

# Your Baby at 2 Months



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

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

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

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Babies Do at 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

## Act Early by Talking to Your Child's Doctor if Your Child:

- 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 for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call 1-800-CDC-INFO.**

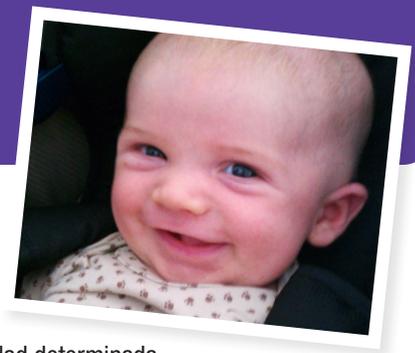
Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, 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



Learn the Signs. Act Early.

# Su Bebé a los 2 Meses



Nombre del niño

Edad del niño

Fecha de hoy

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 3 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

## ¿Qué Hacen los Bebés a Esta Edad?

### En las áreas social y emocional

- Le sonrío a las personas
- Puede calmarse sin ayuda por breves momentos (se pone los dedos en la boca y se chupa la mano)
- Trata de mirar a sus padres

### En las áreas del habla y la comunicación

- Hace sonidos como de arrullo o gorjeos
- Mueve la cabeza para buscar los sonidos

### En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)

- Se interesa en las caras
- Comienza a seguir las cosas con los ojos y reconoce a las personas a la distancia
- Comienza a demostrar aburrimiento si no cambian las actividades (llora, se inquieta)

### En las áreas motora y de desarrollo físico

- Puede mantener la cabeza alzada y trata de alzar el cuerpo cuando está boca abajo
- Mueve las piernas y los brazos con mayor suavidad

## Reaccione pronto y hable con el doctor de su hijo se el niño:

- No responde ante ruidos fuertes
- No sigue con la vista a las cosas que se mueven
- No le sonrío a las personas
- No se lleva las manos a la boca
- No puede sostener la cabeza en alto cuando empuja el cuerpo hacia arriba estando boca abajo

**Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte [www.cdc.gov/preocupado](http://www.cdc.gov/preocupado) o llame 1-800-CDC-INFO.**

Tomado de CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Quinta Edición, editado por Steven Shelov y Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 por la Academia Americana de Pediatría y BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, tercera edición, editado por Joseph Hagan, Jr., Judith S. Shaw y Paula M. Duncan, 2008, Elk Grove Village, IL: Academia Americana de Pediatría. Esta lista de verificación de indicadores del desarrollo no es un sustituto de una herramienta de evaluación del desarrollo estandarizada y validada.

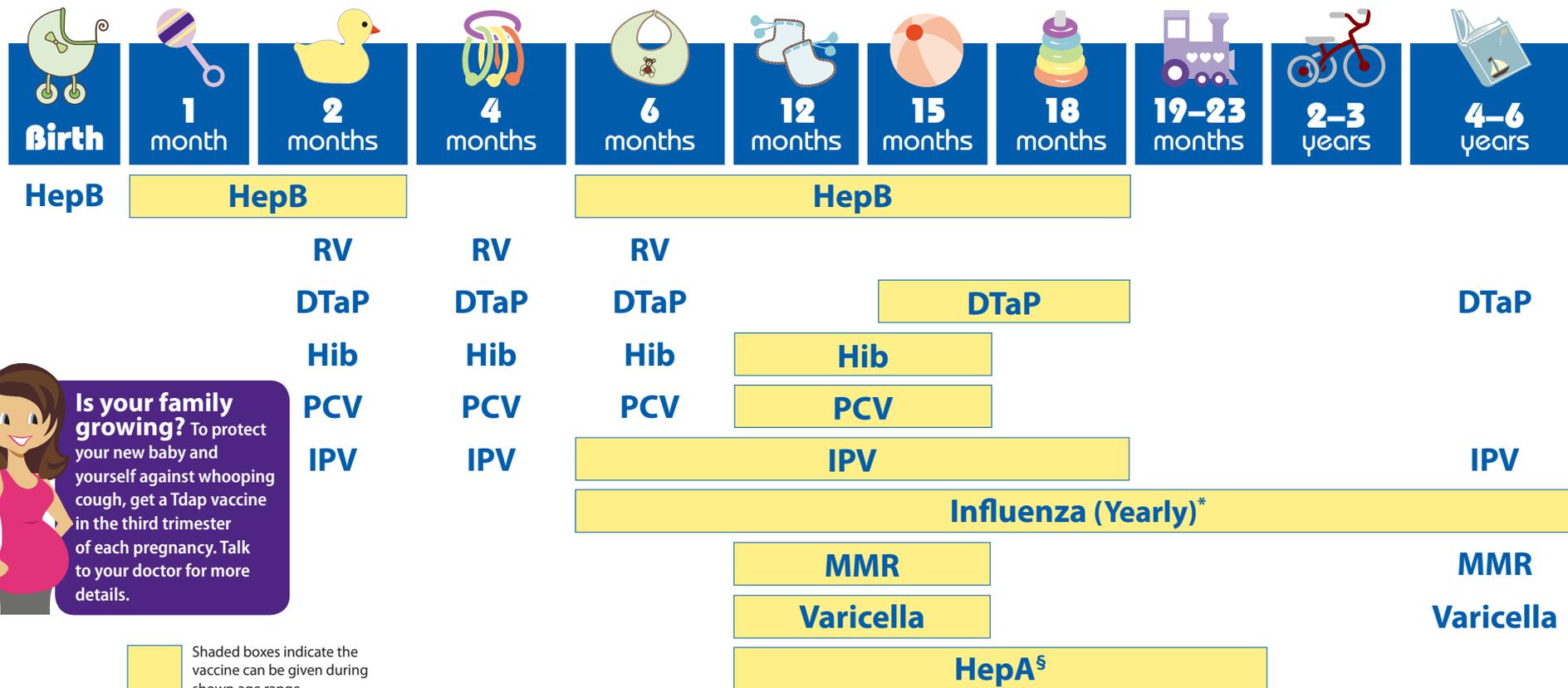
[www.cdc.gov/pronto](http://www.cdc.gov/pronto)

