



65 Walnut Street Suite 310
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Your Child at Six Months

Your Next Visit is at: Nine Months

Immunizations:

At six months of age the following vaccines will be given: the Vaxelis #1 (a required vaccine including coverage for Diphtheria, Tetanus, Pertussis, Polio and Hemophilus influenza), the PCV 15 #1(a pneumococcal vaccine) and the oral Rotavirus vaccine #1.

Baby may develop mild fever, irritability, sleepiness, or leg swelling around the injection site. Acetaminophen (For example, Tylenol Infant Drops) may be used according to given hours as needed. Give dose based on your child's weight: check the website LowerFallsPediatrics.com for the proper dose. Call if symptoms are severe or last longer than 48 hours. Next immunizations are given at twelve months old.

Development:

Gross Motor: Pushes upper body up off surface when lying on stomach, rolls over, sits with support, or leans forward on hands, bears most of weight on legs when standing with your support, may be starting to crawl by age eight months.

Fine Motor: Reaches for, grasps, and transfers objects from hand to hand, plays with feet, approaches small objects with a raking movement of the hand.

Language: Takes initiative in vocalizing and babbling at others, blows bubbles, imitates sounds (such as a cough or "raspberry").

Social: Smiles and vocalizes at mirror image, may show fear of strangers or be "coy", laughs when head is hidden under a towel in a peek-a-boo game, can distinguish between angry and friendly voice patterns.

Early signs of autism: No big smiles or other warm, joyful expressions by 6 months of age

Nutrition:

Start fluoride supplements, if not using fluoridated water, to strengthen developing teeth and prevent cavities later on. Check with your doctor or city water department to see if your community's water contains fluoride (most do). Some bottled water is not fluoridated; check with your bottled water provider. Fluoride supplements require a prescription. Dannon fluoride to go is readily available bottled water with fluoride. Continue to give the baby a Vitamin D supplement if the baby is taking more than 50% of milk as breast milk.

No bottles in bed with baby. Begin using a sippy cup for water a few times a day with a few ounces in it. Juice is not recommended, unless your child is constipated. If you do give juice to the baby, serve it in a cup and limit to no more than four ounces a day of a pasteurized kind, ideally fortified with vitamin C.



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No orange or grapefruit juice until twelve months of age. Signs of readiness for solids include trying to sit up and showing interest in watching others eat. Discuss with your doctor. The first goal of eating solid foods is simply to learn the new skill. Breast milk or formula remains the main nutrient source for quite a while. Feeding should be enjoyable for parent and baby. The best time to start is often in the mid-morning when the baby is hungry but not ravenous (having already had a good milk feed one or two hours earlier). Start with rice cereal, once a day, allowing baby to eat as much or as little as he/she wants.

Wait until 12 months to introduce significant quantities of whole cow's milk. You may introduce cheese or yogurt at this age unless the baby has had milk protein intolerance.

New recommendations from allergists are that there is no reason to delay introducing any particular foods (except for honey) such as egg whites, strawberries or nut products. Although, keep in mind that nuts are a choking hazard and should only be given once able to chew safely. No honey until at 1 year of age. When introducing new foods, please have Benadryl on hand to administer in the event of a reaction (hives, rash, or swelling of the face). Please print the dosing sheet from our website: <https://lowerfallspediatrics.com/fever-and-dosage-chart> and place the Benadryl and dosing sheet in a Ziplock bag so they are together should you need it. If your child has a reaction, give Benadryl and call the office immediately. In the unlikely event that it is a severe reaction where your child has difficulty breathing, call 911 right away. The instructions on the Benadryl indicate that you shouldn't give if under 4 years old because it can be sedating. However, it is safe to give to your baby if they are having an allergic reaction.

People often question how much they should feed their baby and how often. Starting at 4-6 months, you can give the baby solids 2-3 times a day and as much as he or she wants for that meal. If the baby doesn't stop accepting the food, a half cup of food is enough at 6-7 months but can increase with time. Solid foods for babies under a year old help them learn how to eat, talk, move their mouth, swallow, and is not needed for nutrition.

Allow three to four days between introductions of any new foods. This will allow you to see any signs of allergies or sensitive responses to a given food (talk with your provider if you have concerns). Next foods to add after cereals are single fruits and vegetables. You can usually feed the baby as much food as they want, unless it seems like the baby would never stop eating, then stop after 2 jars or so. If you prefer, there is another method of feeding called Baby Led Weaning which you can follow.

