



BRIGHT FUTURES HANDOUT ► PARENT

4 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.

✓ HOW YOUR FAMILY IS DOING

- Learn if your home or drinking water has lead and take steps to get rid of it. Lead is toxic for everyone.
- Take time for yourself and with your partner. Spend time with family and friends.
- Choose a mature, trained, and responsible babysitter or caregiver.
- You can talk with us about your child care choices.

✓ FEEDING YOUR BABY

- For babies at 4 months of age, breast milk or iron-fortified formula remains the best food. Solid foods are discouraged until about 6 months of age.
- Avoid feeding your baby too much by following the baby's signs of fullness, such as
 - Leaning back
 - Turning away

If Breastfeeding

- Providing only breast milk for your baby for about the first 6 months after birth provides ideal nutrition. It supports the best possible growth and development.
- Be proud of yourself if you are still breastfeeding. Continue as long as you and your baby want.
- Know that babies this age go through growth spurts. They may want to breastfeed more often and that is normal.
- If you pump, be sure to store your milk properly so it stays safe for your baby. We can give you more information.
- Give your baby vitamin D drops (400 IU a day).
- Tell us if you are taking any medications, supplements, or herbal preparations.

If Formula Feeding

- Make sure to prepare, heat, and store the formula safely.
- Feed on demand. Expect him to eat about 30 to 32 oz daily.
- Hold your baby so you can look at each other when you feed him.
- Always hold the bottle. Never prop it.
- Don't give your baby a bottle while he is in a crib.

✓ YOUR CHANGING BABY

- Create routines for feeding, nap time, and bedtime.
- Calm your baby with soothing and gentle touches when she is fussy.
- Make time for quiet play.
 - Hold your baby and talk with her.
 - Read to your baby often.
- Encourage active play.
 - Offer floor gyms and colorful toys to hold.
 - Put your baby on her tummy for playtime. Don't leave her alone during tummy time or allow her to sleep on her tummy.
- Don't have a TV on in the background or use a TV or other digital media to calm your baby.

✓ HEALTHY TEETH

- Go to your own dentist twice yearly. It is important to keep your teeth healthy so you don't pass bacteria that cause cavities on to your baby.
- Don't share spoons with your baby or use your mouth to clean the baby's pacifier.
- Use a cold teething ring if your baby's gums are sore from teething.
- Don't put your baby in a crib with a bottle.
- Clean your baby's gums and teeth (as soon as you see the first tooth) 2 times per day with a soft cloth or soft toothbrush and a small smear of fluoride toothpaste (no more than a grain of rice).

Helpful Resources:

Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

4 MONTH VISIT—PARENT



SAFETY

- Use a rear-facing–only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Always put your baby to sleep on her back in her own crib, not in your bed.
 - Your baby should sleep in your room until she is at least 6 months of age.
 - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
 - Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and toys in the crib.
- Drop-side cribs should not be used.
- Lower the crib mattress.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Prevent tap water burns. Set the water heater so the temperature at the faucet is at or below 120°F /49°C.
- Prevent scalds or burns. Don't drink hot drinks when holding your baby.
- Keep a hand on your baby on any surface from which she might fall and get hurt, such as a changing table, couch, or bed.
- Never leave your baby alone in bathwater, even in a bath seat or ring.
- Keep small objects, small toys, and latex balloons away from your baby.
- Don't use a baby walker.

WHAT TO EXPECT AT YOUR BABY'S 6 MONTH VISIT

We will talk about

- Caring for your baby, your family, and yourself
- Teaching and playing with your baby
- Brushing your baby's teeth
- Introducing solid food
- Keeping your baby safe at home, outside, and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



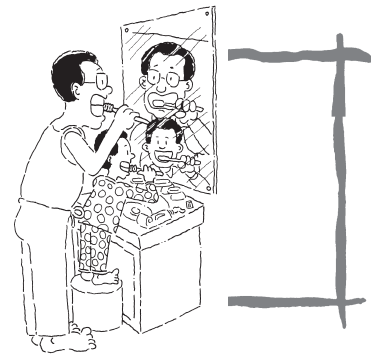
The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this handout and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.

A Guide to Children's Dental Health



The road to a bright smile begins long before the first tooth breaks through the gum. Parents play a big part in helping their children develop healthy teeth. Early monitoring by a pediatrician or dentist is important.

Steps to good dental health include

- Regular care by a dental professional
- Getting enough fluoride
- Regular brushing and flossing
- Eating right

It's important for parents to care for their teeth too because cavity-causing bacteria can be easily transferred when sharing food or drinks. By following these steps and teaching them to your children, your entire family can benefit from good dental health.

Read more to learn why fluoride is important, when to start cleaning your child's teeth, if pacifier use or thumb sucking hurt teeth, about foods that can lead to tooth decay, about pediatric dentists, and good dental habits.

Why is fluoride important?

Fluoride is a natural chemical that can be added to drinking water and toothpaste. It strengthens *tooth enamel* (the hard outer coating on teeth). Fluoride also helps repair early damage to teeth.

The fluoride content of local water supplies varies. Check with your local water department to find out the exact water fluoride level in your area. Then talk with your child's pediatrician or dentist to see if she needs additional fluoride, such as fluoride drops or tablets. The need for fluoride is based on your child's *caries* (tooth decay) risk.

When should I start cleaning my child's teeth?

Daily dental cleaning should start as soon as your infant's first tooth appears. Wipe the teeth with a piece of gauze or a damp cloth. Switch to a toothbrush with a fluoride toothpaste as your child gets older. Because children tend to swallow toothpaste, put only a small (pea-sized) amount of fluoride toothpaste on your child's toothbrush and press the toothpaste into the bristles. Taking in too much fluoride while brushing can result in *fluorosis* (spotting of the teeth).

Also, check the teeth for early signs of tooth decay. Cavities appear as white, yellow, or brown spots or lines on the teeth. Any 2 teeth that are touching each other should be flossed to prevent a cavity from forming between the teeth. An ideal baby bite should have spaces between the front teeth. If your child's teeth are touching early, this is a sign that dental crowding may occur in the adult teeth that may require future orthodontic care.

Does pacifier use or thumb sucking hurt teeth?

If a child sucks strongly on a pacifier, his thumb, or his fingers, this habit may affect the shape of his mouth or how his teeth are lining up. If a child stops using a pacifier by 3 years of age, his bite will most likely correct itself. If a child stops sucking on a pacifier, his thumb, or his fingers before his permanent front teeth come in, there's a chance his bite will correct itself. If your child continues his sucking habit after his adult teeth have come in, then orthodontic care may be needed to realign his teeth.

Food that can lead to tooth decay

Sweets like candy or cookies can lead to tooth decay. Sugar from fruits and fruit juices left on the teeth for a long time is not healthy for teeth. Frequent sipping on drinks such as fruit juices and sodas can also cause tooth decay. Starchy foods, such as crackers, and sticky foods and candies, such as raisins, fruit roll-ups, and gummy bears, tend to stay on the teeth longer. These foods also are more likely to lead to tooth decay.

Starches and fruits, however, are a necessary part of any child's diet. To avoid tooth decay, give your child these foods only at mealtime (before the teeth have been brushed). For healthy teeth, offer your child a well-balanced diet with a variety of foods. Drinking water with fluoride is an excellent way to keep teeth healthy.