1-800-CDC-INFO



Aprenda los signos. Reaccione pronto.

# 2016 Recommended Immunizations for Children from Birth Through 6 Years Old



**Is your family growing?** To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

**NOTE:** If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:** \* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.  
 § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

*If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.*

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free **1-800-CDC-INFO** (1-800-232-4636) or visit <http://www.cdc.gov/vaccines>



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
<b>Diphtheria</b>	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hib</b>	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
<b>Measles</b>	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
<b>Pertussis</b>	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Polio</b>	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Pneumococcal</b>	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Rotavirus</b>	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
<b>Rubella</b>	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

\* DTaP combines protection against diphtheria, tetanus, and pertussis.

\*\* MMR combines protection against measles, mumps, and rubella.

Motor-vehicle crashes kill more than 40,000 Americans and injure 2.7 million each year.

Approximately 70 percent of motor vehicle occupants fatally injured in Missouri traffic crashes were not wearing safety belts. Safety belts are considered the most important safety equipment in a motor vehicle, and using them correctly and on every trip is the most effective way to reduce injuries and fatalities in a crash.

Research from the National Highway Traffic Safety Administration indicates automobile occupants are 45 percent more likely to survive a crash if they are wearing their lap and shoulder belts correctly; pickup truck and light truck passengers are 60 percent more likely to survive a crash when buckled up correctly.

Properly worn seat belts and functioning air bags can reduce the risk of death in a vehicle crash 63 percent, according to a recent study led by Justin Cummins, an orthopedic surgeon at Dartmouth Hitchcock Medical Center in Lebanon, NH.



Missouri Department of Transportation  
P.O. Box 270  
Jefferson City, MO 65102

**573-751-4161**  
**800-800-BELT**

[www.saveMOlives.com](http://www.saveMOlives.com)  
[www.modot.org](http://www.modot.org)

This brochure paid for with federal highway safety funding by the Missouri Department of Transportation.

# Sit Tight

## Tips for Avoiding Injury in a Crash



HS11.086

**ARRIVE  
ALIVE**

## Safety Belts

Safety belts are an adult's most effective occupant protection device in motor vehicles. **Chapter 307 of the Missouri Revised Statutes** requires all adults riding in the front seat of a car, pickup truck, sport utility vehicle or van to wear safety belts.

Children ages eight through 15 must always wear safety belts. A law enforcement officer can stop you and issue you a citation for no other reason than non-compliance with this law.

## You Need to Know

- To be effective, safety belts must be worn correctly. The lap belt should be worn low and snug across the hips. The shoulder belt should lay over the shoulder and across the chest, adjusted according to the vehicle's owner's manual. Never place the shoulder belt under your arm or behind your back – this could result in a serious or fatal injury.
- Pregnant women should always wear safety belts with the lap belt as low as possible across the hips.
- Safety belts should be worn in combination with air bag systems. They keep your body in the safest position so an air bag can do its job.
- Drivers with air bags should keep at least a 10-inch distance between the air bag and their breast bone.
- A tilt steering wheel should be tilted down so the air bag will deploy toward the chest and not the head.

