



# Welcome Words for your Two Month Old

## Crying and Colic: Here's What Works

Figuring out how to comfort your crying baby, especially during the first few months, can be a frustrating cycle of trial and error. If he cries after he's been fed, it's possible that he's still hungry. During a growth spurt, which often occurs around 3 weeks and again at 6 weeks, he'll need to eat more often and may need more at each feeding. Other likely causes of crying are discomfort from gas or indigestion, dirty diapers, pain or illness. If your baby has eaten and been burped, has a clean diaper, shows no signs of illness or pain, and recently woke up from a nap, you may feel baffled. Don't worry, gradually you'll learn how to interpret what he needs (at least some of the time).

One in five babies has colic, which usually occurs within the second or third week of life and peaks around 6 weeks. Colic is characterized by more of a high-pitched scream than a cry. The baby's legs are often drawn up to his stomach or stretched out straight, and his face is very red. Colic often seems worse during the evening.

The good news is that colic often disappears by three months and that colicky babies are usually healthy and continue to thrive, although their parents are exhausted. If you suspect colic, ask your child's doctor for advice about ways to soothe you baby or call Welcome Baby for suggestions. And don't blame yourself. Studies show that parent anxiety is the result of colic, not the cause of it!

## Tips for Crying Babies

Here are some tips that may help soothe your fussy baby. Be sure to give each method time to work. Switching too quickly from one to another may make things worse. It's best to respond to your baby's cries promptly since he's developing a sense of trust and security. Pick him up and hold him close, whispering soothing messages. It's impossible to spoil him during these first months. A pacifier can also be a source of comfort. Rhythmic motion — being rocked in your arms, a cradle, carriage or, after 6 weeks, in a baby swing, may help. Going for a ride in a carriage, stroller or the family car, or for a walk in a front carrier, soothes many babies. For some babies, the combination of movement and white noise seems to work magic. The sounds of a vacuum cleaner, clothes dryer or running water may help. A warm bath with you, if your baby likes it, can do the trick. Be sure the room is warm and cover him quickly afterwards if he seems to object to being naked.



## Massage

- \* A book on baby massage will give you tips.
- \* It may relax both of you to massage your baby while you lie on your back with the baby face down on your chest.
- \* Swaddling, or wrapping your baby snugly in a receiving blanket, may help, but be sure not to overheat him. Crying heats baby and the discomfort of being too warm may cause more tears.

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## Milestones

**By the end of the second month,  
your baby will**

- Be able to follow a toy you move in an arc about 6 inches above the face to the midline (or straight ahead).
- Respond to a bell, whether by startling, crying or quieting.
- Smile back when you smile at him.
- Vocalize in ways other than crying, such as cooing.

(Premature infants usually reach milestones closer to their adjusted age — the age they would be if they'd been born at term.)

Adapted from What to Expect the First Year  
by Eisenberg, Murkoff & Hathaway

### Give him—

- Comfort when he needs it. Don't worry about spoiling him.
- A mobile over his crib that moves when he kicks the mattress.
- A finger or lightweight rattle to grasp.
- Conversation — repeat the coos, sighs and gurgles he makes, and use a lively voice to talk to him.
- The chance to face people in a room, rather than TV.

(Massage— continued from column 1)

- \* Relief may come from a particular position: try rubbing baby's back while he's face down on your lap or tummy. Some prefer being held upright with pressure on their abdomen while you rub their backs.
- \* Some babies thrive on predictable routines. A regular schedule for feeding, bathing, and changing leading up to bedtime, may help. If you arrive at a pattern that seems to work, stick to it as much as possible.
- \* When nothing seems to work, it's normal to feel desperate to stop the crying. Don't feel guilty, but take a break, even if it's just for 5 minutes of fresh air or to take a warm shower. Also, a fresh face and voice — your partner, a grandparent or friend, or a sitter — may be calming for the baby.
- \* Remember, by the end of the day your baby may simply be over-stimulated and need to be put down in a quiet, warm and cozy bed to get some sleep. Don't overlook this simple solution.

## When Calling the Doctor is a Must

- Baby's rectal temperature is higher than 100 degrees F. on two separate readings (and she's not overly bundled up).
- There is forceful vomiting (shooting out rather than dribbling); or vomiting occurs with diarrhea and/or fever.
- There is a significant change in bowel habits.
- You see pus or red skin around the base of the umbilical cord, or if she cries when you touch this area (except for crying when you apply alcohol, which is cold).
- When nursing and your baby is consistently getting less than 8 feedings in a 24-hour period.
- You hear unfamiliar crying — which sounds like shrieks of pain, or crying that persists for an unusual length of time.
- There's a change in skin color: if baby's skin overall looks persistently blue when calm (more than just hands and feet).
- There is persistent coughing (or choking during feedings).
- There is difficulty breathing (more than 60 breaths in a minute, flaring of the nose, grunting or blue coloring).
- Baby seems loose in the limbs or floppy, or seems rigid.

**Never hesitate to call your child's doctor, who expects lots of calls from the parents of infants. He or she wants to**

## Newborns and Sleep

For most new parents, a good night's sleep is a distant memory. While some infants seem to have their days and nights confused, others sleep only a couple of hours before waking to be fed or changed. During these first few months, nothing will seem more precious to you than six hours of uninterrupted sleep.

It may help to realize that there's no such thing as normal infant sleep behavior. Like adults, babies have different needs for sleep. Most babies aren't capable of sleeping through the night until they are between 4 and 6 months old. A regular nap schedule will also take several months to establish, although your baby may have the same schedule for several days or even a week.

Here are some tips that may help:

- \* Try letting your baby sleep during the day in a well-lit room near family activities. At night, move her to sleep in a darkened room and handle night feedings in a businesslike way. Save playing, singing and talking for daytime.
- \* Begin establishing a bedtime routine: i.e. bath, feeding, stories. Putting her down when she's sleepy, but still awake, will help her learn to fall asleep by herself.
- \* Wait until she's really awake and crying to pick her up for nighttime feedings. The only exception is a quiet, sleepy baby who is eating less than 6-8 times in 24 hours. She needs to be awakened to eat.
- \* Expect sleep patterns to be disrupted if you travel, if she's sick, or she's about to reach a new developmental milestone (such as turning over) or a growth spurt.
- \* Be kind to yourself. Sleep deprivation is emotionally and physically draining. Try to rest or nap when your baby's asleep, and take heart — eventually she will begin to sleep for longer stretches at night.



## Forming a Partnership with your Baby's Medical Provider

Here are a few tips to keep in mind when you have concerns about your baby's health.

- \* Call first: If your baby is not in immediate danger, check in with the advice nurse first. A phone call could save you the time and expense of an office visit.
- \* Write down your questions before your appointment and take notes: That way you'll get all the information you need.
- \* Speak-up: Provide additional information that you feel may be helpful. Remember you know your baby best.
- \* Find a new medical provider if you don't like your provider's style, if you feel like you aren't being listened to or if you disagree with your provider on important issues (i.e. immunizations or breastfeeding).

## Suggested Reading

Working and Caring by T. Berry Brazelton, M.D.

Touchpoints: Your Child's Emotional and Behavioral Development by T. Berry Brazelton, M.D.

Complete Baby and Child Care by Dr. Miriam Stoppard

Infant Massage by Vimala Schneider McClure

Healthy Sleep Habits, Happy Child by Marc Weissbluth, M.D.

The No-Cry Sleep Solution by Elizabeth Pantley

What to Expect the First Year by Eisenberg, Murkoff, and Hathaway