
Baby development: Your 2 week old

REVIEWED BY DR. KRISTIE RIVERS, MD, FAAP, BUNDOO PEDIATRICIAN AND DR. JEN LINCOLN, MD, IBCLC, BUNDOO OB/GYN

You may have spent almost every minute of the past two weeks with your baby. You've probably already started to adjust to your new schedule of waking and sleeping at strange times, and hopefully you're almost an old pro already at the feeding thing, whether you're **breastfeeding** for **formula feeding**.

At this stage, most new parents' questions center on sleeping and feeding. New babies at this age sleep a tremendous amount—and that's perfectly normal and healthy. Although they don't sleep for long periods, it's not uncommon for a **newborn at this stage** to be sleeping or drowsing seemingly most of the day. In fact, in the first few weeks, a baby may only have a few minutes of alertness in every hour, giving you only a slice of precious time to get to know your baby when he or she is awake. This can even extend to feeding, when your baby may seem to doze through feedings, only to cry if the nipple is removed.

If this sounds familiar, don't worry! This sleepiness is important. Your baby is doing the hard work of recovering from birth and beginning to grow and slowly awaken to the world. It won't last too long—by the end of about the first month, your baby's periods of alertness will be measured in hours rather than minutes and he or she will be much more engaging company. In the meantime, this gives you a great opportunity to get **caught up on sleep** yourself.

Your baby at 2 weeks

Two-week-old babies are little eating, sleeping, and pooping machines. But that doesn't mean incredible things aren't happening as your baby gains strength and awareness. As long as the days feel to you, the changes your baby is experiencing now are anything but gradual—over the next few weeks, a healthy and developmentally normal baby will experience a burst of progress.

Perhaps to kick-start things, your baby was born with a few reflexes that are designed to protect them and perhaps nudge along new parents. You might have noticed some of these already, whether you recognized them as natural reflexes or not:

- **Startle reflex.** This is often called the Moro reflex and usually occurs as a result of a loud noise. When this reflex is stimulated, your baby will fling out both arms and legs, tilt the head back, cry, and then pull everything back in. The startle reflex goes away around 6 months of age.
- **Plantar reflex.** Sometimes called the Babinski reflex, this reflex is stimulated by gently stroking the bottom of the foot. In response, the big toe will curl up and back and the other toes will spread out.
- **Rooting reflex.** This reflex is stimulated by gently stroking the corner of your baby's mouth. Your baby will turn to the direction of the stroking and begin attempting to suck. This reflex helps with feeding behavior.
- **Sucking reflex.** Sucking is stimulated by light pressure, such as that applied by a nipple, to the roof of your baby's mouth. This reflex develops while your baby is still in utero but is not fully developed until around 36 weeks' gestation. Premature babies may have an underdeveloped suck reflex.
- **Walking reflex.** Sometimes called the step reflex, this reflex is stimulated by holding your baby upright and keeping his or her feet in contact with a solid surface. Your baby's legs will look like they are walking.
- **Palmar grasp reflex.** This is an especially delightful reflex. In response to stroking your baby's palm, as with a finger, your baby will automatically grasp your finger. This reflex also lasts until about 6 months of age.
- **Tonic neck reflex.** This one is often called the fencing reflex because of the pose your baby assumes when his or head is gently turned to one side. When this happens, the arm on the side the head is facing will stick straight out (as if holding a fencing sword), and the other arm will bend at the elbow. This reflex disappears around 6 months of age.

Your recovery

Hopefully the worst of the first-week symptoms, including the worst of the pain and the heaviest bleeding, have already begun to recede—but if you're like most moms, you still aren't quite back to yourself yet, and you shouldn't expect to be. Ongoing signs of recovery may include aches and pains, wound care from **vaginal tearing** or a C-section, and leaking breasts.

Leaking breasts are perfectly normal at this stage. Nursing pads are a great idea to protect your clothing, but be sure to change them frequently so your nipples don't become prone to infection because they stay wet. If you're still experiencing **breast engorgement** (which is more than just breast fullness), you should contact your healthcare provider to learn how to deal with this.

It's also normal to still experience some **vaginal bleeding** for up to 6 weeks postpartum. It should be greatly reduced from the days immediately after birth, and the blood should be different in color, either darker brown or light pink. If you're still experiencing heavy bleeding (soaking more than a pad an hour for two hours straight or passing large clots) with bright red blood, you should contact your healthcare provider.

Finally, you may still be experiencing perineum pain. Ice packs can work wonders, along with warm baths, avoiding constipation, sitting on pillows, and taking it easy. Tucks pads can also help reduce swelling and pain, and if you feel like you still need pain medications, ask your provider what options are good at this point.

Keep in mind that if you've had a C-section, your recovery is going to take much longer. It is very important to not overdo it at this point and to follow the strict instructions your doctor gave you when you were discharged so that you don't interfere with the healing process.

Dr. Jen Lincoln, Bundoo OB/GYN, helps you identify the red flags of postpartum depression.

Reviewed by Dr. Sara Connolly, July 2019