The consistency and color of bowel movements will change and vary as new foods are introduced (beets can turn stool red, greens can turn it green). Gradually increase solid food meals to two to three times daily over the next few months. If baby seems to dislike the taste of a given food one day, don't assume it is a permanent dislike; you can try it again in a week or two. You do not have to use processed baby foods. You may use regular foods that have been pureed. You can freeze small portions of pureed fresh foods in ice cube trays for several months, defrosting individual portions as needed; but do not refrigerate or re-freeze purees that have been defrosted. Wash fresh fruits and vegetables thoroughly with soap and water to remove pesticides. Organic foods do avoid pesticides but must be washed thoroughly to remove dirt and bacteria.

Breast milk or formula intake will decrease as baby takes more solid foods.



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Calcium and Vitamin D Recommendations

- Recommended daily calcium and Vitamin D allowance: Depending on your child's age, please see if your child gets enough calcium from their diet and whether they need supplementation. Calcium is good for bone health and Vitamin D, in addition to bone density, has been shown to add in even more benefits with immune defense and elevating mood. There are studies which have shown increased resilience in school age children who received Vitamin D supplementation as toddlers. It is important to note that Vitamin D is one of the fat soluble vitamins, along with A, E and K, so giving much more than the RDA is not suggested.

For babies 0-12 months, they get all of the calcium they need from formula and breast feeding.

For all children over the age of 12 months, it is recommended to supplement with calcium depending on their diet. The RDA for calcium from 12 months until 4 years is 700 mg of calcium daily, from 4 years until 8 years you give 1000 mg of calcium daily and 9 years to 18 years 1300 mg of calcium daily and 19 years to 22 years- 1000 mg of calcium daily. If your child is not getting enough calcium in food, then you can add this in a supplement which often comes along with Vitamin D. There is one called Adora and you can take half or more depending on your child's age and calcium intake.

Dietary sources of calcium examples:

Yogurt, lowfat 8 ounces- 300-400 mg

Mozzarella, part skim, 1.5 ounces- 300 mg

Milk, lowfat, 8 ounces - 300 mg

- Vitamin D is now 400 IU daily for children from 0-12 months and 600 IU daily for children over 12 months. We recommend giving a Vitamin D supplement such as Trivisol, Dvisol 1 ml daily or another brand such as Carlson or Thompson's for your infant if over half of your baby's milk intake is breast milk. You can begin supplementing at about 2 weeks of age. Mom should continue to take her prenatal vitamin if nursing.

Other than the above, most babies do not need vitamin supplements.

Safety:

Place car seat for infant in the center of the second row of the car, with infant facing the rear. The American Academy of Pediatrics now recommends to keep children in rear facing car seats until 2 years old. Use the seat belt and proper seat based on age and size for all passengers at all times in a moving car. Never remove baby from car seat when the vehicle is moving.

Keep the number for poison control (1-800-222-1222) handy.



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Start safety- proofing the house. Check to make sure that the commercial safety products you use work properly.

Gate-off stairs and dangerous rooms. Use cupboard latches on all low cabinets and drawers that are not childproofed. Low windows can also be dangerous.

Don't use a walker; babies can too readily get into dangerous circumstances. Stationary substitutes are OK, such as an exersaucer.

Protect infant from hot liquids.

Avoid using appliances with dangling cords that infant can tug on; try to hide electrical cords behind furniture out of baby's reach.

Drawers, tablecloths and lamps can fall on the baby as he/she learns to pull to stand.

Beware of small parts of toys, dangling ribbons and other small objects that could cause choking. Plastic bags, wrappers and balloons can cause suffocation.

Water safety & bathtub safety: never leave baby unattended in a bathtub, even if secured in a bathtub seat.

Be careful of toilets and buckets of water, even if shallow.

Pool safety: make sure gates around pools are locked.

Don't take your eyes off a child near the pool. Set your water heater temperature at less than 120 degrees F.

If there are guns in your home, lock them up unloaded. Lock ammunitions separately from firearms. Make sure people you and your family visit do the same.

Continue using the infant car seat in a rear facing position and in the center of the second row of seats until baby is 20 pounds AND 12 months old. The American Academy of Pediatrics now recommends leaving the baby rear-facing until age 2 if possible.

