I am 8 weeks old

My development - Learn the Signs. Act Early.

(what most babies do at this age)

Social/Emotional Milestones	
□ Calms down when spoken to or picked up	
□ Looks at your face	
□ Seems happy to see you when you walk up to them	
□ Smiles when you talk to or smile at them	
Language/Communication Milestones	
□ Makes sounds other than crying	
□ Reacts to loud sounds	
Cognitive Milestones (learning, thinking, problem-solving)	
Cognitive Milestones (learning, thinking, problem-solving) ☐ Watches you as you move	
□ Watches you as you move	
□ Watches you as you move□ Looks at a toy for several seconds	
 □ Watches you as you move □ Looks at a toy for several seconds Movement/Physical Development Milestones 	
 □ Watches you as you move □ Looks at a toy for several seconds Movement/Physical Development Milestones □ Holds head up when on tummy 	

Other important things to share with your Child and Family Health Nurse or GP

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills they once had?
- Does your baby have any healthcare needs or were they born prematurely?

You know your baby best. Don't wait. If your baby is not meeting one or more milestones, has lost skills they once had, or you have other concerns, act early. Talk with your Child and Family Health nurse or GP, share your concerns, and ask about developmental screening.

My personal health record

Download the Love, Talk, Sing, Read, Play app for ideas to spending time with your child. Available on Android and iPhone.

Language adapted for Australian English by NSW Ministry of Health. Original content provided by the U.S. Centers for Disease Control and Prevention's *Learn the Signs*. *Act Early*. Program (www.cdc.gov/ActEarly; February 2022).

For more great ideas on how to support my development, download the Bright Tomorrows app https://www.brighttomorrows.org.au/

Additional questions for parents/carers

Answer these questions before you visit your nurse or doctor for the 6 to 8 week health check.

I have had my postnatal check	No Yes
My baby was also checked	No Yes
I have concerns about my baby	Yes No
I have completed the health risk factor questions on page 22	No Yes
I am concerned about my baby's hearing	Yes No
Others have said they are concerned about my baby's hearing	Yes No
My baby turns towards light	No Yes
My baby smiles at me	No Yes
My baby looks at my face and makes eye contact with me	No Yes
I have noticed that one or both of my baby's pupils are white	Yes No
My baby and I enjoy being together	No Yes
I read, talk to and play with my baby	No Yes
My baby is exposed to smoking and/or vaping	
in the home or car	Yes No
I place my baby on their back for sleeping	No Yes

If you circled any answer in the first column, please tell your doctor or child and family health nurse.

Health professional to complete:	Normal	Review	Refer

My personal health record

Feeding	Yes	No		
Since this time yesterday, did your baby receive breast milk?				
Since this time yesterday, did your baby receive any of the following?				
a) Vitamins OR mineral supplements OR medicine (if required)				
 b) Plain water OR sweetened/flavoured water OR fruit juice OR tea/infusions 				
c) Infant formula OR other milk (e.g. cows milk, soy milk, evaporated milk, condensed milk etc)				
d) Solid OR semi-solid food				
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You may wish to talk to your nurse or doctor about how you are feeling emotionally and physically, and you may have questions about how best to care for your baby. Parent notes				
Parent notes				