Pediatric dentists

During regular well-child visits, your child's pediatrician will check her teeth and gums to make sure they are healthy. If your child has dental problems, your child's pediatrician may refer her to a dental professional.

A pediatric dentist specializes in the care of children's teeth, but some general dentists also treat children. Pediatricians may refer children younger than 1 year to a dental professional if the child

- Chips or injures a tooth or has an injury to the face or mouth.
- Has teeth that show any signs of discoloration. This could be a sign of tooth decay.
- Complains of tooth pain or is sensitive to hot or cold foods or liquids. This could also be a sign of decay.
- Has any abnormal lesion (growth) inside the mouth.
- Has an unusual bite—the teeth do not fit together right.

Good dental habits

Regular dental checkups, a balanced diet, fluoride, injury prevention, habit control, and brushing and flossing are all important for healthy teeth. Starting children off with good dental habits now will help them grow up with healthy smiles.

The American Academy of Pediatrics (AAP) recommends that all infants receive oral health risk assessments by 6 months of age. Infants at higher risk of early dental caries should be referred to a dentist as early as 6 months of age and no later than 6 months after the first tooth erupts or 12 months of age (whichever comes first).

All children should have a comprehensive dental exam by a dentist in the early toddler years.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics
Web site—www.aap.org

Copyright ©2004
American Academy of Pediatrics

Teething

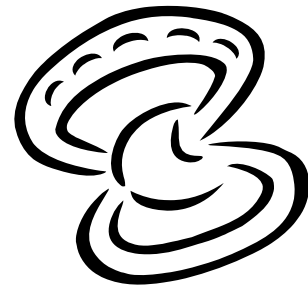
I. Definition

Teething is the normal process of new teeth working their way through the gums. Your baby's first tooth may appear anytime between the ages of 4 months to 1 year old. Symptoms are increased saliva, drooling, and a desire to chew on things. Teething occasionally causes some mild gum pain, but it doesn't interfere with sleep. The degree of discomfort varies from child to child. When the back teeth (molars) come through (age 6 to 12 years), the overlying gum may become bruised and swollen. This is harmless and temporary. Teething may cause a slight increase in temperature but will not cause a fever. Stools may become softer, but teething will not increase the number or quantity of stools.

II. Development of Baby Teeth

A. Your baby's teeth will usually erupt in the following order:

1. 2 lower incisors
2. 4 upper incisors
3. 2 lower incisors and all 4 first molars
4. 4 canines
5. 4 second molars



III. Home Care

- A. Gum massage – Find the irritated or swollen gum. Vigorously massage it with your finger for 2 minutes. Do this as often as necessary. You may also massage the gum with a cold wet washcloth.
- B. Teething rings – Your baby's way of massaging his gums is to chew on a smooth, hard object. Solid teething rings and one with liquid in the center (as long as it's purified water) are fine. Most children like them cold. Avoid hard foods such as teething biscuits, frozen bananas, or ice cubes.
- C. Diet – Avoid salty or acidic foods. Your baby probably will enjoy sucking on a nipple, but if he complains, use a cup for fluids temporarily. A few babies may need acetaminophen for pain relief for a few days you may rub this on his/her gums and give the rest of the normal dose orally.
- D. Common mistakes in treating teething:
- ✓ Teething does not cause fever, sleep problems, diarrhea, diaper rash, or lowered resistance to any infection. If your baby develops fever while teething, the fever is caused by something else.
 - ✓ Special teething gels are unnecessary. Many contain benzocaine. A child could have an adverse reaction to this drug. Also, the benzocaine may numb the throat and cause choking.
 - ✓ Don't tie a teething ring around your baby's neck. It could catch on something and strangle you child. Attach it to your baby's clothing with a "catch-it-clip".

INTRODUCING SOLID FOODS

The practice of introducing complementary foods (solid foods and liquids other than breast milk or infant formula) during the first year of life has varied over time and across cultures. The American Academy of Pediatrics (AAP) and World Health Organization (WHO) currently recommend that complementary foods be introduced around six months of age.

WHEN SHOULD MY INFANT START SOLIDS?

Developmental milestones — The best time to start solid foods depends not only on your child's age, but also on your child's ability to sit up, support his or her head, and meet other developmental milestones. These guidelines apply to all children, including those who have delays with gross motor skills. Your infant should be able to do the following:

- Sit with support
- Have good head and neck control
- Push up with straight elbows from lying face down
- Show readiness for varied textures of supplemental foods by placing their hands or toys in their mouth
- Lean forward & open the mouth when interested in food & lean back & turn away when uninterested or not hungry

Additional skills are necessary before your infant should be allowed to progress to eating finger foods:

- By 8 to 10 months, infants begin to have the skills necessary to eat finger foods independently (can sit independently, grasp and release food, chew food [even without teeth], and swallow).
- By 12 months, fine motor skills improve, allowing children to grasp pieces of food between two fingers.

Why wait to start solids? — Introducing solid foods before age four to six months is not helpful and could be harmful. Reasons that expert groups recommend delaying the introduction of solid foods include the following:

- Introducing solid foods before your infant is four to six months of age may interfere with his or her ability to take in an adequate number of calories or nutrients, and may increase the risk of developing food allergies.
- Young infants do not have the coordination and/or skills to safely swallow solid foods, which could lead to aspiration (inhaling food/liquid into the lungs).
- Infants have a reflex (called the extrusion reflex) that causes them to raise the tongue and push against any object that is placed between their lips. This reflex usually disappears between four and five months of age. Trying to spoon-feed an infant who still has the extrusion reflex can be a frustrating and difficult experience for both of you.
- By four months of age, most infants have doubled their birth weight. When your infant has doubled his/her birth weight and weighs at least 13 pounds (5.9 kg), you may need to begin supplementing his or her liquid diet with additional foods to support growth and satisfy hunger.
- Delaying solid food intake until after your infant is four months of age may reduce his or her risk of developing atopic dermatitis (eczema).
- Withholding solid foods after your infant is six months of age may lead to decreased growth because children may not consume adequate calories from breast milk or formula alone. In addition, delaying beyond six months may lead to resistance to trying solid foods. Withholding solid foods until after six months does not appear to prevent the development of allergies or eczema.

SOLID FOOD PRECAUTIONS

Foods to avoid — Certain foods should not be given to any child under 12 months, including liquid, whole cow's milk; hard, round foods that could cause choking (eg, nuts, grapes, raw carrots, or candies); and honey. Cow's milk is not recommended because it does not contain adequate iron; honey is not recommended due to the potential risk of exposure to a harmful bacteria toxin (botulism poisoning).

Food allergy concerns — An infant is said to be at "high risk" for developing allergic disease if there is at least one first-degree relative (parent or sibling) with an allergic condition, including a documented food allergy, asthma, allergic rhinitis, or atopic dermatitis (eczema).

There is now evidence that early introduction of certain foods may actually decrease the risk of allergy. Experts now recommend that high-risk infants be introduced to traditional supplemental foods between four and six months of age. (See 'Puréed foods' below.)

If your infant has no signs of allergy (including eczema) with the initial foods, additional foods can be introduced gradually, including highly allergenic foods if there is no family history of peanut or egg allergy (e.g., cow's milk, eggs, nut butters [although not whole nuts because of choking risk], soy, wheat, fish, and shellfish). Whole cow's milk should not be given to any child until after age 12 months, but yogurt and cheese can be given before 12 months. (See 'Foods to avoid' above.)

