



## SIX MONTHS

Name \_\_\_\_\_ Date \_\_\_\_\_

Weight \_\_\_\_\_ Length \_\_\_\_\_ Head Circumference \_\_\_\_\_

**IMMUNIZATIONS** (note: your child's doctor may modify the immunization schedule at times)

1. Diphtheria/Tetanus/Pertussis (DTaP) - protects against diphtheria, tetanus, pertussis (whooping cough)
2. Polio (IPV) – protects against polio virus
3. Haemophilus influenza B (HIB) – protects against a bacteria that causes meningitis, blood, and throat infections
4. Hepatitis B—protects against infection with hepatitis B virus
5. Pneumococcal Conjugate—protects against a type of meningitis and blood infection, and some ear infections
6. Rotavirus—protects against a virus which causes severe vomiting and diarrhea

After immunizations some infants may experience discomfort or fever. Treat any local reactions at the site of the immunizations (for example, redness or swelling) with a cool compress for ten minutes at a time every few hours. You may give your child acetaminophen as needed. Reactions from the immunizations should be gone in 48-72 hours, although a small firm non-tender lump under the skin may remain for up to two months. If the baby has a fever of 102° F (39° C) or higher or appears very sick after the immunizations, contact the office.

## DEVELOPMENT

This is a stage of rapid motor development. Your baby will be trying hard to move by rolling, scooting, or creeping. She is trying to roll both ways (back to belly and belly to back) by now and is working on sitting alone. The baby's arms and legs become very strong now and she will love to be pulled straight up to a standing position (this will not hurt or deform the legs or spine).

Your baby may be actively teething now. The average age for the first tooth is six months, although some babies won't get teeth until after one year of age. The first teeth to come in are usually the two center teeth on the bottom or top. Cold teething rings or acetaminophen are helpful to alleviate teething discomfort. You don't need to brush these new teeth, but wipe with a washcloth before bed to remove any food residue.

The baby's eyes are mature now and should have coordinated movement (no "wandering eyes" or "crossed eyes").

The baby is usually very social at this age and is particularly responsive to the immediate family. Playing social games with the baby while exchanging sounds will get a smile or a giggle out of the baby without much effort. Your baby will be very interested in exploring objects and placing them in his mouth. Therefore, avoid giving him small objects on which he can choke. Allow him to play with and explore objects larger than about two inches. Sounds interest the baby very much, particularly the ones he makes. Mimic the sound the infant makes so he can repeat it back to you. This stimulates language development. Read to your baby every day for a few minutes.

This is a good time to start using a playpen as it is a good, safe place to leave your baby for brief periods of time.

## FEEDING

Your baby should continue on breast milk or formula. If most of her milk is breast milk, she should take either

1. Vitamin D drops (400 IU once a day) PLUS Fer-in-sol drops (0.75 mL once a day)

OR

2. Poly-Vi-Sol with iron (1 mL once a day)

Sometime between six and nine months old (when she is sitting up well), your baby may start to eat some finger foods. To avoid choking, make sure any foods you give your baby are soft, easy to swallow, and cut into small pieces. Avoid high-risk choking foods such as nuts, popcorn, raw vegetables, whole grapes, hard candies, and hot dogs. Avoid honey until after one year old. You may refer to the feeding handout given at the four-month checkup (also available on our website) for more detailed feeding suggestions.

## SLEEP

This is an important age to teach your child good sleep habits. Your child should probably be able to sleep through the night now. He no longer needs to be fed during the night—if your baby wakes for a bottle at night, it is probably because of habit, not true hunger. When he wakes at night, allow him to fuss for five minutes or so to see if he can settle himself down. If he cannot, go into the room quietly to check on him, assure him that you're there for him, and assure yourself that he's not ill. Comfort him briefly in the crib, but try your best not to take him out of the crib. If he doesn't settle down, leave the room again for five minutes and see if he can settle himself, and if not, go back in briefly to check on him. Repeating this pattern a few times helps teach most babies to comfort themselves and sleep better through the night. If you need more tips on helping your child sleep well, read *Solve Your Child's Sleep Problems* by Richard Ferber or *Healthy Sleep Habits, Happy Child* by Marc Weissbluth.

## SAFETY

### *Sleep Safety*

Sudden infant death syndrome (SIDS) is the most common reason for death among healthy infants, but there are a number of things parents can do to dramatically reduce the risk of SIDS:

- 1) remember “**Back to Sleep**”—infants should always be placed to sleep **on their back** (please note that infants who spit up or have reflux should still sleep on their backs--there is no increased risk of choking and putting them to sleep on their side or stomach increases the risk for SIDS);
- 2) infants should sleep in a safe, modern crib or bassinet with no pillows, stuffed animals, or other soft bedding; if bumpers are used, they should be thin (not "pillow-like") and should be secured tightly to the sides of the crib;
- 3) infants should sleep in the same room as their parents during the highest risk period for SIDS (approximately the first 4-6 months of life);
- 4) consider offering a pacifier at nap time and bedtime because it has been shown to reduce the risk of SIDS, however, if your infant refuses the pacifier, he or she should not be forced to take it;
- 5) avoid overheating: The infant should be lightly clothed for sleep, and the bedroom temperature should be kept comfortable for a lightly clothed adult;
- 6) do not smoke or allow other people to smoke around your infant.

### *Home Safety (see the home safety handout given at the four-month visit and available on our website for more detail)*

If your baby isn't rolling over yet, he will be soon. Never leave infant on a changing table, countertop, couch, bed, or other raised surface without always having one hand on the baby. Do not rely on a changing table strap alone to restrain the baby.

Infant walkers with wheels are NOT recommended because they can be dangerous. Stationary playstations without wheels (for example, “excersaucers”) are okay.

Poisonings are an important health hazard for children. Keep all medications, cleaning products, and other potentially poisonous substances high up out of reach. Post this phone number for the poison control center near your phone: **1-800-222-1222**.

As your child begins to move around, it will be very important to make your home safe. Put a hook outside the bathroom door or install toilet locks. Use caution with all hot liquids and hot surfaces. Place a barrier in front of hot radiators. Place gates at the top and bottom of all stairways. Keep plastic bags, wrappers, and latex balloons out of reach. Move dangling electric cords. Use safety plugs in outlets. Remove house plants from reach, as many are poisonous.

### *Car Safety*

Your child should be in a rear-facing car seat in the back seat of the car for all car trips, even very short ones! When your child outgrows the weight limit on his infant seat, you should buy a “convertible seat” and face it backwards for now. If you would like further information on child car safety or would like to find a certified car seat inspector who can check the installation of your car seat, please consult the National Highway Traffic Administration website at [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov).

### *Sun Safety*

Avoid the midday sun between 10 am and 3 pm as much as possible. Use a hat or canopy and light clothing that covers as much skin as possible. Sunscreen (SPF 15 or higher) may be used if needed on exposed areas of skin.

## NEXT VISIT

Your child's next routine visit will be at nine months of age. At that time, he will not receive any vaccines but will have a blood test to test for anemia and lead poisoning.