

INFANT CARE: 6 months

Drs. Padgett, Bell, Thomas

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Development

Your baby is getting around now. He can roll over and is starting to creep forward or backward. She will sit with a little or no support when placed in the sitting position. Your baby will retrieve toys or other objects through a raking motion of his hand and will put them straight into his mouth! Sometimes she will transfer the toy from one hand to the other. He may be able to hold his own bottle. He can find his feet and put them in his mouth too!

She may have stranger anxiety. Separations may be accompanied by brief crying protestations because she is realizing that you do not disappear when you are out of view. Telling him where and when you are going does not make separations easier but establishes good habits for the future.

She will turn to sounds which are not in sight. He will be upset when a toy is lost. He will initiate vocalizing and will imitate coughing or blowing bubbles. She may talk even when no one else is around.

She should look at and follow you with both eyes now. You should not notice either eye wandering or “jiggling” back and forth.

Toys like pots and pans, clothespins, baskets, books with sturdy pages, balls, toys that disappear and reappear or change when rolled, rolled socks, toys that nest are all going to be enjoyed in the next few months.

You can start playing peek-a-boo and pat-a-cake. By 9 months he will enjoy waving and clapping and responding to “how big is baby”?

Immunizations

Discuss any questions with your doctor. It is not recommended to give tylenol or ibuprofen for fever or pain as these diminish the effectiveness of the immunizations.

Feeding

Your baby still receives his primary nutrition from breast milk or formula - about 5 or 6 feedings daily. (Even if your baby starts to hold the bottle with you, please do not prop it up or allow him to hold it unless he is in your lap.) But this will change in the next few months.

Try the cup (or water bottle or cup with straw) with some breast milk or formula or water. Juice is not necessary and not recommended.

Offer three meals (to six) meals a day of fruits, vegetables and some protein. Remember to introduce eggs, nut butters or flours, and shellfish before 9 months. You may also begin meats but do not worry if she doesn't like them or eat a lot.

Continue feeding him foods with a smooth texture like mashed potatoes, avocado, squash, applesauce. If he can sit well, try giving him a half piece of toast or soft food like a broccoli spear or banana and letting him pick it up and chew on it. (Share food that you are eating when you sit for meals.)

Around 7 or 8 months, as you notice she sits well, is making chewing movements with her mouth, and picking up objects with her first 3 fingers, try some smaller pieces of soft food like very well cooked carrots, peas or green beans or blueberries, peaches or pears. Let her pick these up and feed them to herself.

Feeding time will be messy! Put a plastic cloth on the floor, a bib (or no clothes!) on baby and let him learn about textures, grasping, even object permanence (as he watches food fall to the floor and stay there). Do not reprimand baby for the mess.

Some babies will gag and choke when the textures of food are changed.

Always be present when feeding.

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Avoid foods he could choke on like hard candy, popcorn, nuts, grapes. Honey and spicy food should be introduced after a year of age.

Shoes are for protection and warmth, not to aid walking! Bare feet are best for balance in walking.

Teething

Babies cut their first teeth between 4 and 15 months. All of them drool, even if a tooth is not close to coming through. Sometimes if he is biting on everything, his gums are swollen and he is fussy, you can guess he is cutting a tooth. Other times the signs may be harder to tell. Teething rings or a cold washcloth may help. He will use anything available, including toys, your shoulder or his fingers. If he seems to be in a lot of pain, acetaminophen may be helpful.

Clean her mouth two or three times a day - especially before bed. Once teeth are there, you can **brush them** with a small smear of fluoridated toothpaste on a finger brush or baby toothbrush.

Sleep

Your baby should not require feeding at night now. Remember to put her in bed **awake** and let her put herself to sleep. Bedtime and nap-time routines are great. It's ok if she fusses a little before she falls asleep.

Night awakenings can be normal. Always check on him if he is crying, but try to intervene as little as possible and let him go back to sleep on his own. Security objects can be helpful.

Bathing, Dressing

This can be a varied experience. Some babies sit and play happily in the tub while others may prefer sponge baths again.