The safest way to introduce highly allergenic foods has not been studied. It is possible for an allergic reaction to occur the first time a child eats a particular food. *If a first-degree relative has a nut or peanut allergy or if your infant has severe eczema or egg allergy, there is an increased risk that your infant will have an allergic reaction.* A blood test to check for allergy to peanut or referral to an allergist for a skin prick test may be needed prior to introducing these highly allergenic foods. Otherwise, we recommend giving highly allergenic foods to high-risk children in the following manner:

- Your infant can be given an initial taste of one of these foods at home, rather than at day care or at a restaurant.
- If there is no apparent reaction, the food can be introduced in gradually increasing amounts. For peanut protein, you may offer smooth peanut butter (2 teaspoons) mixed with fruit or milk three times a week or use Bamba softened with an ounce of breast milk or formula (details are on the last page).
- Ask us for advice if your child has signs of an allergic reaction after eating a food, has moderate to severe atopic dermatitis that is difficult to control, or has a sibling with a peanut allergy. An allergy evaluation may be suggested in these cases.

TYPES OF SUPPLEMENTAL FOODS — There is no one food that is recommended as a first food. Single-ingredient foods should be introduced first, one at a time, every few days, to determine if your child has an allergic reaction. As solid foods are introduced, infants should consume no more than 28 to 32 ounces of formula per day. Breastfed children can continue to nurse on demand.

Cereal — Single-grain infant cereal is a good first supplemental food because it supplies additional calories and iron. Oat and barley iron-fortified baby cereals are good choices. Rice cereal is no longer recommended for infants. However, wheat products (in cereal or other foods) may be offered by six months of age.

Infant cereals can be prepared by adding breast milk, infant formula, or water. The consistency should initially be thin, and may be made thicker over time. Cereal should be offered initially by spoon in small amounts (one teaspoon) at the end of breast- or bottle-feeding. Spoon-feeding helps to develop your infant's ability to coordinate mouth and swallowing movements as well as enhance future speech development. Gradually increase the amount of cereal to one to four tablespoons twice per day.

If your child refuses or appears uninterested in the cereal, try again the following day using a thinner mixture.

Cereal should not be added to a bottle unless this is recommended by a healthcare provider as a treatment for gastroesophageal reflux (GER). Feeding cereal from a bottle can prevent your child from learning to eat with a spoon. Infants with GER should be given cereal from a spoon in addition to the cereal in a bottle.

Could cereal help my child sleep through the night? — Most parents are eager for their infant to sleep through the night. However, there is no evidence that giving cereal to a child who is younger than four to six months old will help him or her to sleep better [6].

Puréed foods — Single-ingredient puréed foods, including meats, vegetables, and fruits, should be introduced one at a time, every few days. If your child has no signs or symptoms of an allergic reaction, a second food may be added. Signs and symptoms of a food allergy include hives (skin welts) or other skin rash, facial swelling, vomiting, diarrhea, coughing, wheezing, difficulty breathing, weakness, or pale skin. Consult your child's healthcare provider if any of these problems occur

The goal is to expose your infant to new flavors and textures of food. The amount eaten is less important. The order in which foods are introduced (vegetable, fruit, or meat first) is probably less important than the texture and consistency of the food.

By the time your infant is eight months of age, we suggest that he or she consume approximately 1/2 cup (four ounces) of vegetables and 1/2 cup of fruit per day.

- First foods should be finely puréed, contain only one ingredient, and should not contain additives (salt, sugar). Vitamin C (also called ascorbic acid) is often added to commercially prepared infant foods.
- Second foods are puréed or strained, often contain two or more ingredients (eg, fruit and grain, meat and vegetable), and should not contain additives (salt, sugar). Combination foods may be given after your child tolerates the individual components. Once thin purées are tolerated, thicker purées can be introduced.

- Third foods are usually combinations of food types, some of which have texture to encourage chewing. Some are seasoned with spices, although foods should not contain added salt or sugar. Chunkier blends often contain puréed food with small pieces of pasta, vegetables, or meat.

Safety issues with jarred baby food — Safety issues regarding jars of baby food include the following:

- After opening a jar or container of baby food, store it carefully to avoid spoilage.
- Jars of infant foods, once opened, should be discarded after two to three days according to most manufacturers.
- Store-bought foods should be served from a bowl rather than out of the jar to avoid contaminating the unused portion. Food left in the bowl should be discarded.
- Jarred foods may be served cold, room temperature, or warm.

Preparing baby food at home — You may choose to make your own puréed baby food for a variety of reasons (eg, freshness, increased variety and texture, cost, avoidance of preservatives, etc). The [United States Department of Agriculture](#) provides guidelines for safe preparation of baby food at home.

It is important to be careful when preparing certain foods at home. Home-prepared spinach, beets, green beans, squash, and carrots should not be given to infants younger than four months of age because they may contain enough of a chemical (nitrates) to cause a condition that reduces the amount of oxygen carried by the blood (methemoglobinemia). In addition, home-prepared foods should not be given as infant food if they contain large amounts of added salt and/or sugar.

Finger foods — As your child gains the ability to feed himself/herself, a greater variety of "adult" foods can be offered, including finely chopped, soft foods (table 1).

Foods that are choking hazards are not recommended in children younger than four years. These foods include hot dogs, peanuts, tree nuts, grapes, raisins, raw carrots, popcorn, and round candies.

Fruit juice — Juices may be introduced when your infant can drink from a cup, beginning at approximately six months of age. Before six months, fruit juice is not necessary or recommended. Fruit juice should be labeled as 100 percent juice (as opposed to "fruit drinks"), and should have added vitamin C.

- Fruit juice should be offered only from a cup (not a bottle).
- Your child should not drink more than 4 to 6 oz. of fruit juice per day. Juice may be diluted with water if desired.
- Fruit juice should be used as part of a meal or a snack and should not be sipped throughout the day or given at bedtime.
- Drinking too much juice can lead to overnutrition or undernutrition, diarrhea, gas, bloating, and dental cavities.
- Fruit juice consumed by infants and children should be pasteurized (heat treated to kill harmful bacteria). For example, infants should not be given fresh-pressed apple cider.
- Calcium-fortified juices provide a good source of calcium. However, juice should not be given in place of breast milk, formula, or cow's milk, because it lacks other important nutrients.

VITAMIN AND MINERAL SUPPLEMENTS — Some children require vitamin or mineral supplements.

Iron — Iron deficiency is the most common nutrient deficiency in the United States. The amount of iron required depends upon your child's gestational age and birth weight.

- Premature and very low birth weight infants are at risk for iron deficiency, and should be given an iron supplement (in the form of multivitamin drops) beginning at one month of age and continuing until your child is at least 12 months of age.
- Infants who are not premature who are given iron-fortified formula usually do not need any additional iron supplementation.

After four to six months of age, a full-term breastfed infant may not get an adequate amount of iron from breast milk alone.

At this time, some form of iron supplementation (eg, iron-fortified infant cereal) is recommended. An average of two servings (two ounces of dry cereal per serving) of iron-fortified cereal per day is sufficient to meet an infant's daily iron requirement. Additional iron can be given (in the form of multivitamin drops) if your infant cannot consume an adequate amount of iron-fortified cereal.

