

WELL CHILD: THE SIX-MONTH-OLD (1 OF 2)

VIRGINIA MASON MEDICAL CENTER – PEDIATRICS AND ADOLESCENT MEDICINE

www.virginiamason.org/pediatrics

Name _____ Weight _____ lbs. _____ oz.
Date _____ Length _____ in.
Head Circumference _____ cm

NUTRITION

- Solid meals 1–3 times per day and 24–32 oz. of breast milk or formula.
- Continue to commit to feeding your baby healthful foods. Soon your infant will be modeling your eating habits.
- To prevent vitamin D deficiency, breastfed infants should take 400 IU of supplemental vitamin D every day. You can give 1 mL of over-the-counter infant vitamin drops (such as D-Vi-Sol, Tri-Vi-Sol, or Poly-Vi-Sol, with or without iron), or 1 mL of “Just D” (available at sunlightvitamins.com and at some pharmacies), or 1 DROP (not 1 mL!) of Carlson for Kids Ddrops (400 IU per drop), every day.
- Breastfed infants over age 4 months also need 10 mg of supplemental iron every day, which they will get if they are taking at least 24 oz. of supplemental iron-fortified formula per day, or 2 servings (1/4 cup each, measured dry) of iron-fortified infant cereal per day. If not, simply give Tri-Vi-Sol WITH IRON or Poly-Vi-Sol WITH IRON 1 mL daily to meet both the vitamin D and iron requirement for your baby. Be careful with iron as it may stain clothing.
- Introduce a sippy cup with water, letting your baby practice using it at least once a day. Remember: do not give your baby the bottle in the crib.
- Children do not need juice. If you decide to give your child juice, put it in a cup and limit it to less than 4 oz. a day.
- Soft finger foods can be offered when your baby is able to use a thumb-finger grasp and place food such as Cheerios in his/her mouth. Offer foods that can easily be mashed between your fingers, or foods that soften quickly in the mouth, such as bread, well-cooked vegetables, very ripe bananas, etc.
- Looking ahead: By 9 months, solids 3 times per day, roughly 24 oz. of breast milk or formula. If you are nursing, try to breast-feed after meals rather than before, at 9 months of age.

DENTAL CARE

- Begin brushing teeth after the first tooth erupts. Use a fluoride-free toothpaste, or no toothpaste, before age 2 years. A fluoride supplement may be needed if your baby does not receive water containing fluoride.

DEVELOPMENT FROM 6 – 9 MONTHS

- Sits without support, stands holding on, laughs and babbles, passes things hand to hand to mouth to hand etc.
- May get upset when parents leave; beginning to differentiate self from others and familiar from unfamiliar.
- If you have any concerns about your baby’s vision or hearing, please let me know.

PARENTING

- Separation and stranger anxiety is common during the next several months. Your child may seem like two separate babies. One is outgoing and affectionate; the other is anxious, clingy, and frightened by unfamiliar people and objects. You or your parenting styles do not cause this—your child has learned to tell familiar from unfamiliar.
- During the day respond to separation fears with reassuring words and behaviors. At night and naptime your child may find a “transitional object” helpful. This is often a soft toy held when you are snuggling and taken into the crib to provide reassurance when you are not physically present.

SLEEP

- Continuing a bedtime routine will provide security for your baby at this age.
- Many babies who have previously slept through the night begin to wake again. Make your visits short and reassuring. It may be helpful to leave the door to your baby’s room open.

SAFETY

- Begin to child-proof the home. Crawl around on your hands and knees. See what is available to a curious person exploring your home at ground level. Install gates. Secure stairway doors, windows, and screens.
- Make at least one area of your home safe for exploring: free of sharp objects, glass, breakable surfaces, dangling cords, small objects.
- **In case of ingestion of poisons, call the Poison Control Center immediately. Post this number by your phone: 1(800)222-1222.** Do not use syrup of ipecac. Visit poison.org for more information.
- Always supervise closely in the tub. Never leave the room, even for a brief moment to answer the door or phone.
- Check out the crib: move the mattress to the lowest level, remove cushions, stuffed animals, and anything that could assist baby in climbing out. Remove mobiles dangling overhead. Shoes will be needed when your baby begins to walk outside in order to protect feet from cold and cuts. The best shoes are flexible and lightweight with a non-skid sole. Shoes are not needed indoors.

