

# Well Child: 2 Weeks

## Feeding

Your baby is growing! At this age, a baby only needs breast milk or infant formula. Most babies take 2 to 3 ounces of formula every 2 to 3 hours now. Breast-fed babies should usually feed about 10 minutes at each breast during each feeding. Breast-fed babies may want to nurse as often as every 2 hours. Babies usually wake up at night to feed. This is normal. Cereal or baby food is not needed yet. Babies can have food allergies if solids are started too early. If your baby wants to feed more often, try a pacifier. Your baby may need to suck but not feed.

It is important to hold your baby during feeding. This is a good time to talk and play. Hold a bottle and not do prop it up.

Mixing formula: If you use concentrated liquid formula, always mix 1 can of formula with 1 can of tap water. Keep the mixture in the refrigerator. If you get powdered formula, mix 2 ounces of water per 1 scoop of formula.

## Development

Babies are learning to use their eyes and ears. Smiling faces and gentle, pleasant voices are interesting for babies at this age.

Many mothers find that the baby brings a lot of new work. Help from fathers, friends, or relatives is often very important at this time.

## Sleep

Babies usually sleep 16 or more hours a day. Healthy babies should be placed in bed on their backs. The recommendation is based on information that shows that sleeping on the back reduces the risk of sudden infant death syndrome (SIDS).

## Bowel and Bladder

Most babies will strain to pass bowel movements. As long as the bowel movement is soft, there is no need to worry. Ask your doctor about bowel movements that are hard (constipation). Babies usually wet the diaper at least 6 times each day.

## Safety Tips

An approved car seat is the safest way for babies to travel in cars. In fact, infant car seats are required by law. Infant car seats should be placed in a back seat with the infant facing backwards. Never leave your baby alone or with young brothers, sisters, or pets.

If you use a crib for your baby, be sure to pick a safe location. It should not be too near a heater. Make sure the sides are always completely up. Crib slats more than 2 and 3/8 inches apart can lead to injury.

Mesh netting of playpens should always be in the upright position.

**Call Your Child's Physician If:**

- Your baby develops a fever.
- Your child is very irritable and you cannot calm him.

**Next Visit**

Your baby's next appointment will usually be at the age of 2 months. At this time your child

will get a set of immunizations.

## What is a fever?

A fever means the body temperature is above normal. Your child has a fever if his:

- Rectal temperature is over 100.4°F (38.0°C).
- Oral temperature is over 99.5°F (37.5°C).
- Axillary (armpit) temperature is over 99.0°F (37.2°C).
- Ear (tympanic) temperature is over:  
100.4°F (38°C) -- if rectal mode  
99.5°F (37.5°C) -- if oral mode.
- Pacifier temperature is over 99.5°F (37.5°C). (Note: Use the digital pacifier thermometer for children over 3 months old. This method is okay for checking for a fever, but it is not as accurate as the oral, ear, or rectal methods.)

Tactile (touch) fever is the impression that your child has a fever because he feels hot to the touch. Checking a fever this way is more accurate than we used to think. But if you're going to call the doctor, actually measure the fever.

The body's average temperature when it is measured orally is 98.6°F (37°C), but it normally fluctuates during the day. Mildly increased temperature (100.4 to 101.3°F, or 38 to 38.5°C) can be caused by exercise, excessive clothing, a hot bath, or hot weather. Warm food or drink can also raise the oral temperature. If you suspect such an effect on the temperature of your child, take his temperature again in a half hour.

What is the cause?

Fever is a symptom, not a disease. It is the body's normal response to infections. Fever helps fight infections by turning on the body's immune system. The usual fevers (100 to 104 °F, or 37.8 to 40°C), which all children get, are not harmful. Most are caused by viral illnesses; some are caused by bacterial illnesses. Teething does not cause fever.

How long will it last?

Most fevers with viral illnesses range from 101 °F to 104°F (38.3°C to 40°C) and last for 2 to 3 days. In general, the height of the fever doesn't relate to the seriousness of the illness. How sick your child acts is what counts. Fevers cause no permanent harm. Brain damage occurs only if the body temperature is over 108°F (42°C). Fortunately, the brain's thermostat keeps untreated fevers well below this level.