After solid foods have been introduced, at least one feeding per day should contain foods rich in vitamin C (eg, citrus fruits and juices, cantaloupe, strawberries, tomatoes, and dark green vegetables) to promote iron absorption from iron-rich foods (such as puréed meat) eaten during the same meal.

Fluoride — Fluoride is a mineral that is often found in drinking water. Fluoride can reduce the risk that a young child will develop dental caries, also known as cavities. However, not all drinking water contains an adequate amount of fluoride.

Vitamin B12 — The body requires a source of vitamin B12 to maintain blood cells; meat, eggs, and dairy products are the only food sources of vitamin B12. Low levels of vitamin B12 can lead to anemia, developmental delay, and other problems.

A multivitamin supplement that includes B12 is recommended for breastfeeding infants of strict vegetarian (or vegan) mothers, and for infants who are fed a vegetarian diet. Adequate B12 is available in most non-prescription infant vitamin drops and in certain

brands of nutritional yeasts, most ready-to-eat cereals, many meat substitutes, and some milk alternatives. Fortified soy milk is a good source of B12 for children.

Vitamin D — The body requires vitamin D to absorb calcium and phosphorus, which are essential minerals for the formation of bones. Inadequate levels of vitamin D in children can lead to a condition known as rickets, which causes bones to be fragile and to break easily. This is especially true in dark-skinned children.

All infants, including those who breastfeed and/or bottle-feed, should be given a supplement containing 400 IU of vitamin D per day, starting within days of birth. Vitamin D is included in most non-prescription infant vitamin drops.

Typical peanut-containing foods, their peanut protein content, and feeding tips for infants

| | Bamba | Peanut butter | Peanuts | Peanut flour or peanut butter powder |
|---|---|---|--|---|
| | 17 g | | | |
| Amount containing approximately 2 g of peanut protein | <i>or</i> 2/3 of a 28-g (1-oz) bag <i>or</i> | 9-10 g <i>or</i> 2 teaspoons | 8 g <i>or</i> ~10 whole peanuts (2½ teaspoons of grounded peanuts) | 4 g <i>or</i> 2 teaspoons |
| Typical serving size | 21 sticks 1 bag (28 g) | Spread on a slice of bread or toast (16 g) | 2½ teaspoons of ground peanuts (8 g) | No typical serving size |
| Peanut protein per typical serving | 3.2 g | 3.4 g | 2.1 g | No typical serving size |
| Feeding tips | For a smooth texture, mix with warm water (then let cool) or breast milk or infant formula and mash well. Pureed or mashed fruit or vegetables can be added. Older children can be offered sticks of Bamba. | For a smooth texture, mix with warm water (then let cool) or breast milk or infant formula. For older children, mix with pureed or mashed fruit or vegetables or any suitable family foods, such as yogurt or mashed potatoes. | Use blender to create a powder or paste. 2-2½ teaspoons of ground peanuts can be added to a portion of yogurt or pureed fruit or savory meal. | Mix with yogurt or apple sauce. |

Notes: Bamba (Osem, Israel) is named because it has known peanut protein content and proven efficacy and safety. Other peanut puff products with similar peanut protein content can be substituted for Bamba. Teaspoons and tablespoons are US measures (5 and 15 mL for a level teaspoon or tablespoon, respectively).

[http://www.annallergy.org/article/S1081-1206\(16\)31164-4/fulltext#appsec6](http://www.annallergy.org/article/S1081-1206(16)31164-4/fulltext#appsec6);

©2015 UpToDate®.

INTRODUCING SOLID FOODS

Types of Foods: The order in which you introduce solid foods doesn't matter for most babies. The traditional progression has been single-grain cereals followed by vegetables, fruits and meats. Pureed meat or poultry actually may be the best first food to provide sources of iron and zinc. Introduce one new food at a time and wait three to five days before starting another. If you notice diarrhea, vomiting or rashes, stop the new food and contact your baby's healthcare provider. These symptoms may indicate a food allergy. Do not give foods made with honey to avoid ingesting botulinum spores. Avoid foods made with whole milk as babies can't digest cow's milk as completely or as easily as breast milk or formula. Although in the past, it was recommended to not feed babies certain foods such as those containing nuts, eggs, strawberries to prevent allergies, this has not shown to be true. There is evidence suggesting that earlier introduction of small amounts of these foods may help prevent allergies to these foods.

Food Texture: Start babies with soft, smooth textures and gradually move toward thicker textures. Babies often have problems learning how to deal with foods that contain lumps. As your baby gets older and more use to different textures, increase the thickness and lumpy consistency of the foods. Firm or hard foods, especially round foods, slippery foods and sticky foods are choking hazards. To avoid choking, don't offer the following foods to children under 4 years of age:

- Popcorn, Peanuts, Whole grapes
- Uncut stringy meats, hot dog pieces, chunks of meat, cheese, or any other hard-to-chew foods
- Hard, raw fruits or vegetables such as apples, celery and carrots
- Sticky foods, such as peanut butter, which can get stuck in the back of the mouth

The American Academy of Pediatrics published guidelines for infants "at risk" of developing an allergy based on evidence from research. Infants are considered at risk if they have one first-degree relative with an allergic disorder (i.e. asthma, atopic dermatitis, allergic rhinitis or food allergy).

- Exclusive breastfeeding for at least 6 months decreases the incidence of atopic dermatitis, cow's milk allergy and wheezing in early life when compared with feeding infants cow's milk-based formula.
- The use of soy-based infant formula does not appear to play a role in allergy prevention.
- Solid foods should not be introduced before 4 to 6 months of age. Delaying the introduction of solid foods beyond 6 months of age does not appear to provide significant protective effect from developing food allergies.
- At this time there is insufficient evidence to recommend further dietary interventions such as avoiding specific foods (including fish, eggs or peanuts) during pregnancy, breastfeeding or beyond 4 to 6 months of age to protect against the development of food allergies.

Nurturing Healthy Relationships with Food: Establishing a positive feeding relationship during infancy can have lifetime benefits. According to registered dietitian and child feeding expert Ellyn Satter, the key to a healthy feeding relationship is the appropriate division of responsibility. **Adult Responsibilities:** Adults are responsible for what food is present and how it is presented.

- Choose foods that are the right texture so your baby's tongue and mouth can control it and swallow easily.
- Hold your baby on your lap when you first introduce solid foods. Then move your baby to a safe high chair.
- Support your baby well in an upright position so he or she can easily explore the food as much as desired.
- Have your baby sit up straight and face forward. This makes swallowing easier and choking less likely.
- Talk in a quiet, encouraging voice while you feed. There's no need to be entertaining. Babies are easily overwhelmed and distracted with games.

Child Responsibilities: Children are responsible for how much and whether they eat.

- Wait for your baby to pay attention to each spoonful before you feed them.
- Let your baby touch the food in the dish and on the spoon. You wouldn't want to eat something if you didn't know anything about it, would you?
- Feed at your baby's tempo. Don't make your baby eat faster or slower than he or she wants. Stop feeding when your baby shows you cues that he/she is done. Often, your baby will do this by turning his/her head away from you. Allow your baby to self-feed with finger foods as soon as he/she shows an interest in touching or holding them.

