible.

Family relationships

Make time for yourself and plan for time with your partner or close friends. Share the baby care responsibilities as much as possible, and readjust your expectations for housework during the first several months.

If you have other children, encourage them to interact with the baby and to help but always supervise them when they do. Continue to give your other children uninterrupted periods of special time. Keep in contact with your family members and friends.

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.

A Final Word

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.

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