While all children get fevers, only 4% develop a brief convulsion from the fever. Since this type of seizure is generally harmless, it is not worth worrying about

excessively. If your child has had high fevers without seizures, your child is probably safe.

### **How can I take care of my child with a fever?**

#### Extra fluids and less clothing

Encourage your child to drink extra fluids, but do not force him to drink. Popsicles and iced drinks are helpful. Body fluids are lost during fevers because of sweating. Bundling can be dangerous. Clothing should be kept to a minimum because most heat is lost through the skin. Do not bundle up your child; it will cause a higher fever. During the time your child feels cold or is shivering (the chills), give him a light blanket.

If the fever is less than 102°F this is the only treatment needed. Fever medicines are not necessary.

- Acetaminophen or ibuprofen products

Remember that fever is helping your child fight the infection. Use drugs only if the fever is over 102°F (39°C) and preferably only if your child is also uncomfortable.

Two hours after they are given, these drugs will reduce the fever 2°F to 3°F (1°C to 2°C). Medicines do not bring the temperature down to normal unless the temperature was not very elevated before the medicine was given. Repeated dosages of the drugs will be necessary because the fever will go up and down until the illness runs its course. If your child is sleeping, don't awaken him for medicines.

Acetaminophen: Children older than 2 months of age can be given any one of the acetaminophen products (such as, Tylenol). They all have the same dosage. Give the correct dosage for your child's weight every 4 to 6 hours.

Ibuprofen: Ibuprofen (Advil, Motrin) is similar to acetaminophen in its ability to lower fever. Its safety record is also similar. One advantage ibuprofen has over acetaminophen is a longer lasting effect (6 to 8 hours instead of 4 to 6 hours). Children with special problems requiring a longer period of fever control may do better with ibuprofen. Give the correct dosage for your child's weight every 6 to 8 hours.

**CAUTION:** The dropper that comes with one product should not be used with other brands.

- Sponging

Sponging is usually not necessary to reduce fever. Never sponge your child without giving him acetaminophen first. Sponge immediately only in emergencies such as heatstroke, delirium, a seizure from fever, or any fever over 106°F ( 41.1 °C). In other cases sponge your child only if the fever is over 104 °F ( 40°C), the fever stays that high when you take the temperature again 30 minutes after your child has taken acetaminophen or ibuprofen, and your child is uncomfortable. Until acetaminophen or ibuprofen has taken effect (by resetting the body's thermostat to a lower level), sponging will just cause shivering which is the body's way of trying to raise the temperature.

If you do sponge your child, sponge him in lukewarm water (85 to 90°F, or 29 to 32°C). Use slightly cooler water for emergencies. Sponging works much faster than immersion, so sit your child in 2 inches of water and keep wetting the skin surface. Cooling comes from evaporation of water. If your child shivers, raise the water temperature or stop sponging until the acetaminophen or ibuprofen takes effect. Don't expect to get the temperature down below 101°F (38.3°C). Don't add rubbing alcohol to the water; it can be breathed in and cause a coma.

When should I call my child's health care provider? Call IMMEDIATELY if:

- Your child is less than 3 months old.
- The fever is over 105°F (40.6°C).
- your child looks or acts very sick

Call within 24 hours if:

- Your child is 3 to 6 months old (unless the fever is due to a DTP shot).
- The fever is between 104 and 105°F (40 and 40.6°C).
- Your child has had a fever more than 24 hours without an obvious cause or location of infection AND your child is less than 2 years old.
- Your child has had a fever for more than 3 days.
- The fever went away for over 24 hours and then returned.
- You have other concerns or questions.

# Diaper Rash

## **What is a diaper rash?**

A diaper rash is any rash on the skin area covered by a diaper. Almost every child gets diaper rashes. Most of them are due to prolonged contact with moisture, bacteria, and ammonia. The ammonia and other skin irritants are made by the reaction of bacteria from bowel movements to certain chemicals in the urine. Bouts of diarrhea cause rashes in most children. Diaper rashes occur equally with cloth diapers and disposable diapers.

