Cluster Feeding & Growth Spurts

A baby who is cluster feeding nurses 5–10 times in a 2–3 hour period and will sleep deeply for 4–6 hours. Cluster feeding tends to happen late night/early morning in the first few weeks. After 2–3 weeks of age cluster feeding may occur during the late afternoon or early evening hours. Growth spurts typically happen around 7–10 days, 3 weeks, 6 weeks, 3 months, and 6 months of age. These are usually fussy periods of several days when your infant may want to feed every 1–1 ½ hours. Be patient and try to get some rest. This period will pass. These patterns are normal. However, if you feel that your infant is “always at the breast” and unable to be satisfied, you need to see your child’s provider or a lactation consultant to make sure that proper growth is occurring.

Breastfeeding & Returning to Work

If you will be returning to work, this is a good time to introduce a bottle. Now that breastfeeding has been well established, and your baby is two weeks of age, giving a bottle of expressed breast milk once a day or every other day will help with the transition to more bottle feedings later and should allow mother to continue nursing as long as she chooses. Start building a supply of breast milk in your freezer 3-4 weeks before mom returns to work.

Vitamin D Supplementation

Vitamin D is needed to develop and maintain strong bones as well as fight infections and help prevent serious conditions like cancer and diabetes. Breastfed infants are at risk for vitamin D deficiency and rickets (a disease of weak bones) due to the low vitamin D content of breast milk. Vitamin D is made naturally in the body with exposure of skin to sunlight; however, infants should not have significant exposure to direct sunlight. The recommended daily dose of vitamin D from birth to 12 month is 400 IU (International Units).

NUTRITION

Weight

Most babies regain or even exceed their birth weight by two weeks of age.

Breastfeeding Patterns

Ideally a mother will watch her baby, not the clock, and breastfeed her infant on cue or demand, not by a rigid schedule. Signs that your baby is full include spontaneously releasing the nipple, moving his head away from the nipple, closing her lips when the nipple is reinserted, slowing suckling, and falling asleep. Most infants will fall into a daily nursing pattern that is suited for that infant. Rigid feeding schedules are not recommended for breastfed infants and have even caused poor weight gain. Daily nursing patterns will vary from baby to baby and at times from day to day. During the first two months, most breastfed babies need 8–12 feedings a day. By two to three months of age, many babies will drop a night feeding and have one 4 to 5 hour stretch between feedings during the night.
Colic

The most common cause of excessive crying in early infancy is colic, but other medical reasons should be excluded. No one understands what causes colic.

Some experts describe colic as a developmental phase where some infants are more sensitive to outside stimulation. At times colic can be triggered by a sensitivity to the formula or for breastfed infants, a sensitivity to a food in the mother’s diet. Depending on how colic is defined, about 10–20% of all infants have colic. Colic usually improves by two months of age and goes away by about three months.

The following may help:

- **Shoulder**: Nuzzle your baby between your neck and shoulder. Your baby may stop crying to look around.
- **Movement**: Rocking, walking, and swinging all soothe baby.
- **Sucking**: A pacifier or nursing soothes an irritable baby.
- **Swaddling**: Wrap your baby firmly in a blanket, restraining the arms. Be careful to let the legs move freely to reduce the risk of hip injury. Once your baby is wrapped, rock gently to soothe.
- **Soothing Sounds**: Your baby may be soothed by sounds. Sounds that work well are the white noise of an off-air radio station, vacuum cleaner, clothes dryer or dishwasher, or a recording of these sounds. Soft and soothing conversation may calm.
- **Baby Carrier**: A soft fabric baby carrier worn on the chest allows your baby to experience warmth as well as motion.
- **Chest**: Great for Dads! Lie on your back and put your baby on your chest. Body warmth and the rhythm of your breathing may soothe your baby.
- **Change of scenery**: Take a walk outside or visit the patio with your baby.
- **Make an appointment** with your baby’s provider if crying is more than two hours a day or he appears to be in pain.

Remember

- Your baby will outgrow colic.
- Crying is not causing emotional damage.
- Colic is not your fault. It just happens.
- If you are unsure whether your baby has colic, make an appointment with your baby’s doctor.

SLEEP

Prevention of Sleep Problems

- Place your baby in the crib when he is drowsy but awake. This step is very important for learning to sleep for longer periods, and eventually sleeping through the night. Your baby must learn to fall asleep by himself. If he fusses when he is placed in his crib try gentle and brief patting to settle him before picking him up. Your baby’s last waking memory should be of the crib, not of being rocked or fed.
- Make middle of the night feedings brief and boring. No lights, talking, or rocking.
- Nighttime diapers should be changed only if necessary.
- Don’t let your baby sleep in your bed.