Store cleaning supplies, medications and toxic substances secured and out of reach. Do not store non-food items in food containers; this helps to avoid confusing the baby about what is edible and to avoid accidental poisoning.

Learn anti-choking maneuvers for babies and young children. Consult your local hospital or Red Cross for infant and child CPR classes.

If you plan to use a playpen, start now so that the baby identifies it as a fun place for play or nap. Playpens can be a good resource when the baby begins to crawl and needs a safe but restricted place to explore.



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Sleep:

Encourage use of a transitional object- a friendly soft toy or favored blanket- for baby to hold in crib. If your baby is still waking every three to four hours at night, please contact us to see if a change in sleeping arrangement and bedtime ritual might help. Babies who can put themselves to sleep at bedtime usually won't wake up during the night by now. Some babies at this age still need one nighttime feeding. During the day respond to fears by holding and reassuring.

Back to sleep: Place your baby on his/her back on a firm mattress. Do not use soft pillows, plush toys or waterbeds. These measures will reduce the risk of SIDS (Sudden Infant Death Syndrome).

We do not recommend the use of an infant sleep positioning device. They can be dangerous and can lead to infant death. The safest crib is a bare crib. Remember your ABC's of safe sleep ~ Alone on the Back in a bare Crib.

Our office offers appointments to assist with sleep problems for infants 4 months and older.

Breastfeeding may reduce the risk of SIDS.

The baby should be sleeping in the same room as a parent for their first 6 months, and ideally for the first year. Be careful not to fall asleep with the baby on your lap on a couch, chair or bed. Pacifiers may reduce the risk of SIDS, but should never be hanging from a string. Second hand smoke exposure is dangerous. Avoid overheating infants. They should be dressed on one more layer than what you are comfortable in.

Infants should have tummy time while they are awake and supervised. This avoids flat head and helps to encourage their development.

There is no evidence that swaddling reduces the risk of SIDS. It is risky if a swaddled infant rolls to their tummy while sleeping. Swaddles infants should be placed on their back to sleep, and swaddling should allow ample room in the hips and knees. Arms can be put in or out. When they start to roll, they should no longer be swaddled.

Toys/Stimulation:

Read to your baby. Offer textured toys that make sounds and are safe to chew, old magazines with bright pictures (be careful that baby doesn't chew them, however), "Put in, Take out" toys (blocks in a bucket and clothes pins in a pan), stacking toys, noisy toys (pots and pans or blocks). Roll a ball back and forth, play peek-a-boo under a blanket, and take walks.

Other:

Biting is a part of the infant's normal exploration of the world, but there is no reason for a parent to accept being bitten. You can let your baby know that this is unacceptable with a firm "no".

Handling of the genitals is a normal activity and part of the baby's exploration. Ignore it.

Stranger anxiety normally starts to develop over the next few months.



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Teething:

The first teeth can appear at any time from about four to 12 months. Baby may become irritable, but it is not clear that teething causes fever or diarrhea.

Offer the baby something to chew on: a wet cloth that has been refrigerated, teething biscuits and rings. Occasionally, acetaminophen (Tylenol) may be soothing.

Keep the teeth clean by wiping daily with a cloth, gauze or toothbrush.

Febrile Seizure:

If your child has a fever, there is a small chance that a rapid change in temperature can induce a seizure. Although it looks life threatening, febrile seizures are usually harmless. Febrile seizures often occur early in an illness when there is a sudden onset of a high fever. The seizure is a result of the increased excitability of the child's nervous system from the rapid increase in temperature.

Medications are rarely prescribed for this kind of seizure. While parents may try to prevent these seizures by giving fever-reducers (Tylenol or ibuprofen) at the first sign of illness, the fever and/or febrile seizure may be the first indication that the child is sick. It is recommended to use a fever reducer for fevers over 102.5. If your child has a febrile seizure, they should be seen by us or in the emergency room to make sure it is not another kind of seizure. There is more information available about how to manage fever and other common childhood ailments at PediatricHealthCare.com and click on "After Hours".

Suggested Reading for Parents:

The American Academy of Pediatrics Guide: From Birth to Age Five

Child of Mine: Feeding with Love and Good Sense, Ellyn Satter, old but a classic.

Baby 411

How to Talk so Little Kids Will Listen by Joanna Faber and Julie King