## **How long will it last?**

With proper treatment these rashes are usually better in 3 days. If the rash does not improve with treatment, then your child probably has a yeast infection (Candida). If your child has a yeast infection, then the rash becomes bright red and raw, covers a large area, and is surrounded by red dots. You will need a special cream for yeast infections.

## **How can I take care of my child?**

### **Change diapers frequently:**

The key to successful treatment is keeping the area dry and clean so it can heal itself. Check the diapers about every hour, and if they are wet or soiled, change them immediately. Exposure to stools causes most of the skin damage. Make sure that your baby's bottom is completely dry before closing up the fresh diaper.

### **Increase air exposure:**

Leave your baby's bottom exposed to the air as much as possible each day. Practical times are during naps or after bowel movements. Put a towel or diaper under your baby. When the diaper is on, fasten it loosely so that air can circulate between it and the skin. Avoid airtight plastic pants for a few days. If you use disposable diapers, punch holes in them to let air in.

### **Rinse the skin with warm water:**

Washing the skin with soap after every diaper change will damage the skin. Use a mild soap (like Dove) only after bowel movements. The soap will remove the film of bacteria left on the skin. After using a soap, rinse well. If the diaper rash is quite raw, use warm water soaks for 15 minutes three times a day.

### **Nighttime care:**

At night use the new disposable diapers that are made with materials that lock wetness inside the diaper and away from the skin. Avoid plastic pants at night. Until the rash is better, awaken your baby once during the night to change the diaper.

### **Creams and ointments:**

Most babies don't need any diaper cream. However, if your baby's skin is dry and cracked, apply an ointment to protect the skin after you wash off each bowel movement. A barrier ointment is also needed whenever your child has diarrhea.

Cornstarch reduces friction and can be used to prevent future diaper rashes after this one is healed. Recent studies showed that cornstarch does not encourage yeast infections. A void talcum powder because of the risk of pneumonia if your baby inhales it.

### **Yeast infections:**

If the rash is bright red or does not start getting better after 3 days of warm water cleaning and air exposure, your child probably has a yeast infection. Apply Lotrimin cream (no prescription necessary) four times a day or after each bottom rinse for BMs.

### **How can I prevent diaper rash?**

Changing the diaper immediately after your child has a bowel movement and rinsing the skin with warm water are the most effective things you can do to prevent diaper rash.

If you use cloth diapers and wash them yourself, you will need to use bleach (such as Clorox, Borax, or Purex) to sterilize them. During the regular cycle, use any detergent. Then refill the washer with warm water, add 1 cup of bleach, and run a second cycle. Unlike bleach, vinegar is not effective in killing germs.

When should I call my child's health care provider?

Call IMMEDIATELY if:

The rash looks infected (pimples, blisters, boils, sores).

Your child starts acting very sick.

Call within 24 hours if:

- The rash isn't much better in 3 days.

The diaper rash becomes bright red or raw.

- You have other concerns or questions.

## **Normal Development 2 Weeks Old**

Here's what you might see your baby doing between the ages of 2 weeks and 2 months.

### **Movement**

- Movements gradually become smoother and more controlled.
- Lifts chin for a few seconds when lying on tummy.
- Cannot support head without assistant
- Grasps whatever is placed in hand.

### **Vision and Hearing**

- May follow some moving objects with eyes.
- Explores surroundings with eyes.
- Turns in direction of some sounds.

### **Interactive Behaviors**

- Gives more precise meaning to crying (hunger, discomfort, excitement).
- Cries when left alone; usually stops when picked up.
- Makes variety of gurgling and cooing sounds when happy and content.
  - Makes eye contact.
  - May quiet down in response to human face.
  - Responds positively to being held and comforted.
  - May smile socially at familiar faces and voices, especially mother's voice

Each child is unique. It is therefore difficult to describe exactly what should be expected at each stage of a child's development. While certain behaviors and physical milestones tend to occur at certain ages, a wide spectrum of growth and behavior for each age is normal. These guidelines are offered as a way of showing a general progression through the developmental stages rather than as fixed requirements for normal development at specific ages. It is perfectly natural for a child to attain some milestones earlier and other milestones later than the general trend. Keep this in mind as you review these milestones.

If you have any concerns related to your child's own pattern of development, check with your family physician.