CONSTIPATION AND NORMAL STOOLS

Breastfed infant’s stools are usually still quite frequent, fairly watery, seedy, and yellow. Formula fed infants tend to have less frequent and less watery stools. Often the number of stools for both breastfed and formula babies decrease as a baby gets closer to a month of age. However true constipation (hard, infrequent stools) is abnormal in the first few weeks of life. If you think your 2 week old is constipated let your baby’s doctor know.

In the second month of life some babies (even breastfed infants) will go 3 or more days without having a bowel movement. This is usually normal. True constipation refers to hard stools that are difficult to pass. Straining with bowel movements is normal unless associated with pain and crying. After a month of age if your infant is truly constipated you may:

- Give your baby water once or twice each day, 3 ounces a day at most.
- Insert rectal thermometer with Vaseline about half an inch into baby’s rectum.
- Use a glycerin suppository once.
- Rectal stimulation and/or glycerin suppositories are recommended only if your child has been extremely uncomfortable in his attempt to have a bowel movement.

There are a number of over-the-counter vitamin D containing multivitamin products or vitamin D only products that you may choose from. Make sure you follow the manufacturer’s dosing recommendations.

Iron Supplementation for Premature Infants

Breastfed premature infants need iron supplementation from 1 to 12 months of age. Ask your baby’s doctor about the possible need for iron drops if your baby was born premature.

Formula-Fed Infants

In general, formula-fed infants have more regular feeding schedules. Most need 6–8 feedings a day for the first month and 5–6 feedings a day from 1–3 months of age. A good rule of thumb for the number of ounces per feeding is to use the age of the baby in months and add 3. For the first 3 or 4 months this total will give you the typical number of ounces per feeding for that age infant. For example a one month old infant will take 4 ounces of formula per feeding on average and a 2 month old would take 5 ounces at a time. However, the best gauge to know how much to feed your baby is your baby herself. She will let you know when she is hungry and full. Clues from your baby that may indicate she is hungry include becoming more alert, putting her hand or finger in her mouth, making sucking motions, sticking out her tongue, smacking her lips, kicking or squirming, or rooting (moving her jaw and mouth or head in search of the bottle). On the other hand signs that your baby is full include spontaneously releasing the nipple, moving his head away from the nipple, closing his lips when the nipple is reinserted, slowing sucking, and falling asleep.

CARE OF YOUR BABY

All babies cry daily from being hungry, wet, warm, in an uncomfortable position, and just to let off steam. Most infants have a fussy period each day. Commonly the fussy period is somewhere between 6 pm and midnight and generally lasts less than three hours a day. The length of the fussy period normally peaks at about 6 weeks of age. As long as your baby calms within a few hours and is relatively peaceful the rest of the day, there is no cause for alarm. If the crying lasts more than two hours a day or if your baby truly appears to be in pain, your baby should be evaluated.
TUMMY TIME: BACK TO SLEEP, TUMMY TO PLAY

Back to Sleep
Placing babies on their backs to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS), also known as “crib death.”

Never put your baby on a water bed, bean bag, or anything that is soft enough to cover the face and block air to the nose and mouth. The AAP recommends infants less than 12 months be put to sleep on a sleep surface separate from parents and with no soft bedding of any kind.

For more details about preventing SIDS see the “First Week of Life” handout or the ARC Newborn Booklet.

Sleep Position and Head Shape

Now that babies sleep on their backs, the incidence of SIDS is going down, but the frequency of head-shape and neck mobility problems is going up. Some experts say that close to 10 percent of all babies now have some flattening on the back or side of the head and/or neck mobility problems due to spending prolonged amounts of time lying on their backs. Having your baby spend time every day lying on her tummy is the best way to prevent or treat these head and neck problems. Tummy time will also help strengthen your baby’s neck and back muscles and help develop skills needed for rolling over, sitting, and crawling. By two weeks of age, tummy time should be an important part of baby’s daily routine.

Tummy Time Tips:

▪ Place your baby on a firm but comfortable surface, like a blanket or quilt on the floor. Tummy time must always be supervised. Placing your hand on the baby’s bottom may help shift weight from the upper body.

▪ If your baby is still unable to lift her head, place a rolled towel or small pillow under the chest and armpits, with her arms out in front.

▪ You may need to lie or sit in front of your baby and entertain her so that she learns to enjoy tummy time.

▪ Gradually increase tummy time as your baby gets stronger and more comfortable with being on her stomach.

▪ Thirty to sixty minutes a day of tummy time will prevent and even correct most head flattening and neck mobility problems, although it may take a couple of months to increase tummy time to this duration.

