



Dr. Fitch's 6 month Well Baby Handout

Name: _____ Date: _____

Weight: ____ lbs ____ oz (____ %)

Height: _____ in (____ %)


Head: _____ in (____ %)

Tylenol dose: _____ tsp or _____ ml (infant or children's)—4 hours

Ibuprofen dose: _____ ml (infant) / _____ tsp or _____ ml (children's)—6 hours

Benadryl dose: _____ tsp or _____ ml—every 4-6 hours

THINGS TO DO:

- Call to schedule your infant's 9 month well baby visit (call 4-6 weeks ahead).
- Call to set up 2nd flu shot in one month if your infant got the first today.
- Parents and close contacts should get the Tdap (every 5 years) and flu vaccine (yearly). We offer this in the office if you would like to get it here.
- Visit our website: www.heritagepediatrics.com for news, announcements, educational materials, health recommendations, and information about our office. Check out my page under the physician tab.
- Follow us on Facebook!! 

FEEDING:

- Your infant can still get all their nutrition from breast milk or formula until they are a year old.
- Whether you are beginning solids (see feeding notes from 4 month handout) or have gone through all the cereals and stage 1 veggies and fruits, the goal of solids over the next 3 months is to advance tastes and textures.
- Once you have done all the stage 1 solids, you can begin stage 2. This includes combinations of foods and meats. To me, meats smell nasty and taste nasty; so with that great introduction you are welcome to try them! Combinations with meat do taste better, and they are a good protein source which may help with sleeping at night.
- You can also begin texture with pick up foods. Texture has less to do with age, development, and teeth, than with preference and gag reflex.
- You can begin biter biscuits with your infant. I warn you that at first these may gag your infant, but this is not choking if they are making sounds and recover quickly.
- Once your infant is able to eat these biscuits without gagging, you can begin other foods like puffs, mum mums, wagon wheels, and cheerios.
- You are welcome to introduce textures by putting soft pieces of fruits & vegetables in mesh bags.



- By 8 or 9 months, some infants are on all Gerber graduate / table food. They may think that your (or their sibling's) food looks much more appealing than their mush.
- Again, advancing texture has a lot to do with an infant's preference and gag reflex. While some may be on all table food by 9 months, other infants may not be ready for table food until 12-15 months.

WET & DIRTY DIAPERS:

- Diapers should still be wet with most changes. Dirty diapers usually happen once or twice a day, but can still be very infrequent (3-5 days) if you haven't started solid foods.
- Once you begin solid food, the stool will probably have more texture. If your infant strains more to pass these, but they are still soft, this is normal. They are just learning to relax the bottom muscles with this increased texture.
- If your infant is really straining, having hard little balls, or you see blood, we will introduce measures to soften the stool. This may include a little watered down juice, moving to fruit in the diet, or adding a stool softener to a bottle or baby food.
- Please call our office if bowel movements become a problem.

SLEEP:

- Most infants are sleeping through the night by 6 months. In fact most (90% or more) can go 10-12 hours at night without eating.
- Many/ most babies will start sleeping longer when they are in their own crib in a separate room from mom and dad. If you haven't moved your child, this is a good time to do so.
- Though it's ok to see if cereal / solid food in the evening time will help your infant sleep longer, I also give you permission to let your infant cry for longer stretches of time.
- If your infant is well during the day, has fed well all day long (with good wet diapers) and is easy to console at night when they wake, I give you permission to let them cry for 15, 20, 30, 45, 60, 90 minutes, even 2 hours for 3 or 4 nights.
- If the 4th night is no better than the 1st night, I would go back to feeding your infant and you can try this process again in 1-2 weeks.
- Though it is certainly ok to go in and check on your infant, I think the quickest (not easiest) way to help them sleep through the night is this cold turkey approach. Since most infants give in by the 3rd or 4th night, I think Thursday night is a good night to start this training process as most will be sleeping by Sunday evening.
- As hard as it is to listen to your infant cry at this age, it's easier now to let them cry at 6 months since they develop more of a will and will hold out longer the older they get.
- Your infant is now in the habit forming age when an infant learns they get their way if every time they cry we run to pick them up.
- Even if your infant feeds well during the night, they may not be hungry. He / she may just be getting into a habit of eating in the middle of the night. So, working on sleep at this age is really just the beginning of discipline, which means training.



- I know this is hard. So remember, I am not telling you to do this, but just giving you permission. But, please know I have used this method with my own children.
- Also remember the importance of a bedtime ritual (such as reading a story, singing a song, bedtime prayers, etc.). It should not be too long (about 20 minutes), and more importantly the child should not fall asleep during the bedtime ritual. If your baby goes to sleep in your arms occasionally, that's fine, but try to place him in the crib awake for bedtime and naps.
- Keep their room dark, dark, dark when they sleep and make their room/ house bright, bright, bright when they wake up (this, and a consistent sleep schedule, will help to set their circadian rhythm).

