HEALTH BASICS

Developmental milestones record - 2 months

A two-month developmental milestones record documents abilities commonly observed in a young baby.

WHAT IT IS
A checklist of development commonly seen around two months

WHERE IT COMES UP
Two-month checkups and parent-held child health records

WHY IT MATTERS
Helps identify development that deserves closer review

WHAT IT IS NOT
Not a disease or diagnostic test

WHO TO ASK
Pediatrician, family doctor, or child health nurse

HOW IT IS CHECKED
Caregiver report and observation, sometimes standardized screening

Overview

A developmental milestones record is a paper or electronic checklist used to note what a baby can do at a certain age. The two-month record covers early social, communication, movement, hearing, and visual skills.

It is not a test that a baby passes or fails. It is also not a diagnosis. Babies develop at different rates, and one missing milestone does not by itself mean that something is wrong.

The US Centers for Disease Control and Prevention defines its listed milestones as things that most children-at least 75%-can do by a given age. These lists are useful starting points, but they do not cover every skill or replace a clinical assessment.

A two-month record may be completed before or during a routine checkup. You may fill in what you have seen at home, while a clinician may observe how your baby moves, looks, listens, and interacts.

Age needs careful interpretation for a baby born early. A clinician may assess development using corrected age , which accounts for how many weeks early the baby was born. This can give a fairer picture during the first years of life.

How it works

Development is usually reviewed through developmental surveillance . This means gathering information over time rather than relying on one result. It includes your observations, the baby's medical history, the clinician's examination, and any concerns raised by caregivers.

At around two months, commonly recorded milestones include whether a baby:

These are examples, not a complete description of two-month development. A baby may show a skill clearly one day and not show it during an appointment because they are tired, hungry, unsettled, or focused elsewhere.

A milestone record is different from developmental screening . Screening uses a validated questionnaire or structured tool to look more closely at development. The American Academy of Pediatrics recommends developmental surveillance at routine health visits and standardized screening at specific ages, or whenever a concern arises. A milestone checklist can support this process, but it is not itself a substitute for screening.

A clinician may also consider factors that affect what can be observed. These include premature birth, recent illness, feeding difficulties, opportunities for floor play, and hearing or vision concerns.

- Calms when spoken to or picked up
- Looks at a caregiver's face
- Appears pleased when a familiar caregiver approaches
- Smiles when someone talks or smiles
- Makes sounds other than crying
- Reacts to a loud sound
- Watches a person move
- Looks at an object for several seconds
- Holds the head up while lying on the tummy
- Moves both arms and both legs
- Opens the hands briefly

Why it matters for your health

The record helps you and your baby's healthcare team notice patterns. Repeated records can

show that skills are continuing to emerge, or that a particular area needs more attention.

Early communication and social milestones give information about how a baby responds to voices, faces, and interaction. Movement milestones show early head control and whether both sides of the body appear active. Responses to sound and visual tracking can raise questions about hearing or vision.

A concern recorded at two months does not establish the cause. The next step may simply be to observe the baby again. In other cases, a clinician may examine hearing, vision, muscle tone, movement, feeding, or growth more closely.

Identifying a concern early can make it easier to arrange an appropriate assessment. It can also reduce uncertainty by showing that a skill is present but was not seen during a brief appointment.

What can go wrong

A milestone record can be incomplete or misleading. You may not have had a chance to see a particular behavior, or different caregivers may interpret the same behavior differently. Checking "not yet" means the skill has not been observed; it does not automatically mean that the baby cannot do it.

Missing or unusual milestones can sometimes relate to named conditions or situations, including:

These possibilities cannot be separated by a checklist alone. Assessment may involve observation, a physical examination, hearing or vision testing, or a formal developmental screening tool.

Mention a concern at a routine appointment if a skill has not appeared but your baby otherwise seems well. Contact your baby's healthcare service sooner if your baby loses a skill they previously used, consistently does not respond to sound, moves one side much less than the other, or you are worried about their alertness, feeding, or interaction. You do not need to wait for the next scheduled checkup.

A developmental concern is not usually an emergency by itself. Seek emergency help for severe breathing difficulty, blue or grey lips or skin, a seizure, or a baby who cannot be woken normally. A temperature of 38°C or higher in a baby younger than three months needs urgent medical assessment. These signs are medical concerns, not developmental milestones.

- Developmental delay, meaning skills are emerging later than expected
- Hearing loss or reduced response to sound

- Vision problems that affect looking or tracking
- Motor disorders that affect movement, strength, or muscle tone
- Premature birth, which changes how developmental age is interpreted
- Illness, feeding problems, or low alertness that limits interaction

What you can do

Complete the record using behaviors you have actually seen. If you are unsure, write "not seen yet" rather than trying to force a yes-or-no answer.

Observe your baby when they are awake, calm, and comfortable. Skills may be easier to notice during feeding, face-to-face interaction, nappy changes, or supervised floor time.

For movement milestones, offer short periods of tummy time while your baby is awake and watched by an adult. Stop if the baby falls asleep, and place them on their back in their own sleep space. Tummy time is an opportunity to move and practise head control, not a test the baby must complete.

Keep useful details with the record. Note when you first saw a behavior, whether it happens often, and whether both sides of the body move similarly. A short video may help a clinician understand a movement or response that does not happen during the appointment.

You can ask:

Do not deliberately make very loud noises to test hearing or repeatedly push a tired baby to perform a skill. If the record is complete and you have no concerns, there may be nothing more to do beyond taking it to the routine checkup and continuing normal interaction and supervised play.

- Should corrected age be used because my baby was born early?
- Does this observation need follow-up or formal screening?
- Should hearing, vision, movement, feeding, or muscle tone be checked?
- When should this skill be reviewed again?

Common questions

Does my baby need to show every listed milestone exactly at two months?

No. Milestone ages are reference points, not deadlines. What matters is the overall pattern,

including whether new abilities continue to emerge. Corrected age may be relevant after premature birth.

Does a missing smile mean my baby has a developmental condition?

Not by itself. A baby may smile less when tired, hungry, unwell, or overstimulated. Record what you have observed and discuss it with a clinician, especially if you also notice limited eye contact, little response to voices, or other concerns.

Can the record diagnose hearing or vision loss?

No. It can show that further checking may be useful. Hearing and vision concerns require appropriate clinical assessment and, when indicated, specific tests.

What if my baby did something once but has not repeated it?

You can record when it happened and watch for it again. Early skills may be inconsistent. If a baby clearly loses an established ability, contact their healthcare service promptly.

Is a phone app the same as a medical record?

Not always. An app can help you remember observations, but its checklist may use different milestone definitions. Bring the information to a routine appointment rather than treating an app result as a diagnosis.

Should I compare my baby with another baby of the same age?

Direct comparisons are often unhelpful. Use your baby's own pattern over time, the milestone record, and clinical advice. Babies born early may need comparison by corrected rather than calendar age.

Sources

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- Eunice Kennedy Shriver National Institute of Child Health and Human Development. "Tummy Time." Safe to Sleep.