## Child Safety Seats

- **Chapter 307 of the Missouri Revised Statutes** requires all children under age eight to be properly secured in an appropriate child safety seat or booster seat. This includes all cars, pickup trucks, SUVs and vans. A law enforcement officer can stop you and issue you a citation for no other reason than non-compliance with this law.

### Missouri Law Requires:

- Children **less than 4 years old or less than 40 pounds** to be in an appropriate child safety seat.
- Children ages 4 through 7 years old who weigh at least 40 pounds **must** be in an appropriate child safety seat or booster seat unless they are 80 pounds or 4'9" tall.
- Children 8 and over or weighing at least **80 pounds** or at least **4'9"** tall are required to be secured by a **safety belt or booster seat** appropriate for that child.

### Types of Safety Seats:

There are many types of safety seats. Choose one that is right for your child's size and age, and fits correctly in your vehicle. Your options include:

**Infant Seats** are used from birth until a child is at least one year old **and** weighs at least 20 pounds. These should be placed in the back seat facing the rear of the vehicle, at the angle recommended by the manufacturer. **Never place a rear-facing infant seat in front of an air-bag.**

**Convertible Seats** are for children between birth and 40 pounds. These seats face backward or forward, depending on the child's age and size. They can be adjusted as your child grows. All children under one year old and weighing less than 20 pounds must face the rear of the vehicle.

**Booster Seats** are for children who've outgrown convertible seats. They face forward and must be used for children 4-7 years old unless they are 4'9" tall or weigh 80 pounds. Booster seats should never be used with a lap belt only, they require the use of lap and shoulder belts. If your vehicle does not have shoulder belts in the rear seats, have them installed.

Not sure if your child's safety seat is installed correctly? Contact the Missouri Department of Transportation's Traffic and Highway Safety Division at **800-800-BELT (2358)** to find an approved fitting station near you, or visit [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov).



### Keeping Kids Safe

- Properly installed child safety seats should have no more than one inch of side-to-side movement.
- Check the owner's manual for proper use of your child safety seat or booster seat.
- Many seats use a plastic chest clip to keep the shoulder straps positioned correctly on your child. The chest clip should be at armpit level.
- Never use an old safety seat; it may have invisible damage or may be missing parts. Check the child safety seat for an expiration date. Typically they should be discarded after six years.
- The National Highway Traffic Safety Administration recommends that children 12 and under ride properly restrained in the back seat.
- The National Highway Traffic Safety Administration recommends keeping your 1 to 3 year old children in rear-facing car seats for as long as possible. It's the best way to keep them safe. They should remain rear-facing until they reach the height or weight limit allowed by the car seat's manufacturer.

# Dosing for Infants and Children

From Your Healthcare Professional



**DOSE: Every 4 hours as needed. DO NOT GIVE MORE THAN 5 DOSES IN 24 HOURS.**

If possible, use weight to dose; otherwise use age.

**mL** = milliliter  
**tsp** = teaspoon



## Infants' TYLENOL® Oral Suspension

**Active Ingredient:**  
Acetaminophen 160 mg  
(in each 5 mL)

Available in:



Use only as directed.



## Children's TYLENOL® Oral Suspension

**Active Ingredient:**  
Acetaminophen 160 mg  
(in each 5 mL or 1 tsp)

Available in:



Use only as directed.

WEIGHT	AGE	Infants' TYLENOL®	Children's TYLENOL®
6-11 lbs	0-3 mos	1.25 mL	—
12-17 lbs	4-11 mos	2.5 mL	—
18-23 lbs	12-23 mos	3.75 mL	—
24-35 lbs	2-3 yrs	5 mL	5 mL (1 tsp)
36-47 lbs	4-5 yrs	—	7.5 mL (1½ tsp)
48-59 lbs	6-8 yrs	—	10 mL (2 tsp)
60-71 lbs	9-10 yrs	—	12.5 mL (2½ tsp)
72-95 lbs	11 yrs	—	15 mL (3 tsp)

## IMPORTANT INSTRUCTIONS for Proper Use

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

This dosing recommendation from your doctor will expire in 14 DAYS.

