

SIX MONTH VISIT

DEVELOPMENT

1. Your infant can now roll over well from front to back and from back to front, sits well with support and may be able to sit without support, actively reaches for objects and puts them into his or her mouth, transfers objects from one hand to the other, babbles well and may have a fear of strangers. Their increasing mobility and awareness of their surroundings are placing increasing demands on their parents' time. Infants are learning to manipulate their surroundings and those around them.
2. Talk to your baby. Read to him or her.
3. During the next few months, your infant will learn to crawl, pull up to standing, walk with support, say "mama" and "dada", wave bye-bye, play pat-a-cake and develop a fear of strangers.
4. Please complete the PEDS Response Form to help us assess your child's development. We recognize that some of the questions are not relevant to your child at this age.

DIET

1. If you have not already done so, introduce solids to your infant. At this age, your infant will require a balanced diet of cereal, fruits, vegetables and meats. We suggest you prepare your own foods. Do not add salt or sugar to your infant's food. As your infant's ability to chew and swallow without gagging improves, progress from strained to coarsely ground food.
2. Continue breast or formula feedings before or after offering solids. As infants eat more, they will drink less. There is no specific amount of breast milk or formula an infant needs as long as a balanced diet is taken. Eight to twelve ounces is sufficient and more than a quart is too much.
3. Sometime after six months infants have a marked decrease in appetite as their growth rate decreases. This is normal and should not be a source of parental anxiety. Your infant will eat what is needed if offered a well balanced diet. Obesity is a major health problem. Do not over feed your infant.
4. Weaning may begin when your infant can drink from a cup and sit well without support. Bottles and nursing after meals are the easiest to eliminate if your infant is satisfied after eating solid foods. Late night bottles can be eliminated when the infant falls asleep on his or her own.
5. Begin or continue vitamin and/or fluoride supplement if prescribed.

SAFETY

1. As your infant becomes more mobile, the need for a safe environment increases.
2. Always use an approved car seat placed in the back seat facing backward.
3. Do not leave infant unattended on a changing table, sofa, or bed, in the bath or in an infant seat on the table.
4. Keep plastic bags, safety pins, buttons, etc., out of infant's crib and off of the changing table.
5. Your home should be protected by smoke and carbon monoxide detectors.
6. Beware of hot liquids around your infant.
7. Be sure side rails on crib are up.
8. Check toys for small parts, parts that easily break or come off.
9. Do not hold anything else when holding your baby.
10. Cover electrical outlets. Do not allow your infant to play with electrical cords.

11. Give your baby a smoke-free household. Cigarette smoke has been shown to cause an increased risk of respiratory infections, ear infections, asthma and Sudden Infant Death Syndrome.
12. Poison Control Center telephone 1-800-222-1222.

TEETHING

1. Most infants do not erupt teeth until after 6 months of age.
2. The following signs have been associated with teething: excessive drooling, poor sleep, cough, congestion, runny nose, low grade fever (less than 101 degrees), spitting up, loose stools, and irritability. Treatment consists of providing something hard on which the infant may chew such as a teething ring. If this does not provide relief, the use of the analgesic acetaminophen may be beneficial. Use of Orajel or similar products is NOT recommended. Temperatures greater than 101 degrees cannot be blamed on teething.

SLEEP

1. The American Academy of Pediatrics recommends that full term healthy infants be placed down for sleep on their backs.
2. Some infants are sleeping through the night at this age and others are not. Infants who are fed at bedtime should be held rather than put into bed with a bottle. Infants placed into bed should not be allowed to get up. They may have to be sung to or have their backs rubbed to get them to sleep. Some parents prefer to rock their infants to sleep in their arms. This is okay as long as you recognize that you are developing a habit that may be difficult to break. Do not bring your infant into bed with you. Parents who do this usually regret it. Infants who awaken at night and roll over should be changed if wet and placed back in the crib. If this is unsuccessful, and the infant has never slept through the night, additional feeding may be required. Infants who get up and play at night should not be rewarded with your presence. They will eventually go back to sleep if left alone.
3. The duration and timing of naps is variable. You will recognize when your infant is tired. Use a crib for sleeping. An infant seat on top of a table is not a safe place for an infant to sleep.
4. The American Academy of Pediatrics recommends 12-16 hours of sleep, including naps, per day at this age.

PROCEDURES

1. The American Academy of Pediatrics recommends that fluoride varnish be applied every 3-6 months to the teeth of infants between the ages of 6 months and 5 years. Please discuss this recommendation with your physician.

IMMUNIZATIONS

1. Please notify the physician if your infant has had a reaction to any previous immunizations. Today your infant will receive:
 - a. Pediarix (Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio, Hepatitis B).
 - b. Prevnar (Pneumococcal conjugate).
 - c. HiB (Haemophilus influenza type b).
 - d. Rotateq (Rotavirus RV5).
 - e. Influenza (flu) vaccine if available
2. Infant Acetaminophen in appropriate dosage for weight (12-17 lbs, 2.5mL; 18-23 lb, 3.75mL) may be given as needed for fever or irritability. Prolonged or severe reactions should be reported to the office

NEXT OFFICE VISIT: At 9 months of age.

Parent/Guardian must accompany infant to all visits.

Copies of this and all Handouts may be found on our website at www.tri-countypediatrics.com