DEVELOPMENT

Language & Understanding

▪ Listening: Talk and sing to your baby during dressing, feeding, bathing, and household chores.

▪ Being aware of sounds: Let your baby hear many different sounds, such as soothing music or the birds outside. You should notice your baby responding to sounds.

▪ It’s never too early to start reading: Studies show that reading, talking, and singing regularly with your child beginning at birth builds language, literacy, and strong bonds between parents and child during the critical early years.

▪ Avoid screens: The American Academy of Pediatrics recommends no screen time (including TV, iPad, iPhone) for children less than 2 years of age.

Social Skills

▪ Feeling secure and loved: Fix your fussy baby’s problem, if possible. Carry your baby often.

▪ Smiling: Make happy sounds. Smile at your baby, especially when your baby smiles back. Most babies are able to smile responsively by 2 months of age.

▪ Being rocked: Rock your baby to soothe and relax. Show love by touching and talking softly.

Gross Motor Skills

▪ Lifting head: Place your baby on his abdomen while he is awake and you are playing with him. Dangle bright toys or make happy sounds in front to encourage head lifting. By two months of age most babies can lift their head to 45° while on stomach. Tummy time will help increase upper body and neck strength.

Social Development

▪ Watching moving objects: Get your baby to follow your face or a picture. Move the object slowly in different directions as far as your baby will follow. Show your baby lights or brightly colored objects. They especially like faces.

▪ Favorite toys: A bright mobile with contrasting colors is a favorite. Put within 6–25 inches of his eyes so he can enjoy looking at it.

▪ Having quiet times: Babies need quiet time as well as time to vocalize, play and explore their world!
Car Safety Seat

You MUST use a car seat when transporting your infant in an automobile. Read and follow the instructions that come with the car seat and the section in the owner’s manual of your car on using car seats correctly.

- Child safety experts now recommend that infants and toddlers remain in a car seat that is a REAR-FACING CAR SEAT UNTIL AT LEAST TWO YEARS OF AGE. Serious injuries are five times more likely to occur if your child is in a forward facing rather than a rear-facing car seat.
- For more information about car seats and for information about having your seat checked for proper installment, please call 1-800-252-8255 (Safe Riders Program) or 1-866-SEAT CHECK (seatcheck.org).

Smoking

Do not allow smoking in your house or around your baby as it increases respiratory illnesses, frequency of ear infections and may even increase cancer risk.
Household smoking also increases the chance of Sudden Infant Death Syndrome (SIDS).
If you or another family member is a smoker, one of the best ways to protect your family’s health is to quit smoking.
If you find it difficult to stop on your own, contact your family doctor about methods for breaking the habit.

Call 1-800-QUIT-NOW or visiting quitnow.net/texas for support.

Early Childhood Intervention (ECI) Programs

The State of Texas has a network of local community programs (Early Childhood Intervention or ECI) that provide services to Texas families and their children, birth to age three, with developmental delays.
The cost of services provided are based on family income. Children are eligible for ECI services if they are under age three and have developmental delays or conditions (such as Down’s, prematurity, vision, or hearing impairments) that have a high possibility of resulting in a developmental delay. Anyone may refer a child for ECI services.
If you believe that your child is delayed or has a condition that could lead to delays, please ask your doctor to refer you. You may also call 1-800-628-5115 or visit the ECI website at dars.state.tx.us/ecis for the ECI program closest to you.

Reading Suggestions and Resources

Books

- Heading Home With Your Newborn: From Birth to Reality
  Laura A. Jana, MD, and Jennifer Shu, MD
- Caring for Your Baby and Young Child, Revised Edition: Birth to Age 5
  The American Academy of Pediatrics.
- Baby 411: Clear Answers and Smart Advice for Your Baby’s First Year
  Ari Brown, MD and Denise Fields.
- The Happiest Baby on the Block: The New Way to Calm Crying and Help Your Newborn Baby Sleep Longer
  Harvey Karp, MD
- Your Baby and Child: From Birth to Age 5
  Penelope Leach
- Infants and Mothers: Differences in Development
  Terry Brazelton

Websites

- healthychildren.org
  American Academy of Pediatrics parenting website
- healthychildren.org/growinghealthy
  Dynamic interactive website to help encourage healthy habits for children 0–5 years of age.
- vec.chop.edu
  The Children’s Hospital of Philadelphia Information on vaccines
- cdc.gov/vaccines/parents/index.html
  National Immunization Program
- seatcheck.org
  Information about car seats
- ilca.org/i4a/pages/index.cfm?pageid=3337
  Website to find lactation consultation
- babybuffer.org
  Parenting web site