SIX MONTH OLD

Safety:

-*Child-proof your house!*

-All medicines, vitamins, cosmetics, cleaners, toxic chemicals should be locked or out of reach. Have poison control number by phone: 1 800 222 1222. Never induce vomiting prior to talking with poison control.

-Electrical outlets should have plug protectors. Tape down exposed lamp cords/extension cords to prevent burn injuries from infants biting on such objects.

-Make living room/play areas safe. Rearrange or place "bumpers" on dangerous furniture edges/corners. Gates may contain infants into known safe areas.

-Keep small objects off floor. Keep balloons, coins, marbles, batteries, etc. away from an infant.

-Stairs should be gated on top and bottom.

-Bathroom door kept closed. Never leave bathtub full with water. Water heater set at 120 F.

-Child resistant safety latches may be helpful for kitchen/bathroom cupboards.

-Candles, fireplace must be out of reach or avoided. Classic burn injury is hot coffee/tea/soup pulled off of table.

-Do not use baby walkers.

-Be careful of long cords (strangulation risk).

-Always use a *car seat*. Infants should be rear facing until at least 2 years of age. The safest place is the back seat, ideally the center back seat. Never put an infant in the front seat with an air bag. Move to a *convertible* car seat placed rear facing if your child's length exceeds specifications on your *infant* car seat.

Development:

-Your child likely is reaching for and grasping objects, transferring objects from one hand to another, babbling, laughing, rolling, turning to sound well, tracking people/objects 180 degrees across room.

-He/she should make good eye contact, be excited/laugh at peek-a-boo, exhibit some early mimicry.

-Around six months (often seven months) children are starting to sit without support when placed in sitting position.

-Separation anxiety becomes more prominent now, peaking at nine months. Reassure your infant.

Sleep:

-Ideally your child is now sleeping eight or more hours in one stretch.

If this is not happening and you are frustrated you are not alone. The two most common reasons sleeping "through the night" has not yet occurred are feeding for comfort at night and/or an inability to put self back to sleep on awakening. Remember all children awaken in the night, the good sleepers get back to sleep without waking the family. There are many books on sleep which many families find helpful, however, be aware each book (and each neighbor/friend of yours) has a different philosophy on how to approach these issues. Find what feels comfortable to you, give it a shot being as consistent as you can and bring questions in if sleep is not improving.

-Continue bed-time routine. Continue to place to sleep on back on a firm, flat and level mattress. No blankets, pillows, soft bedding or crib bumper should be allowed in the vicinity of a sleeping child until 1 year of age

Diet:

-Formula with iron and/or breast milk remains the majority of your infant's nutrition. Introduction of solids is to explore eating. Forcing your child to eat is not necessary.

-Try solids twice a day.

-The newest evidence has shown that early introduction of allergenic foods decreases the risk of food allergy. Once your infant has tried a few early solids, we recommend introduction of allergenic foods at home (nuts, eggs, wheat, soy, dairy, fish) with observation. Offer an initial taste then, if tolerated, the food can be introduced in gradual, increasing amounts and continued at least twice a week. Your child can sample a wide variety of foods!

-Avoid honey until at least one year.

-Breastmilk fed babies need to focus on getting some iron rich foods daily (fortified cereals, green vegetables, meats).
-Constipation (hard stools, staining) is common on the introduction of solids. Rice cereal and bananas are especially constipating. Try oatmeal cereal in place of rice cereal, and increase fruits (especially prunes or apricots) and green vegetables.

Tips:
-Seattle water is fluoridated.
-Infants do not need juice; the sugars in juice increase the risk of caries.
-Brush (or wipe with gauze/cloth) your child's teeth twice daily. The Academy of Pediatrics recommends a smear (size of grain of rice) of fluoridated toothpaste for all children starting at tooth eruption.
-Let your child gnaw on a cold washcloth, teething ring or fingers to soothe erupting teeth.
-If your house was built before 1950 and contains peeling paint or had a recent remodel, discuss possibility of lead toxicity with your pediatrician.
-Avoid sunburns. Shade and covering skin is ideal. Use a sunscreen made for children.
-Distraction is quite useful.
-Give a comfort object such as a blanket or teddy bear.
-Read to your baby!

Medications:
-**Acetaminophen** (Tylenol, paracetamol, APAP)

Oral Suspension (160mg per 5mL)	12 to 18 pounds: 2.5mL = ½ teaspoon (80mg) each 4-6 hours
	18 to 24 pounds: 3.75mL = ¾ teaspoon (120mg) each 4-6 hrs
	24 to 30 pounds: 5mL = 1 teaspoon (160mg) each 4-6 hours

-**Ibuprofen** (Advil, Motrin)

Drops (50mg per 1.25mL):	11 to 17 pounds: 1 dropper = 1.25mL (50mg) each 6-8 hours
	17 to 22 pounds: 1 ½ droppers = 1.875mL (75mg) each 6-8 hours
Suspension (100mg per teaspoon):	11 to 17 pounds: 2.5mL = ½ teaspoon (50mg) each 6-8 hours
	17 to 22 pounds: 3.8mL = ¾ teaspoon (75mg) each 6-8 hours
	22 to 30 pounds: 5mL = 1 teaspoon (100mg) each 6-8 hours

-We do not recommend over the counter cough and cold medicines in children less than 2 years old because of lack of benefit and possibility of side effects.

Visit our website for further health information and links to other medical sites: www.ballardpeds.com
Ballard Pediatrics: 206 783 9300

Your next visit should be when the baby is **NINE months** old. Please allow 2 months advance notice when scheduling.