

mmpc pediatrics

6 MONTH CHECK

Weight _____ Height _____ Head Circumference _____

Being the parent of a 6 month old infant is an amazing experience. Just think about how much your life has changed in the last half year! Your life will continue to change exponentially and your job as parents will be both more rewarding and, at times, more challenging than you ever imagined. We hope to be able to help you navigate these more difficult time so you can enjoy the ride!

Development:

Your baby may be rolling by now, sitting with support, and manipulating objects in both hands. She may even be starting to move around on the floor and trying to get up on her hands and knees. Give her objects to grasp and play with. Continue to read to her daily and take turns mimicking sounds and making “conversation”. She will develop object permanence at 6-7 months where she will begin to search for an object hidden under a blanket. She will also find containers interesting. Once she is sitting on her own, put her on the floor with playful objects around. Too much time in an exersaucer at this age can hinder her mobility, and may even slow down her walking.

In the next months you can look forward to more and more mobility! (See the safety section!)

Feedings:

If you haven't previously started her on solid foods, now is a good time to start. Breast milk or formula provide all the nutrition she needs for the first year, so solids are more for practice. We have found that if you wait longer than 6-7 months to start solid foods, she may not be willing to give up the breast or bottle. How much food she eats in a day is not important.

As we discussed at 4 months, start with infant rice cereal and work into the number 1 pureed veggies and fruits with 3-5 days between each new food. If your baby becomes constipated (has hard, large stools that are difficult to pass) you may want to introduce prunes to help ease the constipation. Feed solids one to two times a day at whatever times work best for her and you. You will be working toward 3 meals by 9 months. Once you progress through number one foods, you can go to number two foods which may include more combinations and thicker foods. When she can tolerate these well, you may progress to number three foods and some table foods (generally closer to 8-9 months). Some examples of starter table foods include soft pieces of banana, mashed potatoes, cheerios, crackers, bread, noodles. Keep in mind that each baby will go at their own pace with foods. Some will be ready for table foods at 8 months and some may not be ready until 10 months.

You also may want to start water in a sippy cup with meals. Plain tap water is just fine.

Initially, you may have to help hold the cup, and it may help to remove the no-spill valve to make sipping a bit easier. Offer 2-3 ounces a day, but she may only take a sip or two to start. The key is to keep offering water so that she learns to take it well, and hopefully like it! We do not recommend starting juice. Water is much healthier and we want your child to prefer water. Even all natural juice is mostly sugar with little nutrition and contributes to obesity and dental cavities.

Sleep:

If your baby is not sleeping through the night by 6 months, it is time to start working on this. Put him down awake but drowsy. If he is having trouble with this, it may be time to let him cry himself to sleep. Put him down when he is happy, but drowsy. If he cries when you leave, wait 5-10 minutes, then go in and comfort him briefly without picking him up and leave again. Keep adding 5 minutes each time before going in until he falls asleep or morning comes. If you find that the crying escalates after you go in and comfort, you may try not going in at all and see how he does. This is not an easy process, but it will get him in the good habit of falling asleep on her own.

If he was sleeping through the night well and suddenly started waking up or has trouble going to sleep alone, he may be developing separation anxiety. Some babies will also develop sleep problems as they are transitioning into a new developmental phase. For example, he may have trouble sleeping as he is learning to crawl and this usually resolves within a few weeks.

Disorganized, too much, or too little sleep during the day may also lead to night time sleep problems. A sleep-deprived baby has more trouble falling asleep though you would think the opposite would be true. For good naps, stick to some sort of routine or schedule (if possible) and this will help establish good night time routines as well. Put her down for naps while she is awake, before she becomes too tired.

Teething:

Your baby may have begun teething behaviors already by 4 months, but teeth generally start coming around 6-7 months. Usually the bottom central teeth come in first, followed by the upper central teeth, then the side teeth, down and up. (Do not worry if your child does not follow this pattern. Some kids don't "read the text book" on this). Signs of teething include increased fussiness, drooling, red, swollen gums, low grade fever (less than 101) chewing on toys and hands, red cheeks, runny nose, and looser stools. The best therapy for teething is to give him something to chew on. A damp wash cloth cooled in the freezer for 15-20 minutes works well. You can certainly use teething rings or just your fingers (washed, of course). For discomfort associated with teething, use acetaminophen (tylenol) or ibuprofen (motrin or advil). We do not find the numbing creams very effective as they wash off so quickly.

Separation and stranger anxiety:

With the development of object permanence comes separation and stranger anxiety and this generally starts at 6-8 months. You may have already noticed that she can distinguish strangers from family and show a preference for her parents (especially mom). She may cry when you leave the room and may cry intensely when less familiar people approach her. Men often induce more stranger anxiety but each child is different and one may be afraid of beards, and another might not like glasses. Time is the best medicine for stranger anxiety and each child gets over this eventually. You may still have to leave her at times and this is important (don't feel guilty) but don't attempt to "break her" of the separation anxiety. Time alone will cure this. It can also be important for her to see that you are not afraid to leave her since she may pick up on your hesitation, it may worsen her own anxiety.

Safety:

If your babe is not yet mobile, he soon will be and so it is time to start baby-proofing! Our best advise to you is to get on your hands and knees and crawl around looking for trouble. Make sure to install gates on all stairways (including those with doors), cupboard locks on the cupboards (but all dangerous supplies should also be locked up high), outlet covers on the outlets, etc. It is helpful to cover sharp corners of tables and fireplace hearths with safety pads. Be sure to leave one cupboard available to her with tupperware or some baking supplies to keep her entertained safely. Secure drapery cords and dangling electrical cords out of reach. Make sure carbon monoxide detectors and smoke detectors are working properly.