Serving Sizes for Infants

Baby is a Supported Sitter:

At this stage, breast milk or formula is your baby's main source of nutrition but he/she may also be ready to start solid foods. The amounts listed below are only a guide. If your baby is just starting to eat solids, he/she may gradually increase their intake once he/she becomes accustomed to eating solid foods.

Grains and Cereals: Offer infant cereal grains like oatmeal, barley and multigrain. Rice cereal does not have to be the first cereal or first food given to infants according to the American Academy of Pediatrics. First foods can include pureed vegetables and meats.

- Avoid processed foods containing brown rice sweetener, and do not use rice milk instead of cow's milk.
- Rinse rice prior to cooking then cook brown rice in extra water (six to ten parts to one part rice) and drain the extra water to reduce the arsenic.
- Serving size may be 3-4 tablespoons dry infant cereal with iron.

Vegetables and/or Fruit: For fruits and vegetables, the order in which you introduce them doesn't matter. Start with single ingredient foods and wait a few days between varieties to make sure your baby tolerates them. A serving size may be 2 tablespoons, ¼ cup (4 tablespoons) of each/other per day.

Meats/Fish: Babies may consume meat/fish if it is well cooked and pureed without lumps or strings. Meats are good source of Iron.

Baby is a Sitter:

Breast milk or formula is still your baby's main source of nutrition but he/she may also be eating solid foods.

Grains and Cereals: Serving size may be 3-4 tablespoons dry infant cereal with iron twice a day.

Vegetables and/or Fruit: By now, your baby may be ready to try a wider variety of vegetables and fruits, including vegetable and fruit blends that have more texture.

- Vegetables: ¼ cup (4 tbsp.) per day but a serving size may be 2 tbsp.
- Fruit: ¼ cup (4 tablespoons) per day but a serving size may be 2-3 tbsp.

Meat/Beans: 1 tablespoon (or ½ oz.) pureed meat, poultry or beans daily. Serving size may be ½-1 tbsp. (½ oz.).

Baby is Crawling:

Remember that breast milk or formula is still the major source of nutrition in your baby's diet.

Breast Milk: On demand, however; if baby drinks *Infant Formula* he/she needs 24 fluid ounces a day.

Vegetables and Fruit: ½ cup (8 tablespoons) per day of *vegetables and fruit*, serving size may be 2-4 tablespoons of each.

Meat/Beans: 2 tbsp. (or 1 ounce) meat, poultry, beans (or eggs if over 1 year old) daily. Serving size: 1-2 tbsp. plain, pureed cooked meat or poultry or cooked mashed beans.

Grains (Whole Grains): Try to have at least half of your child's grain servings come from whole grains, 6-8 tbsp. dry infant cereal with iron, serving size ¼ cup (4 tbsp.).

- Try to have at least half of your child's grain servings come from whole grains, 6-8 tbsp. dry infant cereal with iron, serving size ¼ cup (4 tbsp.).

The American Academy of Pediatrics recommends that most babies should be exclusively fed breast milk or formula for the first six months of life.



SLEEP TRAINING YOUR INFANT

PREPARED BY DR. KATE AUBREY, CLINICAL PSYCHOLOGIST

THINKING ABOUT SLEEP TRAINING?

The first month of life is exhausting for parents. Your baby can't tell the difference between day and night and needs to be fed every two to four hours. But once you're through that initial rough patch, it is possible to teach her to sleep through the night. Sleep in infancy, and in particular sleep training, is an area that is so riddled with confusion and controversy.

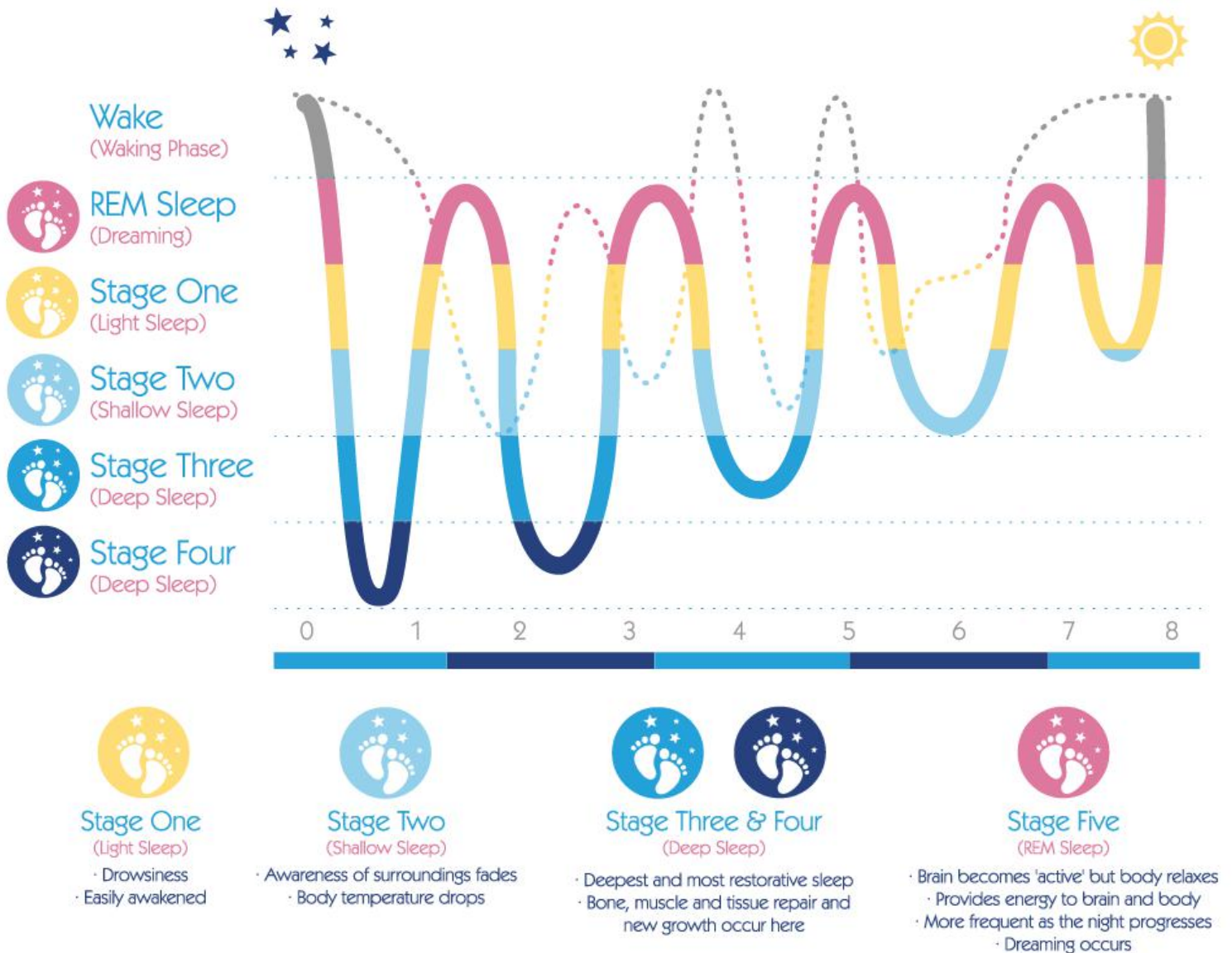
People who don't have sleep issues may think the idea of 'teaching' a child to fall asleep is ridiculous. What many people do not know is that falling asleep unassisted, like many other behaviours, is a skill that is learned. And just like anything in parenting, if you want to teach your child a new skill, it is going to require time, patience and a ton of consistency.

