

WELL CHILD: THE SIX MONTH OLD (1 OF 2)

VIRGINIA MASON FRANCISCAN HEALTH – PEDIATRICS AND ADOLESCENT MEDICINE

<https://www.vmfh.org/our-services/primary-care-in-person-and-virtual-care/pediatric-care>

Name	_____	Weight	_____ lbs.	_____ oz.
Date	_____	Length	_____	_____ in.
		Head Circumference	_____	_____ cm.

NUTRITION

- Solid meals 1–3 times per day and 24–32 oz. of breast milk or formula.
- Continue to commit to feeding your baby healthful foods. Soon your infant will be modeling your eating habits.
- After age 4 months, breastfed infants or infants taking less than 32 oz of formula still need 10 mcg (400 IU) of vitamin D every day, and should also start taking 10 mg of supplemental iron daily. This is most easily done by switching from a vitamin D supplement to a multivitamin WITH IRON for infants. There are several options available, including Enfamil Poly-Vi-Sol with Iron, NovaFerrum YUM!, and Mommy's Bliss Baby Multivitamin + Iron. Be careful with iron as it may stain clothing. They could also meet their iron requirements by eating 2 servings (1/4 cup each, measured dry) of iron-fortified infant cereal per day.
- Introduce a sippy cup with water, letting your baby practice using it at least once a day. Remember: do not give your baby the bottle in the crib.
- Children do not need juice. If you decide to give your child juice, put it in a cup and limit it to less than 4 oz. a day.
- Soft finger foods can be offered when your baby is able to use a thumb-finger grasp and place food such as Cheerios in his/her mouth. Offer foods that can easily be mashed between your fingers, or foods that soften quickly in the mouth, such as bread, well-cooked vegetables, very ripe bananas, etc.
- Looking ahead: By 9 months, solids 3 times per day, roughly 24 oz. of breast milk or formula. If you are nursing, try to breast-feed after meals rather than before, at 9 months of age.

DENTAL CARE

- Begin brushing teeth after the first tooth erupts. Use a fluoridated toothpaste (rice grain size).

DEVELOPMENT FROM 6-9 MONTHS

- Sits without support, stands holding on, laughs and babbles, passes things hand to hand to mouth to hand etc. May get upset when parents leave; beginning to differentiate self from others and familiar from unfamiliar.
- If you have any concerns about your baby's vision or hearing, please let me know.

PARENTING

- Separation and stranger anxiety is common during the next several months. Your child may seem like two separate babies. One is outgoing and affectionate; the other is anxious, clingy, and frightened by unfamiliar people and objects. You or your parenting styles do not cause this—your child has learned to tell familiar from unfamiliar.
- During the day respond to separation fears with reassuring words and behaviors. At night and naptime your child may find a “transitional object” helpful. This is often a soft toy held when you are snuggling and taken into the crib to provide reassurance when you are not physically present.

SLEEP

- Continuing a bedtime routine will provide security for your baby at this age.
- Many babies who have previously slept through the night begin to wake again. Make your visits short and reassuring. It may be helpful to leave the door to your baby's room open.

SAFETY

- Begin to child-proof the home. Crawl around on your hands and knees. See what is available to a curious person exploring your home at ground level. Install gates. Secure stairway doors, windows, outlets, and screens.
- Make at least one area of your home safe for exploring: free of sharp objects, glass, breakable surfaces, dangling cords, small objects.
- In case of ingestion of poisons, call the Poison Control Center immediately. Post this number by your phone: 1(800)222-1222. Do not use syrup of ipecac. Visit poison.org for more information.
- Always supervise closely in the tub. Never leave the room, even for a brief moment to answer the door or phone. Check out the crib: move the mattress to the lowest level, remove cushions, stuffed animals, and anything that could assist the baby in climbing out. Remove mobiles dangling overhead. Shoes will be needed when your baby begins to walk outside in order to protect feet from cold and cuts. The best shoes are flexible and lightweight with a non-skid sole. Shoes are not needed indoors.

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- DO NOT USE BABY WALKERS! Babies can be seriously injured in them, even with close supervision or automatic wheel locks, and walkers do not help a child learn to walk. Stationary devices, however, such as Exersaucers or Johnny Jump Up baby exercisers are generally okay for limited periods of time.
- Always use a properly fitted rear-facing car seat. The center rear seat is safest. If they outgrow the infant seat, transition to a larger rear-facing car seat. Children should remain rear-facing until TWO years of age and they reach the maximum weight or height for rear-facing in their car seat. Check your car seat manual.
- Check your smoke detectors and fire extinguishers on a regular basis. Have a family fire exit plan. Avoid direct sunlight. Use light cotton clothing. Apply sunscreen to exposed skin.
- If you need assistance, helpmegrowwa.org is available to help with food resources, transportation, clothing, employment, housing, or other support.

ACTIVITIES FROM 6-9 MONTHS

- Babies love noises and are beginning to understand cause and effect. Give plastic measuring cups, pots, pans, and wooden spoons to bang.
- Play peek-a-boo, “so big,” and other word-with-motion games. Talk, talk, talk; narrate your day to your baby.
- Read, read, read, read. Make reading with your child an important part of your family’s day.
- TV and videos, even “educational” programs, are not recommended, and do not help your baby’s development. No screen time is recommended before the age of 2. Do not entertain your baby with videos or apps on the phone, laptop or television. The human voice is the best stimulant for developing infant brains.

IMMUNIZATIONS TODAY

- You may find detailed information about vaccines, including our recommended schedule and links to the CDC’s Vaccine Information Statements, see Resources below.

Acetaminophen (Tylenol)

Child’s Weight	Infant’s or Children’s Suspension (160 mg/5 mL)
6–12 lbs	1.25 mL
12–18 lbs	2.5 mL
18–24 lbs	3.75 mL (3/4 tsp)
over 24 lbs	5 mL (1 tsp)

Acetaminophen may be given every 4 hours but not more than 5 times in 24 hours. Please call the office if a fever persists for more than 2 days or if you have any questions about your child’s illness or vaccine side effects.

Ibuprofen (Advil, Motrin)

Child’s Weight	Infant Drops (50 mg/1.25 mL)
12–18 lbs	1.25 mL
18–24 lbs	1.875 mL
24–28 lbs	1.25 mL + 1.25 mL
over 28 lbs	1.875 mL + 1.25 mL

Ibuprofen may be given every 6 hours and not more than 4 times in 24 hours.
PLEASE CHECK THE CONCENTRATION OF THE IBUPROFEN YOU ARE USING.

NEXT VISIT

- Please make an appointment for when your child is 9 months old as you leave today.

BOOKS / RESOURCES

- *Child of Mine: Feeding With Love and Good Sense* by Ellyn Satter
- *Your Baby’s First Year* by AAP
- *Caring for Your Baby and Young Child* by AAP
- *Immunizations & Infectious Diseases: An Informed Parent’s Guide* by AAP
- *Healthy Sleep Habits, Happy Child* by Marc Weissbluth, MD
- *Solve Your Child’s Sleep Problems* by Richard Ferber, MD
- *Sleeping Through the Night* by Jodi A. Mindell, PhD
- *The No-Cry Sleep Solution* by Elizabeth Pantley