

**COLLEGE OF SOUTHERN IDAHO HEAD START/EARLY HEAD START**

998 Washington St. N.  
PO Box 1238  
Twin Falls, Idaho 83303-1238  
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**Anticipatory Guidance for the 2 Month Well Child Physician Visit**

Date \_\_\_\_\_

My baby is \_\_\_\_\_ weeks old. He/she weighs \_\_\_\_\_

and is \_\_\_\_\_ long and has a head circumference of \_\_\_\_\_.

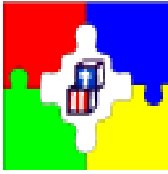
**At this visit you can expect:**

- Your baby will be weighed and his or her length and head circumference will be measured.
- Your baby will be undressed for a full physical exam.
- Your baby's vision and hearing will be checked.
- Your baby's development will be checked.
- Your baby may have a Metabolic/Hemoglobin Screening if it was not done at the 3-5 day newborn visit.
- Immunizations: The deadline for these immunizations is 3 months of age. Please provide Home Visitor with a copy of completed immunizations after the exam. Ask your provider about these immunizations:

- Hepatitis B-#1 (due at birth up to 3 months old)
- Diphtheria, Tetanus and Pertussis (DTaP)-#1 (due at 6 weeks old up to 3 months old)
- Inactivated Polio-#1 (due at 6 weeks old up to 3 months old)
- Rotavirus-#1 (due at 6 weeks old up to 3 months old)
- Haemophilus influenzae Type b (Hib)-#1 (due at 6 weeks old up to 3 months old)
- Pneumococcal-#1 (due at 6 weeks old up to 3 months old)

**You might want to discuss with your provider:**

- Any illnesses your baby has experienced, any visits to another provider and any emergency room visits.
- Observations you have made about your baby's vision, hearing and development.
- Your baby's changing sleep habits.
- How feeding is going and any growth spurts you have noticed.
- Ask your provider to check your child's mouth for any cuts, sores, white spots, blisters or swelling of the gums.
- Changes in your family. Your plans to return to work or school.
- Developmental Milestones: See CDC Chart.



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**Infant Nutritional Screening and Anticipatory Guidance**

*To be completed within 45 days of enrollment and following each age interval of: Newborn, 2, 4, and 6 months of age.*

**Breastfeeding:**

In the last 24 hours how many times did your baby nurse?

How long do feedings last?

Do you offer 1 breast or 2 breasts at feedings?

Do you have a comfortable feeding position for you and baby? If yes what?

Is your baby taking any vitamin supplements?

Are you feeding your baby formula in addition to breast feeding?

*If yes, what type and how many ounces in 24 hours?*

**Formula:**

How many ounces does your baby drink in 24 hours?

How many ounces do you offer at a feeding?

Tell me how you mix your formula?

How do you store formula? What do you do with leftover formula?

How do you hold your baby when feeding?

Do you put your baby to bed with a bottle?

Do you prop the bottle for the baby to feed when you are not holding him or her?

**All Babies:**

How many wet diapers/ per day?

How many dirty diapers/ per day?

Color of stool?

Does your baby have diarrhea? Constipation?

How do you know when your baby is hungry?

Do you use a pacifier for your baby?

Do you offer anything other than breast milk of formula?

**Babies 2 months and up:**

How often does your baby wake to feed at night?

Do you have concerns about breast feeding your baby when you are away from school/work?

Do you have other questions about feeding your baby?

**Babies 4 months and up:**

Besides breast milk or formula, what does your baby eat or drink?

Are you concerned about allergies?

Are you interested in a information about introducing foods to baby or making your own foods? *WIC offers a First Foods Class for children 1-6 months old.*

What have you heard about introducing baby foods?

**Babies 6 months and up:**

Has your baby started to teeth and has that affected feedings?

Does baby show readiness to drink from a cup?

Child Name \_\_\_\_\_

Date \_\_\_\_\_

FE Name \_\_\_\_\_