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OWNER'S GUIDE for the 6 MONTH OLD

FEEDING:

The baby should start solid foods now. Begin with rice cereal, followed by other cereals. Add yellow vegetables, fruits, green vegetables and then poultry. Avoid pork, beef, eggs and citrus fruits until 9 months of age. Avoid *uncooked* honey out of the jar or can until 12 months of age. Start slowly, adding a new food into the baby's diet every 2-3 days. Give 1-2 teaspoonfuls at a feeding and gradually increase that amount. Babies are getting accustomed to new textures and tastes and are learning to coordinate their tongues to move food from the front of the mouth to the back of the tongue for swallowing. This is a learned skill. Do not over feed. Establish good eating habits now and this will lead to fewer problems in the future. Feed solid foods with a spoon and not from a bottle. If he/she insists on grabbing the spoon, give the baby his/her own spoon to hold. As the baby is able to eat foods with a variety of textures, begin coarser textures and soft cooked table foods that won't cause choking or that need active chewing. Do not add salt or spices. When the baby is sitting unsupported, begin finger foods, such as teething biscuits and crackers. Use a high chair and allow the baby to eat with the family at regular meals. This will make meals enjoyable and increase socialization, fostering good habits for the whole family. Families that enjoy at least five meals out of a possible 21 per week together have a decreased incidence of juvenile delinquency, drug and alcohol abuse, teenage pregnancy and thoughts of suicide as children mature. Please do not feed cow or goat milk. You may begin juices now, but more than 4 ounces a day may cause diarrhea or a decreased appetite for breast milk and/or formula, which are *still* the major sources of nutrition.

Once solids are started, stools will become more colorful, more foul smelling, more solid and may even contain some undigested particles. Beets may discolor stools or urine red, so don't panic. If stools change dramatically with the addition of a certain food, becoming loose or watery or full of mucous, stop that food. Please do not attempt to replace breastmilk or formula

with solid food since solid food only complements breast milk or formula. Always give breast milk or formula before a solid food meal.

Fluoride is supplemented beginning at six months of age at 0.25mg per day and becomes incorporated into the enamel of developing teeth, strengthening them.

SLEEPING:

Most babies need at least two naps per day at this age. They may start awakening at night from teething discomfort, separation anxiety from Mom or Dad or they may even have dreams. Their dreams may not be about something that would frighten an older child or an adult, but may be frightening to them. Often, the baby will not be fully awake when you go to him/her and will push you away or act like he/she does not recognize you. This is normal. Do not awaken him/her. A night light may be helpful. Do not take the baby into your bed. He/she should be in a full sized crib in his/her own room by now.

Learn your baby's "tired" cues. When he/she rubs his/her eyes, is cranky or is less alert, place your baby in the crib. Rocking or feeding your baby to sleep is counterproductive. Establish a consistent bedtime routine. Allow the baby to fuss. Leave the room and don't go back in but listen outside the door, not offering comfort.

GROWTH AND DEVELOPMENT:

Babies often double their birth weights by 6 months of age. **Remember**, specific length and weight are not as important as the baby's rate of growth, so avoid the temptation to compare your baby with others. After 6 months of age, a baby's growth *acceleration* slows. Puberty is the next time a child will have significant growth acceleration.

From 6-8 months, babies usually roll over both ways, sit with (and then without) support, support weight on their legs, crawl, reach with one hand, transfer objects from hand to hand and rake objects with their hands. Vision matures. They often respond to their own names and learn the meaning of "no" as well as learn to differentiate voice tones. They laugh, babble, squeal and begin to imitate sounds. They explore with their hands, put objects in their mouths and struggle to grab objects out of reach. They may not like strangers at this age and this often poses a challenge for those of us giving health care. Play interactive games such as patty cake, peek-a-boo, etc.

SAFETY:

Always use a car seat! Child proof your home as your baby becomes more mobile. Keep all cleaners, small objects and anything else that could remotely be considered dangerous up high and out of reach!

COMMON WORRIES:

Bearing weight: Allow your baby to bear weight on his/her legs. This will not soften bones or make him/her bowlegged. All babies are somewhat bowlegged anyway. Often a baby's feet will turn in, or out, or one foot will turn in as the other foot turns out. This is normal.

Teething: Timing is usually determined by heredity. Don't be alarmed if your baby does not have teeth yet. Tooth eruption is normal as long as he/she has two teeth by 14 month of age. Teething will often cause an infant to pull at his/her ears. In the absence of any overt signs of illness, ear pulling is not abnormal.

Discipline: Discipline should be accomplished by redirecting an infant's attention when he/she exhibits undesirable behavior. When he/she is engaged in a preferred behavior, do not interrupt him/her by speaking, but give positive reinforcement by touching. Generally, give an abundance of hugs, kisses and verbal attention to encourage mobility, inquisitiveness and feelings of security. Evaluate your responses to your infant to determine whether they are "nice" to accomplish a desired goal for the short haul or whether they are "loving" to accomplish the goal of training your child to be able to behave appropriately and independently for the long haul. Concentrate on the "loving" responses.

HEALTH CARE:

Routine well child appointments and immunizations are:

2 MONTHS OF AGE: DTaP, IPV, Hep B, PCV 13, HIB, Rotavirus

4 MONTHS OF AGE: DTaP, IPV, Hep B, PCV 13, HIB, Rotavirus

6 MONTHS OF AGE: DTaP, IPV, Hep B, HIB

9 MONTHS OF AGE: Hematocrit

12 MONTHS OF AGE: Varicella, MMR, PCV 13, Hep A and if attending a licensed day care- HIB

15 MONTHS OF AGE: DTaP, HIB if not given at 12 months of age

18 MONTHS OF AGE: Hep A

24 MONTHS OF AGE: Update any vaccine deficits

3 YEARS OF AGE: Update any vaccine deficits

4 YEARS OF AGE: DTaP, IPV, MMR, Varicella

5 YEARS OF AGE: Update any vaccine deficits

6 YEARS OF AGE: Update any vaccine deficits

7 YEARS OF AGE: Update any vaccine deficits

8 YEARS OF AGE: Update any vaccine deficits

9 YEARS OF AGE: Update any vaccine deficits

10-11 YEARS OF AGE: Tdap, MCV4, HPV, update any vaccine deficits

12-15 YEARS OF AGE: Update any vaccine deficits

16-18 YEARS OF AGE: MCV4, Men B (Men B booster one month later)

WHEN TO CALL THE PEDIATRICIAN:

1. Baby has a rectal temperature of 101 degrees rectally or greater which does not respond to Acetaminophen.
2. Baby is extremely lethargic, has symptoms of illness, poor feeding, unusual irritability or persistent vomiting and/or diarrhea.
3. ***Parent is uncomfortable and/or worried.***

If you are dealing with a life-threatening emergency, CALL 911. Otherwise, call our office phone number ***first*** and our voice message will provide detailed instructions on how to obtain medical care for your child when our office is closed. ***(775) 329-5555***