There are a multitude of "sleep training" methods out there - in fact, I am not even familiar with half of these methods. The truth is, any sleep training method can work, but only if you use the two Cs: **Commitment and Consistency**.

The purpose of this handout is to educate you on the most common sleep training techniques from direct to most gradual that I have found to be effective with the families I work with.

SLEEP 101

Before we get started, you should be aware of some basic nocturnal biology. There are five stages of sleep. When we sleep, we cycle between rapid eye movement (REM) sleep and non-rapid eye movement (NREM) sleep. In REM, your eyes move around fast, you don't move your body much, and you dream. REM is considered light sleep and the stage when we are most likely to wake up. NREM sleep is deep sleep. In normal sleep, a child cycles between light sleep and deep sleep. Each light sleep stage is a time when the child is more likely to wake up.



SOURCE: WWW.BABYSLEEP101.COM

WHAT IS SLEEP TRAINING?

Sleep training is the process of helping a baby learn to fall asleep and stay asleep through the night. Some babies do this quickly and easily. But most babies have trouble settling down at night - or getting back to sleep if they've wakened. Below I will describe the three main approaches to sleep training: cry it out, fading, and no tears.

WHEN SHOULD I START SLEEP TRAINING?

It is recommended that you start sleep training when your baby is between 4 and 6 months old. By about 4 months, babies have typically started to develop a regular sleep-wake cycle and most of their night feedings can be dropped. These are signs they may be ready to start sleep training. Many babies this age are also developmentally able to sleep for long stretches at night.

But every baby is different, some may not be ready for sleep training until they're a bit older. Some babies sleep seven hours or longer at an early age, while others won't until much later. If you're unsure whether your baby is ready for sleep training, wait a little longer until you are sure.

SETTING THE STAGE

Start a bedtime routine. You can start when your baby is as young as 5 weeks, but it's never too late. A routine should include the 3 B's: Bath, Book, and Bed.

Choose a consistent bedtime. Choose a bedtime between 7 and 8 o'clock, so your baby isn't overtired and fighting sleep.

Follow a predictable daytime schedule. Try to get your baby up around the same time every morning, and feed her and put her down for naps at about the same times during the day.

WHAT DO I DO?

There are many different ways to teach sleep habits to your child. The technique you should try depends on which sleep strategy you think your child will respond to best and which one you feel comfortable doing.

Interestingly, like with most things when it comes to parenting, consistency appears to be more important than method. In fact, a recent review of the research found almost all the techniques were effective if applied consistently!

So, choose a sleep training method you can live with and follow through on. Be flexible about how you apply it and carefully observe how your baby reacts. If he's very resistant or you see a change for the worse in his overall mood and behaviour, stop and wait a few weeks before trying again or choosing another approach.

Below are three sleep training techniques, starting with the most direct to the most gradual.

CRYING IT OUT (FERBERIZATION)

The cry it out approach is the most direct method to sleep train your infant. This approach is often attributed to pediatrician, Dr. Richard Ferber, and his 1985 book, *Solve Your Child's Sleep Problems*.

What's behind it: This approach assumes that falling asleep on your own is a skill that your baby can master if you give her the opportunity. Given that the principles of learning play a huge role in governing all behaviour, if your baby gets used to having you rock or nurse her to sleep, she may not learn to fall asleep on her own. And, when she wakes up during the night, she'll become alarmed and cry for you instead of being able to go back to sleep. By contrast, if your baby learns to soothe herself to sleep at bedtime, she can use the same skill when he wakes up at night or during a nap.

What you need to know: First, it's not as harsh as it sounds (in other words, it doesn't mean letting your baby wail all night without some degree of comfort and attention from you). Second, while you may not believe it, crying it out is definitely harder on you than it is on your baby. Meaning, you are going to have a rough couple of nights (or even a week) as you listen to your baby cry (in timed intervals). But remember this (especially as you're sitting outside his door, thinking you're the worst parent in the world): Crying won't hurt him nor will he be scarred for life by this process. And ultimately – if you can stand it – you're doing her a favour by helping her learn to go to sleep on her own using a method that takes very little time to be effective.

What to do: While still awake, put your baby in her crib, give her a gentle pat on the back, then softly say goodnight and leave the room. That means leave the room immediately, without waiting for her to fall asleep. You will get lots of crying, so be ready for it. And here's where the going gets tough. Let her cry for a full five minutes (time it). Then go back in and repeat the original routine – a quick pat, a gentle "good night" and go. Dad can head in at this point instead of mom, especially if mom is associated with feedings and comfort. Repeat this process for as long as baby cries, extending the time you leave her alone by about five minutes each time until she falls asleep. Stretch the times she spends on her own by a few more minutes the second night, and again on the third. A friend of mine who sleep trained her triplets got through the wailing by listening to music using noise cancelling headphones and watching SNL re-runs.

How quickly it works: Most parents who try this approach find their babies' crying diminish steadily over three nights, and virtually disappears somewhere between the fourth and seventh night, replaced perhaps by a bit of fussing or short burst of tears. Pretty much, within one week, you should have a sleep-trained baby!

Resources: The master guide for crying it out is *Solve Your Child's Sleep Problems* by Dr. Ferber and it's a must for anybody who wants to attempt getting their baby to sleep by teaching them how to self-soothe. Another popular choice, *Healthy Sleep Habits, Happy Child*, By Dr. Marc Weissbluth uses a cry it out method to help your child fall asleep to their natural cycle without any sleep associations.

FADING

Fading, also called camping out, is a gentle version of crying it out. If you're not comfortable with crying it out, you might consider fading, which still uses the same behavioural techniques as the more direct method. In fading, parents gradually reduce their role in helping their baby fall asleep, giving him room to figure out how to soothe himself. The idea is to be a coach, not a crutch.

What's behind it: Self-soothing is an essential skill all children need to master for sleep independence, just like learning to walk. Rocking or nursing your baby to sleep can be wonderful, but there is a significant risk that your baby will end up relying on you to comfort him every time he wakes during the night. The fading approach helps parents find the right balance between helping too much and too little.

What you need to know: There are two main approaches to fading: camping out and timed check-ins, both of which involve putting your baby to bed drowsy but awake and reassuring him with your presence.

What to do: To **camp out**, sit in a chair next to your baby's crib until she's sound asleep. If she cries or fusses, you might say "shhh" or offer a gentle pat. Every few nights, move farther away but still within view: halfway across the room, in the doorway, or outside the door. Within two weeks, you should be able to simply leave the room after saying good night.

To do **timed check-ins**, settle your baby into bed and leave the room. Leave her for short intervals - usually just 5 minutes - and then return briefly to reassure her if she fusses. Some experts say it's okay to pat your baby, while others recommend sticking to verbal reassurance only - tell her it's time to sleep and that you love her, then leave the room.

Repeat as needed until she's asleep - it should go more easily after a few nights. (This differs from the Ferber method, which calls for waiting progressively longer between check-ins.)

Babies don't like change, and crying is often how they let you know. But they can also adapt to new routines so the crying shouldn't last too long. You can offer a "lovey" or **comfort object**. When your baby is at least a year old (and the risk of SIDS has dropped), giving her a soft piece of fabric no larger than a washcloth or small stuffed animal can ease the transition to sleep.

