



Complete Care Pediatrics

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

## 6 months

This age is fascinating. So much connection is happening between the brain and body. Fine motor and gross motor development is advancing daily it seems. First teeth may be coming. Introducing a banana teether or an infant toothbrush for baby to gnaw on can help with early cleaning and ease teething discomfort.

### Development

#### Social/Emotional

- Starts to really enjoy playing with others (especially parents and siblings). Loves, loves, loves seeing other babies and themselves in a mirror.
- Will respond to other people's emotions.

#### Language/Communication

- Will often respond to or know their name.
- Communicates with sound to show joy or displeasure. Will take turns making sounds
- Consonant/vowel combos like "ba", "ga", "da" and straight consonant sounds like "m"

#### Cognitive

- Will pass an object from one hand to the next and uses both hands to bring an object to their mouth.
- Will reach, grab and rake at an object that is out of reach.

#### Movement/Physical Development:

- Is beginning to sit without support. Some babies are moving from tummy time to sitting and sitting to hands and knees. May rock forward and back when on hands and knees.
- When supported in standing will be able to have feet flat and may bounce.

### Nutrition

Please refer to the 4 month packet on solid food introduction if baby is just beginning to show interest and is able to sit with little to no support. Solids are still "complementary" and do not account for much of the nutritional or calorie content of a baby's needs. Some babies will advance in solid foods quickly in the next few months. This will often mean breastfeeding and/or bottle feeding gets more consolidated. The volume of breast milk or formula baby needs in a 24 hour period will not change much from age 2 - 12 months (most babies take between 24-32 ounces a day), but how they take it changes.



## Complete Care Pediatrics

The small, 2 oz feeds that happened every 2-3 hours in the early months evolves to 4-6 oz (or even 8 oz) every 4-6 hours. The volume per day stays the same, the serving size and frequency are often what change. There is a very natural progression to increase solid food offerings when time between bottle or breast feeds is extending to 5 or 6 hours. \*Most babies are eating 2-3 solid food offerings a day by 9 months.

\*Please remember, most is not all and if your baby was premature it can be vastly different. If you have concerns don't hesitate to reach out with questions.

### Fever and Medication

- FEVER = 100.4 F or higher rectally or under the arm. Fevers are normal, natural responses and do not always need to be treated. If baby has a fever but is not uncomfortable, having difficulty sleeping or eating - they are fine to ride this fever out. Generally, any fever over 102-103 makes for a fussy baby and it is ok to manage these fevers with medication.
- Note that fever reducing medication will likely only drop the fever by 1-2 degrees.
- Tylenol (Acetaminophen) may be given for fever, teething, or pain relief. Tylenol may be given as often as every 4 hours but we suggest using it as sparingly as possible. Tylenol dosing is based on weight; please see chart below for your child's dose.

Infant's Weight	Infant or Children's Suspension (160mg/5ml)
6 – 11 lbs.	1.25 ml, ¼ tsp (40mg)
12 – 17 lbs.	2.5 ml, ½ teaspoon (80mg)
18 – 23 lbs.	3.75ml, ¾ teaspoon (120mg)
24 - 35 lbs	5.0 ml, 1 tsp (160mg)

- Motrin (Ibuprofen/Advil) may now be given for fever, teething or pain relief. In general, motrin is better at reducing inflammation (so think teething and after injury), but it does have some fever reducing properties). Every child responds to medication differently, so see what works best for your baby.

**\*\* There is an infant and a children's liquid suspension of this medication so read labels carefully, they are different concentrations, require different syringes for dosing and are NOT the same measurements as infant/children's Tylenol. See chart below.**

Infant's Weight	Infant Motrin/Advil/Ibuprofen Suspension (50mg/1.25ml)
12 - 17 lbs	1.25ml, ¼ tsp (50mg)
18 - 23 lbs	1.87ml, about ⅓ tsp (75mg)
24 - 35 lbs	2.5 ml, ½ tsp(100mg)



## Complete Care Pediatrics

Infant's Weight	Children's Motrin/Advil/Ibuprofen Suspension (100mg/5ml)
12 - 17 lbs	2.5ml, ½ tsp (50mg)
18 - 23 lbs	3.75 ml, ¾ tsp (75mg)
24 - 35 lbs	5 ml, 1 tsp (100 mg)

\*Know what strength you have and **ALWAYS** double check before dosing.

- No Aspirin until 18 years
- Minimize your infant's exposure to infections by washing hands often, avoiding public areas and reducing the number of people who hold your infant.
- **NO COUGH OR COLD MEDICINES.** If your infant gets a cold, try humidified air and nasal saline drops with the bulb syringe. Please call our office if your infant seems to be having difficulty breathing or is not feeding well due to congestion.

## Rolling, Sitting, Crawling and Baby Proofing

All of these big gross motor advances lead to a baby on the go. They string together rolling and all of a sudden you have a baby that can get across the room in 10 seconds flat. This is the time to start thinking about baby proofing your space. Now, you can spend loads of time and money to baby proof or you can cover the big, bad and uglies - those things that will hurt your baby before you can get there to help them. A lock on the toilet? The only one who learns from that is you at 2 am when you can't unlock it to go to the bathroom. If baby is getting into the bathroom, put the toilet seat down at a minimum or close the door to the bathroom. Now playing in the dog's water bowl, this can be very dangerous. The dog can have access to the water bowl after it's meals and when the baby is napping. When you hear baby waking, put the water bowl up, then go get baby. You get the idea.

Get in the habit of turning pot handles to the side when cooking on the stove top.

**NOTHING** should hang over the edge of a counter. When baby starts to get mobile they are often strong enough to pull up on things. This changes their reach considerably. Baby is no longer as tall as head to flat foot length, but hands over their heads (think "How big is baby?, so big!"). They are a reach away from knocking a pot off the stove or pulling a plant off the window sill. They get the hang of being on tiptoe pretty quick. It's just a huge change in perspective for baby and family, so be prepared. Here's a list (by no means does it cover every scenario) of important areas to baby proof.

- Stove - pot handles to the side, not over the edge
- Knives - sharp ones in a drawer out of reach or locked. When chopping with a knife be sure to place it toward the middle of the area you are using when not in use so a hand that reaches on top of a counter cannot come in contact with it.
- Childproof cabinet locks and drawer locks for those that contain harmful products (once your baby can climb, they can reach anything)



## Complete Care Pediatrics

- Hot beverages - do not hold them when holding baby - EVER. Use a travel mug that does not leak.
- Baby is going to begin lunging toward objects in the next few months, so make sure anything hot is not within reach of baby. Fireplaces should only be on if screened and you are monitoring baby at all times.
  - If a burn occurs they should be evaluated by a medical provider. Any burn that extends over a joint needs treatment by a burn specialist to avoid contractures when healing.
- Furniture should be anchored to the wall for maximum protection from tipping.
- Furniture with sharp edges (coffee tables) should have corner covers
- Crib mattress should be brought down to the lowest setting possible.
- Don't be afraid to use baby gates or play pens as needed for safety.
- Child proof outlet covers
- Cordless blinds or wall mounted cord cleats to secure the strangling hazard.

### Development from 6-9 months

- Many babies begin to develop some stranger anxiety and cling to their familiar adults.
- Can understand "no"
- Copies sounds and gestures, makes lots of different sounds "dadada", "mamama"
- Watches objects as they fall (this is why they love to drop things over and over again).
- Will look for something they see you hide (object permanence)
- Pulls to stand and may cruise around furniture
- Can get into a sitting position from all fours or squatting.
- Lifts arms up to be picked up