

THREE- TO FOUR- MONTH TYPICAL DEVELOPMENT CHECKLIST (@Diane Bahr)

Place a check mark next to the characteristics you see in your three- to four-month-old baby

Typical 3- to 4- Month-Old Baby	YES	NO
MOUTH/FEEDING DEVELOPMENT		
Anterior tongue & Babkin reflexes seem to fade (3-4 months)		
Locates the breast nipple frequently without rooting reflex (3-6 months)		
Controls gag reflex during mouthing & feeding experiences (4-6 months)		
Has closed mouth & easy nose breathing during sleep & when mouth is inactive/empty		
Rests tongue in the roof of the closed mouth to help maintain the broad palate shape		
Is free of tethered oral tissues (tongue, lip, and/or cheek tie)		
Has good suck-swallow-breathe coordination (3-4 months)		
Sequences 20 or more sucks without a pause (different in breastfeeding than bottle feeding)		
May cough or choke occasionally (3-4 months)		
Recognizes the bottle (3- 4 months)		
Pats bottle or breast with hand(s) at 3 to 4 months		
Takes sips from an open cup held by the parent or care provider (4-6 months)		
Uses increased lip control & movement (4-6 months)		
Begins using jaw, lip, cheek, & tongue muscles independently		
Uses mostly generalized mouthing to explore appropriate toys & fingers		
Brings an appropriate object to mouth around 4 months		
BODY DEVELOPMENT (Typical 3- to 4- Month-Old Baby)		
When on the Stomach (Typical 3-Month-Old)		
Rests arms symmetrically around the head		
Lifts the head in the middle (midline) at 45- to 90- degree angles without bobbing		
Shifts body weight from side-to-side as head moves to left or right & may roll to the side		
Visually tracks an object horizontally across 180 degrees while looking upward		
Props & bears weight on forearms with elbows in line with or in front of the shoulders <i>(crucial for shoulder development)</i>		
Lifts the chest & lowers the hips		
May make finger scratching movements or swimming motion with body & legs when seeing a toy		
Lowers head & shoulders when raising the hips (weight is shifted forward & minimal kicking occurs)		
When on the Stomach (Typical 4-Month-Old)		
The flexion/bending part of the tonic labyrinthine reflex seems to disappear (become integrated by the brain)		
Controls head/neck, spine, hips, & shoulders to lift head 90-degrees, lift chest, arch lower back, & place weight on the forearms		
Has front-to-back body movement, & pivots extended/stretched body to place weight on forearms		

Maintains propped/lifted body position when head/neck are bent downward (flexed) contributing to abdominal muscle & rib cage development, as well as hip stability		
Rolls from stomach to side with weight shift		
Has increasing eye muscle control related to head control; visual attention leads head & eye movements		
Alternates between extending & bending legs to develop hip, leg, knee, & ankle muscles		
When Lying on Each Side of the Body (Typical 4-Month-Old)		
The flexion/bending part of the tonic labyrinthine reflex seems to disappear (become integrated by the brain) around 4 months		
Demonstrates a good balance of bending & extending body when lying on each side (<i>significant developmental milestone</i>)		
Develops rib cage shaping/contouring by bearing/supporting body weight against gravity along with the pull/action of the oblique abdominal muscles		
Develops side bending with new head positions		
When on the Back (Typical 3-Month-Old)		
Moro/Startle reflex begins to disappear (become integrated by the brain) between 3 & 6 months		
Has head close to or in midline (middle of body), & begins to tuck chin toward chest & look downward		
Rotates head from side-to-side while lengthening back of neck; may turn body onto side		
Looks at a toy in midline/middle with increasing attention, & may swipe at it		
Visually follows a toy/face horizontally from side-to-side		
Typically has hands open with wrists & fingers spread		
Shows increase in hands & eyes working together (eye-hand coordination)		
Demonstrates increase in moving just enough for an activity (grading) & moving one body part separate from another (dissociation)		
Brings hands to the body in an increasingly coordinated manner, & begins to gain control over palmer grasp reflex		
Uses hands with increasing intention to explore own mouth, body, clothing, & care-providers (body awareness/touch experiences)		
Often has feet together for body awareness/touch experience (frog-legged position)		
Stretches hip, leg, knee, & ankle muscles when moving legs		
When on the Back (Typical 4-Month-Old)		
Moro/Startle reflex seems to disappear (become integrated by the brain) between 3 & 6 months		
The flexion/bending part of the tonic labyrinthine reflex seems to disappear (become integrated by the brain) around 4 months		
The asymmetric tonic neck reflex seems to disappear (become integrated by the brain) between 4 & 6 months		
Moves trunk/core as a unit in slight bending & extending/stretching related to abdominal & hip movements (lowers spine & lifts hips)		
Maintains head in midline/middle with tucked chin & elongated neck; neck & shoulder stability needed for tongue & jaw development/movement		
Looks downward when lowers chin		

Moves head toward side of sound and/or visual stimulation		
Body follows head movement to roll body to the side		
Follows & fixes eyes on objects without head movement		
Moves arms & legs actively, symmetrically, & in synchrony		
Brings hands to middle of body & other body parts developing body awareness, hand use, & beginning eye-hand coordination for reaching & grasping		
Reaches toward toys, & holds lightweight toys placed in hands		
Bang, shakes, & brings appropriate toys to mouth with hands		
Mouths appropriate toys <i>discriminating shape, size, & texture</i> (typifies/assists mouth & tongue sensation/awareness used in future feeding, eating, drinking, and speech)		
Kicks legs with increasing coordination stretching hip, leg, knee, ankle, & toe muscles		
Shifts weight to side when foot placed on opposite knee, & can roll to side with flexion/bending		
Foot-on-foot play & pushing with the feet increases body awareness		

Primary References

- Bahr, D. (2018). *Feed your baby and toddler right: Early eating and drinking skills encourage the best development*. Arlington, TX: Future Horizons.
- Bahr, D. C., & Hillis, A. E. (2001). Neurological and anatomical bases. In D. C. Bahr *Oral motor assessment and treatment: Ages and stages* (pp. 1-41). USA: Pearson College Division.
- Bly, L. (1994). *Motor skills acquisition in the first year: An illustrated guide to normal development*. USA: Psychological Corp.
- Feldenkrais, M. (1972). *Awareness through movement* (Vol. 1977). New York: Harper and Row.
- Morris, S. E., & Klein, M. D. (2000). *Pre-Feeding skills: A comprehensive resource for mealtime development*. (2nd ed.). San Antonio, TX: Therapy Skill Builders.
- Neuro Restart (2019). Primitive reflexes. Retrieved from <http://www.neurorestart.co.uk/primitive-reflexes/>
- Vulpe, S. G. (1994). *Vulpe assessment battery-revised: Developmental assessment, performance analysis, individualized programming for the atypical child*. East Aurora, NY: Slosson Educational Publications.

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