



65 Walnut Street Suite 310

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Your Child at Four Months

Information for Parents

Your next visit is at: Six Months

Immunizations and Tests:

At two months of age the following vaccines will be given: the Vaxelis #2 (a required vaccine including coverage for Diphtheria, Tetanus, Pertussis, Polio and Hemophilus influenza), the PCV 15 (a pneumococcal vaccine) and the oral Rotavirus vaccine #4.

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 four months old.

Following the DTaP vaccine, some children develop pain, swelling, tenderness or redness at the injection site that lasts for 24-48 hrs. Swelling is more common following the 4th and 5th doses of DTaP. A painless lump can sometimes be felt 1-2 weeks following the injection and usually resolves in about 2 months.

Development

Gross Motor (large muscle groups): May be rolling over front to back, turns head in all directions, lifts head 90 degrees when lying on stomach or does 'push up.' If pulled to standing position, extends legs and keeps body in same plane. When pulled to sit, then head lags only mildly, if at all.

Fine Motor: Grasps and holds rattle for more than a moment, pulls at clothes, plays with hand, hands lie open while at rest, often brings hands and many objects into the mouth

Language: Begins babbling with strings of syllable-like vocalizations, laughs, squeals and gurgles. What fun!

Vision: More closely approximates that of an adult. Can see objects more clearly now. Eyes rarely look 'crossed' anymore and can follow objects throughout 180 degrees.

Social development: Vocalizes moods, prefers familiar people and toys and may be displeased or cry when parent moves away, initiates social contact by smiling or vocalizing. Crying periods are less



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frequent now, and when they occur, they are commonly from a minor problem that is easily solved. This 'chronic good mood' will persist for the next six months or so. Enjoy it!

Other

Increased drooling is expected at this age and does not necessarily mean your baby is teething.

Nutrition

-During feedings, your baby may become distracted by sounds and sights, as she or he becomes more aware of the outside world.

-Breastfed infants do not need solid foods until six months of age. Waiting until age six months makes it easier for baby to make the transition from breast milk or formula to table foods. Continue a source of Vitamin D if your baby is receiving solely breast milk and less than 50% of their milk is formula.

-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. One or two tablespoons can be a complete meal. 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 given foods (talk with your provider if you have any concerns). Next foods to add after cereals are single fruits and vegetable. The consistency and color of bowel movements will change and vary as new foods are introduced (beets can turn stools red, green vegetables can turn stools 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 the first time it is offered, don't assume that 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, after washing them thoroughly with soap and warm water to remove pesticides. You can freeze small portions of pureed fresh foods in an ice cube tray for several months, defrosting them as needed. Organic foods do avoid pesticides but must be washed thoroughly to remove dirt and bacteria. Be sure formula is iron fortified.



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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. Do not give honey during the first year as it can contain harmful bacteria that the baby cannot process. Keep in mind that nuts are a choking hazard and should only be given once able to chew safely. When introducing new foods, please have Benadryl on hand 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.

One or two tablespoons can be a complete meal for a baby. 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. People often question how much they should feed their baby and how often. Starting at 5-6 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 at for babies under a year old help them learn how to eat, talk, move their mouth, swallow, and is not needed for nutrition.

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.

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.



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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 dail 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.



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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 powders, baby cleaners, and small objects such as safety pins and coins out of baby's reach. Beware of small toys, ribbons and other small objects that could cause choking. Plastic bags and wrappers or balloons can cause suffocation.

-Walkers are dangerous and are not recommended. Stationary substitutes are fine.

-If there are guns in your home, always keep them locked and unloaded. Store ammunition separately from firearms. Use safety locks. Make sure people you and your family visit do the same.

-Bathtub safety: Be careful of even shallow water. Never leave baby unattended in a baby bath ring or seat.

Do not allow any access to button batteries because they can cause destructions of the internal tissues if in the nose or airway.

Sleep:

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.

Newborns typically have one four-to-five hour sleep period, often occurring during the day. Parents can gradually shift this from day to night by keeping stimulation to a minimum during normal sleep hours and lights low during nighttime feeds. Many newborns can sleep five consecutive hours once feeding is well established.

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



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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 and Stimulation:

-Read, coo, talk, and sing to your baby. Play music and dance. Take walks outside.

-Textured toys that make sounds, and musical toys or old magazines with bright pictures.

-Simple, interactive games with baby are fun, like peek-a-boo. Allow baby to play on his/her stomach on the floor or in a playpen while awake and being watched.

Fever:

-Children are at risk of having febrile seizures between the ages of 6 months to 6 years old. This is thought to be due to a rapid change in temperature, not to having a fever in itself. It may be helpful to treat a fever between 100.5 and 102.5 rectally with acetaminophen and fevers over 102.5 with ibuprofen. There is excellent management information about fever and common childhood ailments at our website, LowerFallsPediatrics.com if you click on the After Hours door. There is also medication dosage information available in After Hours Protocols.

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