



kids+  
pediatrics

# 6-Month Handout

## 6-MONTH DEVELOPMENT QUESTIONS

1. Will your baby transfer objects from one hand to the other?
2. Can your baby roll over?
3. Can your baby sit upright with you supporting her a little?
4. Does your baby make babbling noises?
5. Can your baby grab on to small objects (like a Cheerio)?
6. Can your baby bear weight (stand with support)?
7. Does your baby respond to his name?

## FEEDING

If you haven't started your baby on fruits or vegetables, you may start them now. At meals, breastfeed or give formula before giving baby food. The majority of your infant's calories should still be coming from breast milk or formula. Wait at least one week between new foods to be sure there are no allergies.

Your baby should continue having breast milk or formula until at least 1 year of age. Avoid meats until your baby is 8 to 9 months old. Milk and eggs may be added by 12 months of age. Also, we recommend avoiding nuts (including peanuts and peanut butter) and shellfish (lobster, shrimp, crab, etc) until 2 years of age.

Sitting up while eating helps your baby learn good eating habits. Continue using a spoon for cereal, and also for fruits and vegetables. You can give your baby two to three meals a day, plus breastfeeding or formula between meals.

As your baby becomes more comfortable with solids, you may introduce finger foods. This typically occurs at 7 to 9 months. Appropriate finger foods include foods such as:

Mashed or sliced bananas	Soft cooked vegetables
Applesauce	Yogurt
Canned pears and peaches	Cooked cereals
Cheerios or Kix	Toast, lightly buttered
Frozen Yogurt	Graham crackers
Mashed Potatoes	Mandarin oranges

Avoid finger foods that your child may choke on – foods with skins around them (like hot dogs, grapes, corn), or hard foods your baby won't be able to gum (like olives, hard candies, raw fruits and vegetables, bacon). Avoid honey at this age, as it may cause an infection called botulism in young infants.

For more information on transitioning to solid foods, see the Nutrition Notes on our web site.

## TEETHING

Most babies get their first tooth around 6 to 7 months old, but many babies take much longer than that, so don't be alarmed if your baby doesn't get his first tooth soon. Teething often makes babies fussy, and they can feel a little warm when they're upset, but teething does not cause high fevers. You may notice slightly looser stools as well, but teething does not cause severe diarrhea. If your baby seems uncomfortable from teething, you can try giving him some Tylenol and see if that helps relieve the pain.

For more information on Teething, see the Doctor's Notes page on our web site.

## SLEEP

Most 6-month-olds should be able to sleep through the night (7-8 hours) by this point. At 6 months, children start to be anxious about separation from their parents. Be calm and consistent with your baby at bedtime.

Consider leaving the door of your child's room open, and/or have a night-light in her room. It's common for children to awaken during the night at this age. Children can become frightened when they are in a closed space and are not sure their parents are nearby. Being able to see they are in a familiar place in the middle of the night can be reassuring.

Provide prompt reassurance for middle of the night fears. For mild nighttime fears, check on your child promptly and reassure her, but keep the interaction as brief as possible. If your child panics when you leave, stay in the room until the child is either calm or asleep. Try not to take the child out of the crib, but provide whatever else she needs for comfort without turning on the light or talking too much. At most, sit next to the crib with your hand resting on the child's body.

We recommend children sleep on their back until they can roll over by themselves. Once they're rolling on their own, they can sleep in whatever position they are comfortable. And as always, never allow any food or drink in bed!

This is often a good age for babies to learn to fall asleep on their own.

For more information on sleep and self-settling, see the **Kids Plus Sleep Handout** on our web site: <http://www.kidspluspgh.com/upload/Kids+SleepHandout.pdf>

## CPR & CHOKING

Babies explore their environment by putting anything and everything into their mouths. Never leave small objects in your baby's reach, even for a moment. Cords, ropes, or strings around the baby's neck can choke him. Keep cords away from the crib. Many local hospitals, as well as the Red Cross, offer CPR classes that can teach you how to help a choking baby, as well as infant and child CPR.

## INJURY PREVENTION

Make certain that your baby's car seat is installed correctly. Read and follow the instructions that come with the car seat and the car's owner's manual. Use the car seat EVERY time your child is in a car.

All babies should be restrained in a rear-facing car seat, in the rear seat of the car. The American Academy of Pediatrics recommends that all infants and toddlers should ride in a rear-facing safety seat until age 2, or until they reach the highest weight and height allowed by their car seat's manufacturer. If your child reaches 20 pounds but is not one year old, he will most likely have outgrown his infant carrier. In that case, he may need to move up into a child car seat. Many car seats come in reversible models, so you can face him backward and reverse the seat to front-facing once he reaches 1 year.

