

Signs of delayed milestones by month



How to use month-by-month milestones

Developmental milestones are observable skills most children achieve by a certain age, such as smiling, lifting the head, sitting, babbling, pointing, or walking. They reflect maturation of the nervous system, muscles, senses, communication pathways, and social learning. A single late skill does not always mean a developmental delay, especially if the baby is otherwise progressing and interacting well.

Clinicians usually look for patterns. A concern becomes stronger when delays occur in more than one domain, when a baby seems unusually floppy or stiff, when movement is consistently one-sided, when feeding is difficult, or when there is developmental regression in babies. Regression means a baby loses a skill they previously used, such as stopping babbling, no longer making eye contact, or losing the ability to sit.

For babies born early, corrected age for preterm babies matters. A baby born 8 weeks early may be expected to reach some early milestones closer to their due-date age than their birth-date age. Your pediatrician can clarify which timeline is appropriate.

Birth to 2 months: early regulation, feeding, and sensory response

In the first weeks, newborn development centers on feeding, sleep-wake regulation, reflexes, early visual attention, and response to sound. Many newborn movements are jerky and reflexive, but babies should gradually show periods of alertness and engagement.

Discuss concerns with a clinician if you notice persistent feeding difficulty in young infants, such as weak sucking, poor latch, tiring quickly with feeds, coughing or choking repeatedly, or poor weight gain. Also mention if your baby rarely wakes for feeds, seems extremely irritable or unusually difficult to soothe, or has a cry that feels weak, high-pitched, or notably different from usual.

Possible signs to raise at this age include not responding to loud sounds, not briefly focusing on faces or high-contrast objects, not moving both arms and legs, or appearing very stiff or very floppy.

Infant visual tracking concerns may include no attempt to look toward a caregiver's face or no brief tracking of movement by about 2 months.

Head shape preference, persistent turning only one way, or strongly asymmetric movement should be discussed, especially if it interferes with feeding or comfort.

3 to 4 months: head control, social smiling, and early sounds

By 3 to 4 months, many babies are more socially responsive. They may smile to engage, coo, turn toward familiar voices, lift the head during supervised tummy time while awake, and bring hands toward the mouth. Head control is still developing, but it should be improving.

Possible signs of delayed milestones include poor head control, little effort to lift the head when placed on the tummy, hands that remain tightly fistled most of the time, or legs that seem unusually stiff or scissored. A baby who does not smile socially, does not make vowel-like sounds, or does not seem to notice caregivers may need closer evaluation.

Hearing and vision are important at this stage. Limited response to sound, no startle to loud noise, or lack of visual tracking should be discussed with the

pediatrician. Sometimes the issue is not cognitive or social development but an unrecognized hearing or visual problem that needs targeted assessment.

5 to 6 months: rolling, reaching, and shared interaction

Around 5 to 6 months, babies often become more purposeful. Many reach for toys, bring objects to the mouth, roll in at least one direction, laugh or squeal, and show interest in people and surroundings. Variation is common, but the overall trend should be toward stronger movement and more intentional communication.

Consider asking for guidance if your baby does not reach for objects, does not bring hands or toys to the mouth, seems unable to roll in either direction, or has persistent head lag when pulled gently toward sitting. Gross motor delay in infancy may show up as poor trunk control, little weight-bearing through the legs when supported, or very limited antigravity movement.

Social and communication signs matter too. If your baby rarely smiles, rarely vocalizes, does not respond to affectionate interaction, or seems difficult to engage, describe this clearly at the next visit. Pediatricians may use developmental screening questionnaires to decide whether observation, referral, or further evaluation is appropriate.

7 to 9 months: sitting, object play, and babbling

Between 7 and 9 months, babies often sit with less support, transfer objects between hands, explore toys, respond to their name, and babble repeated sounds such as "ba," "da," or "ma." They may also show stranger awareness and enjoy back-and-forth play.

Signs to discuss include not sitting with support by around 9 months, not bearing weight on legs when held upright, not rolling, or using one hand far more than the other before clear hand preference is expected. Persistent infant movement asymmetry can sometimes reflect weakness, tone differences, pain, or neurologic concerns and should not be dismissed as personality.

Fine motor development in infancy concerns may include not reaching, not grasping toys, not transferring objects, or keeping hands closed most of the

time.

Language delay signs in babies may include little babbling, no response to name, or no turn-taking sounds.

Social-emotional concerns may include limited eye contact, little enjoyment in social games, or minimal response to familiar caregivers.

10 to 12 months: mobility, gestures, and first words

By 10 to 12 months, many babies crawl, pull to stand, cruise along furniture, use a pincer grasp, look for hidden objects, wave, clap, point, or say simple words like "mama" or "dada" with meaning. Not every baby does all of these at the same time, but gestures and shared attention are especially important early communication milestones.

Ask your pediatrician about possible delay if your baby is not sitting independently, is not trying to move by crawling, scooting, rolling, or pivoting, cannot support weight through the legs when held, or has no interest in reaching and exploring. Also discuss if your baby does not use gestures such as waving or pointing, does not look where you point, does not respond to their name, or has no consonant babbling.

Loss of previously acquired skills at this age is a particularly important warning sign. If a baby stopped babbling, stopped making eye contact, lost sitting ability, or no longer uses a hand as before, seek prompt medical advice rather than waiting for the next routine appointment.

13 to 18 months: walking, problem-solving, and early language

In the second year, development becomes more visibly connected to independence. Many toddlers walk, squat to pick up objects, place items into containers, point to request or show interest, imitate household actions, follow simple directions, and use several meaningful words. Some walk later than others, but mobility should continue to progress.

Possible signs of delayed milestones include not pulling to stand by around 12 months, not walking by around 18 months, walking only on the toes in a persistent pattern, or seeming unusually stiff, floppy, or uncoordinated. Repeated falls are normal during learning, but a child who cannot bear weight,

has marked asymmetry, or seems to lose strength needs evaluation.

For speech and social communication, bring up concerns if your child has no meaningful words by around 15 to 18 months, does not point to show interest, does not imitate, does not follow simple familiar instructions, or seems not to understand common words. A hearing evaluation for speech delay is often part of the assessment because hearing differences can strongly affect receptive and expressive language.

What to do if you are concerned

If you are worried, you do not need to wait and see in silence. Write down the specific concern, the age you first noticed it, whether it is improving, and whether it affects feeding, sleep, play, movement, or communication. Short videos can be helpful because babies may not show the behavior during a brief appointment.

Ask your child's pediatrician about developmental screening, hearing or vision evaluation, physical or occupational therapy assessment, speech-language pathology assessment, or an early intervention referral for babies. Early intervention is not a sign that something is "wrong" with your child; it is a support system designed to strengthen emerging skills during a highly plastic period of brain development.

Trust your observations while also holding space for normal variation. Parents are often the first to notice subtle patterns, and clinicians can help separate typical differences from signs that deserve monitoring or referral.