How quickly it works: Some parents see improvement within a few days. Most babies will sleep on their own within two weeks using the fading approach. According to research, fading is the most popular way to sleep train a baby.

Resources: *The Happy Sleeper* by Heather Turgeon is a great and popular book for parents who are trying the fading technique. There is also an excellent website by the same name. *The Sleep Lady's Good Night, Sleep Tight* by Kim West is another good book.

NO TEARS APPROACH

If you don't like the idea of leaving your baby to cry alone - or you've tried cry it out methods and they didn't work for you - you may want to consider a more gradual approach that involves fewer tears.

What's behind it: Those who favour a no-tears approach believe that bedtime offers an opportunity to connect with your child by developing quiet and comfortable nighttime rituals and by quickly responding to your baby's requests for food and comfort.

Some of these experts think cry it out methods are not good for babies. Elizabeth Pantley (author of the popular book, *The No-Cry Sleep Solution*), believes that cry it out techniques can give your child negative associations with bedtime and sleep that could last a lifetime.

Conversely, sleep experts who support the cry it out approach (as well as most pediatricians and psychologists) disagree. They say it isn't traumatic for babies to cry alone for short periods of time with frequent check-ins by parents - and the end result is a well-rested, happier child. They say no tears sleep strategies may cause babies to be overly dependent on comfort from a parent at bedtime, making it harder for them to learn to soothe themselves to sleep.

What you need to know: With no tears sleep training, parents will stay in the room at the start of sleep time, and for awhile after any night wakings. This allows the parent to provide plenty of comfort and support as baby works to fall back to sleep; it also helps to minimize or eliminate crying.

What to do: When your baby begins to fuss at bedtime or nap time, or in the middle of the night, you pick your baby up to offer plenty of comfort and soothing. Then, when your baby is calm (and this is key), you put your baby back in bed drowsy but awake, so that she can practice falling asleep without your help. This method is sometimes called the pick up and put down method. You continue doing this until your baby falls asleep.

If you attempt a no tears sleep training method, you may want to use the "5 S's:" Swaddle, Side-Stomach Position, Shush, Swing and Suck.

Swaddle. Swaddling recreates the snug packaging inside the womb. It decreases startling and increases sleep. To swaddle correctly, wrap arms snug - straight at the side - but let the hips be loose and flexed. Use a large square blanket, but don't overheat, and don't cover your baby's head or allow unravelling.

Side or Stomach Position. The back is the only safe position for sleeping but it's the worst position for calming fussiness. This "S" can be activated by holding a baby on her side, on her stomach or over your shoulder. You'll see your baby mellow in no time.

Shush. Babies don't need total silence to sleep. In the womb the sound of the blood flow is louder than a vacuum cleaner! At its simplest, you apply the "shush" step by loudly saying "shhh" into your baby's ear as you hold her on her side or tummy. Put your lips right next to your baby's ear and "shhh" loudly. Use white noise to help your baby settle and fall asleep. Shush as loudly as your baby is crying. As she calms down, lower the volume of your shushing to match. In addition, you may wish to play some white noise while your baby sleeps.

Swing. Some common rhythmic movements include: rocking, dancing, baby swings, baby bouncers on vibrate, rhythmic pats on the back or bottom, baby carriers, car rides, baby squats, and walks. Start out fast and jiggly with your movement and get calmer and slower as baby calms down. Make sure you let his head jiggle a tiny bit too while supporting it. It is this tiny amount of Jello-like jiggling of the head that helps the most.

Sucking. Whether it is the bottle, breast, finger or pacifier, babies like to suck. It is extremely soothing to them. Sucking will help keep a baby calm and will even cause him to become more calm. It is much easier to get a baby to take a pacifier etc. when she has calmed down which is why sucking comes last with the 5 S's.

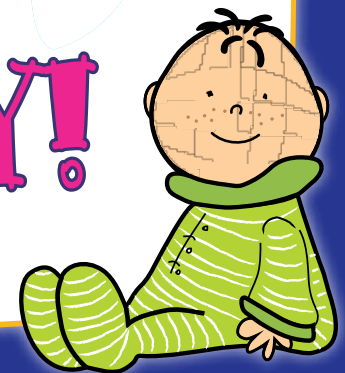
How quickly it works: All of the no tears advocates caution that helping your child learn to sleep through the night is not an overnight process; in fact it may take several weeks or even months. If you feel that you are not getting anywhere with these techniques, or if you decide that you'd rather have a few tears to get the job done faster, you may want to transition to a cry it out method.

THINGS TO REMEMBER

- Start sleep training at nighttime, not nap time. Babies sleep better at night, so start there.
- Feeding too close to sleep times, even if your child is not falling asleep eating, can hurt sleep.
- Overtired babies have a harder time falling asleep because they are fussy.
- Sleep training is tough. It's hard. It's never fun. But the pain is worth the prize when you have a child that falls asleep easily, stays asleep longer, and truly LOVES to sleep.



EVERY DAY I LEARN
THROUGH PLAY!



ACTIVITIES TO DO WITH YOUR INFANT OR TODDLER




0-3 MONTHS



MILESTONES *By end of 3 months*

- ✧ Can briefly calm self
- ✧ Smiles
- ✧ Focuses on faces
- ✧ Coos
- ✧ Turns toward sounds
- ✧ Follows things with eyes
- ✧ Acts bored (cries, fusses) if activity doesn't change
- ✧ Holds head up
- ✧ May begin to push up when lying on tummy

Let's EAT!

-  Describe your baby's signs of hunger. Describe what you are doing as you prepare for feeding, as well as during the actual feeding process. For example: "I hear you crying. That sounds like a hungry cry. Let's get ready to eat."
-  Use names for those who are interacting with and feeding your baby. For example: Daddy's feeding you today.
-  During feeding time, if your baby is alert, make "music" while making eye contact with him/her. Click your tongue, make kissing noises, whistle, hum a tune, or sing a favorite tune.

Children begin learning even before birth. Children learn through experiences with their world. Interaction is at the heart of learning and, all children benefit from spending time with adults who are close to them. From birth, infants take in their world through their developing senses. The senses of hearing, touch and smell are the most developed during the first three months of life. Sight develops significantly during these first few months, but babies in this age range focus best on items 8-12 inches away. Adult faces become a major focal point.




It may take your newborn several seconds to respond to you or he or she may not respond much at all. Be patient — you may need to keep trying or wait a while for your baby to enter an alert, responsive state.

(Parentese: the sing-songy tone of voice favored by many babies.)

INTERNET RESOURCES

Pennsylvania Department of Public Welfare www.dpw.state.pa.us
Connect with the various programs within the Department of Public Welfare to get the answers you need. Our goal is to be a quality human services provider and to respond to questions in a timely manner.

Let's GET CLEAN!

-  While changing a diaper or getting ready for a bath, gently play with your baby's toes and feet, doing light tickles. Add "This Little Piggy Went to Market" (see song list), touching a different toe per verse.
-  After bath time, give your baby's tummy a sampling of different textures. Collect an assortment of soft, touchable household objects. One at a time, brush each item ever so gently across your baby's skin, describing the sensation as you go. For example: "Feel the silky scarf? It's very slippery."
-  After bath time, warm a dime-sized squirt of baby massage oil or plain vegetable oil by rubbing it between your palms. Then gently massage it into your baby's skin. Name your baby's body parts as you gently massage each part.