Check your home for all accident hazards, sharp objects, table edges, medicines, and household poisons. The last two items should be kept out of the child's reach or in locked cabinets. Survey all areas accessible to the baby, and empty all those areas of anything that may be of harm to the baby.

Use gates on stairs. Be sure they fit snugly – babies can often hit with enough force to dislodge a loose-fitting or expandable gate. The release mechanism should be on the outside, away from the baby, so she has a harder time releasing the gate. Playpens are excellent islands of safety when you need to put the baby down and turn your attention elsewhere for a few minutes.

Insert plastic plugs in electrical outlets to prevent your baby from putting anything into the plug. Insulate the junction points of extension cords with electrical tape to prevent your child from partially opening them and creating an electrocution risk

Avoid using appliances with dangling electrical cords that the baby might grab onto. Also, keep in mind that a baby may pull down tablecloths, lamps, and drawers as he starts to stand. All of these can injure him if he pulls an object down onto himself.

Never leave a baby unattended in a tub of water or a pool, no matter how shallow.

If your baby accidentally ingests something poisonous or hazardous, call the **Poison Control Center** immediately at 412-681-6669.

## SMOKE & CARBON MONOXIDE DETECTORS

Houses should have at least one smoke detector on each level. Many safety experts recommend one in each bedroom, as well as a carbon monoxide (CO) detector for the house. Be sure to check the batteries at least twice a year to be sure they are still functioning properly. Your family should have an escape plan in case of fire, including multiple exit sites, and a safe place to meet outside so you can be sure everyone is out safely.

We also caution against passive smoke exposure of any kind. Our recommendation for the health of your baby is no smoking. The more smoke your child is exposed to, the higher her chance of developing more colds, lung infections, ear infections, allergies, asthma problems, and cancer. The best thing for your child’s health is for you not to smoke at all. Even if you don’t smoke near your child, chemicals from smoking stay with you on your clothes and on your body. If you must smoke, smoke outside the house, never inside or in the car. Even if your child is in another room or not in the car at the moment, she will still be exposed to lingering, harmful chemicals later.

## SUN SAFETY

To minimize exposure to harmful Ultraviolet radiation (UV rays) and to help reduce your child’s risk of developing skin cancer and premature aging of their skin, keep a few sun safety tips in mind. The sun’s rays are at their strongest during the early afternoon (11 am to 3 pm), so be extra careful of sun exposure during these times. Try and keep your child in the shade when possible; umbrellas, hats, and light clothing can help. If your child must be out in the sun, be sure to use a children’s sunscreen with an SPF of at least 30. Keep in mind that sunscreen helps lessen sun damage; it doesn’t prevent it completely.

## WALK-IN HOURS

We offer no-appointment necessary Walk-In Hours, at all offices:

**Weekday Mornings, 8:15 to 9:30am** at Pleasant Hills and Squirrel Hill/Greenfield.

**Weekday Evenings, 6:30pm to 8:00pm**

Monday, Tuesday, Wednesday at Pleasant Hills

Monday and Thursday at Squirrel Hill/Greenfield.

**All Day, Every Week Day** at Cranberry/Seven Fields

These hours are to address routine health problems such as sore throat, cold symptoms, fever, rash, and ear pain. They are not designed to evaluate chronic problems. If your child is older than 4 months and has had symptoms fewer than 3 days, you can be seen on a first-come, first-served basis.

You can read more about Walk-In Hours on our Kids Plus web site, [www.kidspluspgh.com](http://www.kidspluspgh.com).

## QUESTIONS & CONCERNS

If you feel you need additional advice between regular check-ups, you can post questions to our Facebook page or telephone us during office hours. Facebook, where we answer questions sometimes as quickly as in a few minutes, is a great place to ask about general, non-pressing issues. For more detailed and pressing health questions, it's best to call. Either way, we're always happy to provide counseling and guidance. (It's both our job and our pleasure!)

When calling after office hours, your call will be answered by an answering machine. If you have a concern that can't wait for regular office hours, please leave your name, your child's name (with spelling), and your phone number, and we'll return your call usually within an hour or so.

If you have an emergency that requires an ambulance or paramedics, call 911 *first*. If you have an emergency that can't wait for a call back and need to have the doctor urgently paged (such as seizures, respiratory illness with labored breathing, suspected dehydration, or similar conditions), the recorded message will give you the answering service's phone number, and they can reach the doctor on call for the emergency.

## AND REMEMBER...

We have a wonderful, 24/7/365 resource for parents at our **Kids Plus Facebook Page**. Like us on Facebook, and follow along with our great Kids Plus Social Media Community!

*We look forward to seeing you at your 9-Month Well Visit!*