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- Read and follow the label on all TYLENOL® products
- Take every 4 hours as needed
- Do NOT exceed more than 5 doses in 24 hours
- Do NOT use with any other product containing acetaminophen
- Use only the dosing device (syringe or dosing cup) that came with the product
- All Infants' TYLENOL® and Children's TYLENOL® Oral Suspension products have the same acetaminophen concentration (160 mg/5 mL)

### Kids' Wellness Tracker

This free, all-in-one tool from the makers of Children's TYLENOL® and Children's MOTRIN® makes it easy to track your child's height, weight, BMI, vaccines, symptoms, and medicines, plus calculate dosing.

Available on the App Store<sup>SM</sup> and the Google Play Store<sup>TM</sup>

Google Play is a trademark of Google Inc. App Store is a service mark of Apple Inc. Standard download rates may apply.

MANUFACTURER COUPON EXPIRES 12/31/2015

# SAVE \$2.00

On any Infants' TYLENOL® or Children's TYLENOL® product

**Excludes trial sizes.**

Use only as directed.

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030045-033764

# Dosing for Infants and Children

From Your Healthcare Professional

Concentrated  
**Motrin**  
Infants' Drops

Children's  
**Motrin**

**DOSE: Every 6-8 hours as needed. DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS.**

If possible, use weight to dose; otherwise use age.

mL = milliliter  
tsp = teaspoon



## Infants' MOTRIN® Concentrated Drops

Active Ingredient:  
Ibuprofen 50 mg (NSAID)\*  
(in each 1.25 mL)

\*Nonsteroidal anti-inflammatory drug  
Use only as directed.

Available in:  
 Dye-Free Berry



## Children's MOTRIN® Oral Suspension

Active Ingredient:  
Ibuprofen 100 mg (NSAID)\*  
(in each 5 mL or 1 tsp)

\*Nonsteroidal anti-inflammatory drug  
Use only as directed.

Available in:  
 Original Berry  
 Dye-Free Berry

WEIGHT	AGE	Infants' MOTRIN® Concentrated Drops	Children's MOTRIN® Oral Suspension
6-11 lbs	0-5 mos	—	—
12-17 lbs	6-11 mos	1.25 mL	—
18-23 lbs	12-23 mos	1.875 mL	—
24-35 lbs	2-3 yrs	—	5 mL (1 tsp)
36-47 lbs	4-5 yrs	—	7.5 mL (1½ tsp)
48-59 lbs	6-8 yrs	—	10 mL (2 tsp)
60-71 lbs	9-10 yrs	—	12.5 mL (2½ tsp)
72-95 lbs	11 yrs	—	15 mL (3 tsp)

## IMPORTANT INSTRUCTIONS for Proper Use

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

This dosing recommendation from your doctor will expire in 14 DAYS.

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- Read and follow the label on all MOTRIN® products
- Take every 6-8 hours as needed
- Do NOT exceed more than 4 doses in 24 hours
- Use only the dosing device (syringe or dosing cup) that came with the product

### Kids' Wellness Tracker

This free, all-in-one tool from the makers of Children's TYLENOL® and Children's MOTRIN® makes it easy to track your child's height, weight, BMI, vaccines, symptoms, and medicines, plus calculate dosing.

Available on the App Store<sup>SM</sup> and the Google Play Store<sup>TM</sup>

Available on the App Store | ANDROID APP ON Google play

Google Play is a trademark of Google Inc. App Store is a service mark of Apple Inc. Standard download rates may apply.

MANUFACTURER COUPON | EXPIRES 12/31/2015

# SAVE \$2.00

On any Concentrated MOTRIN® Infants' Drops or Children's MOTRIN® product

Use only as directed. Excludes trial sizes.

To the Consumer: This coupon good only on purchase of product indicated. Any other use constitutes fraud. COUPON CANNOT BE BOUGHT, TRANSFERRED OR SOLD. LIMIT—ONE COUPON PER PURCHASE. VOID IF TAXED, RESTRICTED OR PROHIBITED BY LAW. To the Retailer: McNeil Consumer Healthcare Division of McNeil-PPC, Inc. will reimburse you for the face value of this coupon plus 8¢ if submitted in compliance with McNeil Consumer Healthcare Division of McNeil-PPC, Inc. Coupon Redemption Policy and incorporated herein by reference. Cash value 1/20th of one cent. Send coupons to McNeil Consumer Healthcare Division of McNeil-PPC, Inc., NCH, P.O. Box #880024, El Paso, TX 88588-0024. © McNEIL-PPC, Inc. 2014

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