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6 Month Well Child Visit

Your child at 6 months is usually able to distinguish mom and dad from others less familiar. This phase, “stranger anxiety phase” is an important normal phase of development. If you are not seeing some degree of stranger recognition, even if it is only to show preference for mom and dad then this should be brought to my attention. Your child also is accomplished with using his or her hands, able now to transfer objects from one hand to the other, sit supported and roll from both front to back and from back to front. Don't be too concerned if your child is not perfect with these skills. It does not always indicate a problem however, if there is a lack of most of these, discuss this.

Your child now should begin solids if you have waited for this. The food can either be homemade or store bought. Your child may be able to feed themselves or you can help with a spoon if this is enjoyable for your child. The meals should be 2 to 3 times daily and approximately the size of your child's cupped 2 hands together (roughly ¼-1/2 cup size servings). The majority of the child's calories should be provided by formula or breast milk. The progression of feedings is as follows: at 4 months, formula fed infants if it is desired can be given vegetable purees. By 6 months all infants whether breast or formula fed should be given semismashed or soft, small pieces of foods. The types of foods include beans, lentils, soft meats-chicken, beef and fish, egg yolk, pasta, bread, vegetables and fruits that are very soft and very small. Imagine that you are not going to chew and must swallow your food. This will give an idea of what type of consistency to give your child to eat. Please start peanut butter. Very small tastes from your finger would be perfect. Daily peanut butter will help prevent peanut allergy. Stay away from egg whites, nuts in foods, honey and shellfish until after the one-year birthday. It is quite rare but it is possible for their to be signs of an allergy. If your child shows a rash or vomits after eating you may need to give a dose of benadryl. Keep on hand some Benadryl liquid and give ½ tsp (2.5 mls) if there is any sign of rash or swelling with new food introduction. There is no need to give only one food at a time, you can give a few but keep in mind if there is a problem with rash you must identify which food is the problem. The child should be drinking approximately 25-30 ounces daily of formula or breast feeding 4-6 or so times daily.

Your child should have soft bowel movements ranging from several daily to once every few days. If the stools are hard and pellet-like, this can be constipation and should be addressed at the visit.

Sleep at this time should be established with a bedtime routine to help “wind down” the child and I recommend the child be placed in their bed awake. If this is done you are much more likely to get a good night's sleep. Your child will probably sleep

approximately 12-16 hours daily and naps should be part of the daily routine, done at a regular time so the child knows every day what to expect. Napping twice daily is common at this age although all kids are different so allow for some variation. Some tricks for sleeping are using a safe “transitional” object, meaning putting the child in bed with a cuddly toy or soft, friendly stuffed animal without buttons or parts that could be pulled off and aspirated that will be with the child as they fall asleep. This toy might stay in the crib to help with carrying a stuffy around all day. Bedtime music of some sort could also help set the tone and soothe the child to sleep.

Television is not recommended, and the American Academy of Pediatrics advise no T.V. until after 2 years of age limited to 2 hours daily. T.V. has been shown to affect children dramatically and this is a very impressionable age.

Over the next few months, your child will begin to explore actively the environment and it is at this time you should begin to remove small objects because your child is probably becoming expert with getting hands to mouth and by 9 months many can pick up and place objects in their mouth. Rolling now is a mode of locomotion, your child can get around and pull heavy items over, find cleaning products or medicines in low-lying cabinets or drawers so begin to move these things up out of their way. Stairs and bathrooms are areas of danger, so stair gates and closed doors are important. The number for Poison Control should be kept in your phone, close at hand (1-800-222-1222 POISON CONTROL) and is a resource if you have concerns about the baby swallowing something they can be called 24 hours a day.

Today is the third booster for vaccines and I recommend your child be vaccinated. These will be given. Again, your child might run a low fever or could be sore where vaccinated. Acetaminophen or ibuprofen can be given. Now, ibuprofen can be used as your child is older. Ibuprofen is dosed as follows: 10 to 20 pounds 1/2 tsp (2.5 mls) of children’s ibuprofen (not infant drops) over 20 pounds 1 tsp (5 mls). Acetaminophen dosing 12 to 20 pounds 2.5 mls infant drops and over 20 pounds 5 mls used every 6 hours not more than 4 doses in 24 hours.

The next well visit is at 9 months.

Have fun and call for concerns.

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