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- DO NOT USE BABY WALKERS! Babies can be seriously injured in them, even with close supervision or automatic wheel locks, and walkers do not help a child learn to walk. **Stationary** devices, however, such as Exersaucers or Johnny Jump Up baby exercisers are generally okay for limited periods of time.
- Always use a properly fitted rear-facing car seat. The center rear seat is safest. If they outgrow the infant seat, transition to a larger rear-facing car seat. Children should remain rear-facing until **TWO** years of age **or** until they reach the maximum weight or height for rear-facing in their car seat. Check your car seat manual.
- Check your smoke detectors and fire extinguishers on a regular basis. Have a family fire exit plan.
- Avoid direct sunlight. Use light cotton clothing. Apply sunscreen to exposed skin.

ACTIVITIES 6 – 9 MONTHS

- Babies love noises and are beginning to understand cause and effect. Give plastic measuring cups, pots, pans, and wooden spoons to bang.
- Play peek-a-boo, “so big,” and other word-with-motion games.
- Talk, talk, talk; narrate your day to your baby.
- Read, read, read, read. Make reading with your child an important part of your family’s day.
- TV and videos, even “educational” programs, are not recommended, and do not help your baby’s development.
- No screen time is recommended before the age of 2. Do not entertain your baby with videos or apps on the phone, lap top or television. The human voice is the best stimulant for developing infant brains.

IMMUNIZATIONS TODAY

- You may find detailed information about vaccines, including our recommended schedule and links to the CDC’s Vaccine Information Statements, at virginiamason.org/immunizations.

Acetaminophen (Tylenol)

Child’s Weight	Infant’s or Children’s Suspension (160 mg/5 mL)	PLEASE NOTE The old concentrated acetaminophen infant drops (80 mg/0.8 mL) are being phased out and should no longer be used. For more information, visit snipurl.com/NewTylenolDosing
6–12 lbs	1.25 mL	
12–18 lbs	2.5 mL	
18–24 lbs	3.75 mL (3/4 tsp)	
over 24 lbs	5 mL (1 tsp)	

Acetaminophen may be given every 4 hours but not more than 4 times in 24 hours. Please call the office if a fever persists for more than 2 days or if you have any questions about your child’s illness or vaccine side effects.

Ibuprofen (Advil, Motrin)

Child’s Weight	Infant Drops (50 mg/1.25 mL)
12–18 lbs	1.25 mL
18–24 lbs	1.875 mL
24–28 lbs	1.25 mL + 1.25 mL
over 28 lbs	1.875 mL + 1.25 mL

Ibuprofen may be given every 6 hours and not more than 4 times in 24 hours.
PLEASE CHECK THE CONCENTRATION OF THE IBUPROFEN YOU ARE USING.

NEXT VISIT

- Please make an appointment for when your child is 9 months old as you leave today.

BOOKS / RESOURCES

Child of Mine: Feeding With Love and Good Sense by Ellyn Satter

Your Baby’s First Year by the American Academy of Pediatrics

Caring for Your Baby and Young Child: Birth to Age 5 by the American Academy of Pediatrics

Immunizations & Infectious Diseases: An Informed Parent’s Guide by the American Academy of Pediatrics,
Margaret C. Fisher, M.D., FAAP, Editor-in-Chief

Healthy Sleep Habits, Happy Child by Marc Weissbluth, M.D.

Solve Your Child’s Sleep Problems by Richard Ferber, M.D.

*Sleeping Through the Night, Revised Edition: How Infants, Toddlers, and Their Parents Can Get a Good Night’s
Sleep* by Jodi A. Mindell, Ph.D.

The No-Cry Sleep Solution: Gentle Ways to Help Your Baby Sleep Through the Night by Elizabeth Pantley

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