Dressing and diapering may turn into a test of your speed and manual dexterity. If you can occupy her hands, you will be less likely to have her grabbing her clothes or messy diaper.

You might find the floor to be the safest place to change a squirming baby!

Safety

This will be an important subject in the months ahead. Poison Control can help you decide if you have an emergency ingestion!

Poison control center:

1-800-222-1222 *Please put in your phone and post for ready reference!*

Your baby will still ride rear facing in her properly secured car seat until 2 years of age. A playpen or a cleared space on the floor can be a good, safe area for your little one to play. Be especially aware of any small objects on the floor. If he can pick it up, it will go straight into his mouth.

Be sure clothing, shoes and toys do not have small removable parts which could be a choking hazard.

Please put all breakable objects away in cupboards, put locks on your cupboards and drawers. Cover electric outlets with covers. Get gates for stairs and to limit exploration to a manageable area. Consider cushioning sharp corners.

As your baby reaches up to stand, he will pull on any available support including cords (attached to curling irons, appliances, lamps, etc.), tablecloths, and drawers - please try to make these unavailable.

Be sure to keep a hand on your baby if he is in the tub.

Walkers are not recommended because of injuries and delayed walking.

Now you can start using sunscreen with a SPF of at least 15 when you go out in the day, whether it is sunny or cloudy. This will help decrease later skin cancer as well as sunburns.

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Vomiting

This can sometimes be the most scary illness in children. There are a range of causes for vomiting ranging from too much food in the stomach to a mild virus to a serious cause.

CALL if vomiting is green, brown or bloody; accompanied by severe crying spells alternating with limpness; or the vomiting is forceful and repeated.

CALL if your child has pain which the vomiting doesn't relieve, or if your child is very listless, will not play (even quietly) or be interested in what you are doing, cries when he is moved, is acting groggy or strangely.

CALL if vomiting occurs with a head injury (especially with disorientation or loss of consciousness) or with a severe or morning headache.

If your child is just vomiting and perhaps has a temp of 102 or less and none of the above symptoms, you can probably treat her at home:

First, allow her stomach time to rest by waiting 1-2 hours after she stops vomiting before you give her **anything** by mouth! This is important!

Then start giving him spoonfuls of an oral rehydrating solution such as Pedialyte:

1 teaspoon every 10 min x 1 hour;

1 teaspoon every 5 min x 2 hours;

1 Tablespoon every 5 min x 1 hour;

Do not advance to Tablespoons until she retains the teaspoonful. After 1-2 hours of liquid by the tablespoon, you may advance to 1 oz, and then after 1 hour of retaining the larger amount, advance to 2 oz, etc. When your child is tolerating the larger volumes, you will want to go to intervals of every 15 minutes.

Do not stop encouraging liquids when the vomiting has stopped. Your child has lost fluid which you need to help him replace.

Continue with **ONLY CLEAR LIQUIDS** (absolutely no solid food, even if your child acts or says he is hungry) for at least 8 hours before advancing to a bland diet.

Then, foods in small quantities are recommended. Bread, toast, crackers, dry cereal, boiled potatoes, soup (not creamed), bananas, applesauce, jello, and cooked rice are often tolerated as the initial post-vomiting diet.

AVOID fried food, eggs, citrus.

Diarrhea

The above regimen can be followed for diarrhea also.

CALL if diarrhea is associated with a T > 102, your child is listless, is bloody or looks like currant jelly, is associated with severe cramping pain, or lasts more than 5-7 days. If diarrhea is alternating with constipation this may need further evaluation also.

Fever

Review the fever handout.

Remember the fever may be helping your child to fight the infection. So, be careful when using any medicine to bring down the fever. Use it if your child's fever is >102 F, or he is so uncomfortable that he will not drink adequate fluids.

CALL if fever is associated with listlessness, seizures, severe pain, breathing problems, persists longer than 4 days, or you are worried about your child and how she is acting.

****Call to be evaluated for T>103 in child less than one year.**

Dose of acetaminophen (160mg/5ml)

_____ every 4 hours

Dose of liquid ibuprofen (100 mg/5ml):

_____ every 6 hours.

Always give ibuprofen with food.