PLAYTIME:

- At this age, your infant can entertain him / herself for short periods of time. Though it is good to hold and love on your infant a lot, it is also good at this age for them to see that they don't always get what they want when they want it.
- Remember as we said above, this is the habit forming age. Place your baby in a safe area on the floor or in a playpen and put bright toys (rattle, plastic cup, and blocks) where the baby can see and reach them. If your infant cries when you leave the room that is ok. Go do what you were going to do and they will see that you leave and come back.
- The American Academy of Pediatrics advises against the use of infant walkers. They are an established safety hazard.
- It is best to let your baby pull, wiggle, and **learn** to roll and explore. The use of stationary play saucers is safe, however limiting to no more than 40 minutes per day is appropriate.

IMMUNIZATIONS:

Your infant will receive 4 or 5 vaccines today:

- (1) **DTaP #3** (Diphtheria, Tetanus, acellular Pertussis)
- (2) **HIB #3** (Haemophilus Influenza B)
- (3) **Pevnar-13 #3** (Pneumococcal)
- (4) **Rotavirus #3** (oral)
- (5) **Flu #1** (preservative free influenza)

- Please see side effects on the 2 month handout. You tend to see the same side effects you saw the first two times. So, if you were in the 1-3% either time who had higher fever and were really fussy, you can expect to see the same today. Good news is that if you didn't see much of a reaction the first two times, you probably won't this time either (though there are always exceptions). Most will see more local reaction in one or both thighs (DTaP and Pevnar cause these local reactions). The redness will go away in a few days, but the knot under the skin can last a few months.



- I do still recommend giving Tylenol every 4 hours while awake.
- There is no polio vaccine this visit which is why the DTaP and HIB have to be given separately. The only new vaccine is the flu vaccine (if it's during the season to administer flu shots). Though we recommend a universal flu vaccine for all our patients, those under 2 years are at the greatest risk for hospitalization and secondary infections resulting in antibiotic administration. We use the preservative free flu vaccine for all our infants.

DEVELOPMENT:

- Can sit on their own or with support.
- Bears weight on legs.
- Transfers objects from one hand to another.
- Laughs and babbles.
- Squeals with delight.
- Begins to show parent preference (can develop any time after 6 months).
- Begins to show separation anxiety (can develop any time after 6 months).
- Object permanence (remembers things exist even when he / she can't see them—will look for a toy you hide behind your back; this contributes to separation anxiety and can effect sleep at night).

TEETHING / Fluoride:

- By now your infant should be showing signs of teething (drooling, hands to mouth, and chewing on everything)
- Though honestly, an infant is teething from birth. I have had several infants with their first tooth at birth and a couple who didn't get their first tooth until 18 months (we do refer to a dentist if there are no teeth beyond 18 months). So there is a wide range for when they come in.
- The average age to see the first tooth is right now or 6-7 months. However, your infant can be teething for months before that first tooth pops through.
- Other signs and symptoms of teething are debated. I believe you can see mild symptoms which include: mild fussiness, mild clear runny nose, temperature in the 99s, one or two loose stools, feedings being off a little, waking up 1-2 extra times at night (but easy to console and get back to sleep).
- More intense symptoms may indicate an illness. You are welcome to call our office to discuss.
- We are recommending **Fluoride** application once teeth erupt (we will apply in the office). After studying the recommendation (apply every 3-6 months), I'm convinced it's safe and it's cheap (pennies). If it has the potential to prevent a cavity in an infant or toddler (which would require sedation to fix), I think it's worth it.



SAFETY:

Accidents kill more infants in the first year of life than any other cause. Keep your baby safe by following a few recommendations.

(1) Childproofing - Now that baby is ready to crawl and explore, parents must be aware of and limit the possibility of accidents in the home.

- Remove breakable and small objects on the floor and on low tables.
- Cover electrical outlets and remove dangling electrical cords from baby's reach.
- Choose toys carefully! Avoid small pieces or removable parts that can be swallowed.
- If the toy can fit in a toilet paper roll, it's too small.
- Never leave alone in bathtub or near open water.
- Keep all cleaning products and medications out of reach and in a locked cabinet.
- Use gates on stairways (top and bottom).
- Do not leave unattended on any high surface.
- Move household plants out of reach
- Lower the crib mattress before he / she can sit up.
- Avoid baby walkers.

(2) Car Safety - You may be thinking your infant is outgrowing his infant car seat. Check the manufacture's

recommendation on weight and length. If your baby is on the large size, you may want to look at purchasing a convertible car seat. Make sure you purchase one that is approved for rear-facing for this age and forward facing after age two.

- Remember, the infant should be placed in the back seat with the car seat rear-facing until your child is 2 years of age.

(3) Sunburns

- Make sure your baby is wearing protective clothing when outdoors and exposed to sun.
- Cover their head with a hat
- It is safe to use infant sunblock for protection. Avoid placing around the eyes and wash off when out of sun exposure.

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Poison Control:
(800) 222-1222

Clinic Hours:
Monday – Friday AM:
8:00 am - 12:30 pm / 1:30 pm - 4:30 pm

Friday PM & Saturday AM Urgent Care Clinic:
1:30-4:30PM & 8:00AM until last patient is seen