3-6 MONTHS

MILESTONES *By end of 6 months*

- ✧ Recognizes familiar faces
- ✧ Responds to other's emotions, often seems happy
- ✧ Likes to look at self in the mirror
- ✧ Rolls over in both directions
- ✧ May react to strangers
- ✧ Strings vowels together when babbling (ah, eh, oh)
- ✧ Responds to own name
- ✧ Begins to sit without support
- ✧ Passes items from one hand to another

Let's EAT!

- ✎ While cuddling before feeding time, try the following finger play:
"Round and round the garden, went the teddy bear.
One step, two steps
Tickle under there

(Walk your fingers around your baby's palm. Take steps with your fingers up their arm, and then tickle their armpit, chin, or feet).

- ✎ Hang a wind chime close to where you feed your baby. You can make a home-made one by hanging aluminum pie plates close together. Your baby will enjoy watching and listening to the sound during feeding.

- 😊 When your baby can sit upright in a highchair or while holding your baby in your lap, allow your baby to hold and explore spoons. When your baby begins to eat solids, he/she will enjoy holding a spoon while being fed.

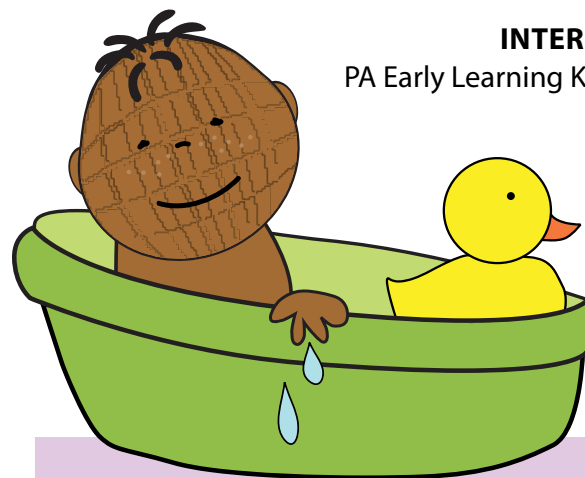


Three to six month olds begin to pay more attention to the world around them. Positive interactions, filled with language and sensory exploration, are beneficial to your baby's learning. If your baby is interested and involved in an activity—and having fun—he/she is learning! It isn't necessary to "teach" very young children. Treasure these early days of playing and cuddling with your little one—it is exactly what he/she needs to grow and learn.

INTERNET RESOURCES

PA Early Learning Keys to Quality www.pakeys.org




A quality improvement system in which all early learning programs and practitioners are encouraged and supported to improve child outcomes.

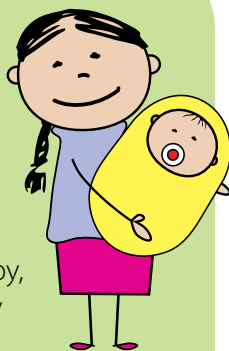


Let's GET CLEAN!




- ▲ After changing your baby's diaper, hold onto your baby's hands and wrists and count, "one, two, three, up!" GENTLY pull your baby to a sitting position. Smile and lower your baby to repeat.
- 📖 After diapering, a bath or while getting dressed, recite "Hickory, Dickory, Dock" with accompanying movements (see song list)
- 😊 Play "What's that Toy?" by placing a textured toy under your baby's shirt during diapering or while getting dressed. Talk about what the toy feels like and where it is hidden.

Let's GO!




-  Take a walk outside. Describe the things you are seeing and feeling. Stop and have a picnic.
-  Tie or tape some ribbons, fabric, or other interesting streamers onto a wooden spoon. While walking or while riding in the back seat of the car with your baby, pull out the wooden spoon and dangle them gently over and in front of your baby's face.
-  Place your baby on his/her back, holding your baby's ankles, gently rotate your baby's legs as you say, "Row, Row, Row, Your Boat." (see song list)








Let's SHARE WORDS and STORIES!

-  Lie your baby down on a soft flat surface. Gently tap or rub your baby's hands and fingers while singing "Pat A Cake." (see song list)
-  Place your baby on his/her tummy (younger babies may only be able to handle a minute or two on their tummy but it is important to provide some tummy time to infants everyday). Place cardboard books or black and white pictures in front of your baby. Describe the pictures.
-  Read aloud to your baby in a calming tone. At this age it does not matter what you are reading as long you read with expression using parentese (see above) and make frequent eye contact with your baby.

Let's SAY HELLO - GOODBYE!



-  Play "Now you see it, Now you don't." Show your baby a toy. Cover the toy with a cloth, asking "Where is it?" Remove the cloth with a "Here it is."
-  Hold your baby closely or lie your baby down on a soft flat surface. Be sure to be close enough (8-12 inches) so your baby can see you. Start with small movements, like sticking out your tongue or opening your mouth in a wide grin. If you are patient, your baby may try to imitate you.
-  Begin to establish predictable routines for diapering, bath time, bedtime, etc. Routines and rituals provide a sense of safety that is the foundation for later exploration.



Let's REST!


-  Create black and white images either by drawing simple patterns such as diagonals, bull's eye, checkerboard, and simple faces with a black marker onto white paper or by printing out black and white images from the computer. Place these images where your baby can see them, ideally 8-12 inches from their face, in places where your baby has downtime.
-  Play "Goodnight Moon" as part of your bedtime routine. Carry your baby around the room or the house and say "goodnight" to favorite toys, people, and objects.  
-  Play a favorite CD or tape of lullabies or other soothing music while you settle your baby, and then leave it on at a low volume after you leave.





KEY LEARNING AREAS

 Approaches to Learning
 Creative Arts

 Language and Literacy
 Social Studies

 Mathematics
 Physical Health and Wellness

 Science
 Social and Emotional

SONGS & FINGER PLAYS

Pat-A-Cake

Pat-A-Cake, Pat-A-Cake,
Baker's Man.
Bake me a cake,
As fast as you can. (clap hands to beat)
Roll it. (roll hands)
Pat it. (pat lap or floor)
Mark it with a "B," (finger write "B" on baby's belly)
And put it in the oven for baby and me.
(tickle baby's belly)

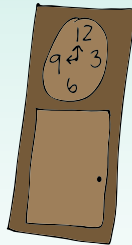


This Little Piggy Went to Market

This Little Piggy went to market.
This Little Piggy stayed home.
This Little Piggy had roast beef.
This Little Piggy had none.
And this Little Piggy went "wee wee wee"
all the way home!

Hickory, Dickory, Dock

Hickory, Dickory, Dock
(Touch your baby's toes, knees and hips)
The mouse ran up the clock.
(Tickle up your baby's body)
The clock struck one,
(Touch your baby's nose)
The mouse ran down,
(Tickle down your baby's body)
Hickory, Dickory, Dock.
(Touch your baby's toes, knees and hips)



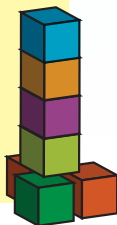
Row, Row, Row Your Boat

Row, Row, Row Your Boat,
Gently Down the Stream,
Merrily, Merrily, Merrily,
Life is but a Dream.



Clean Up

Clean-up, clean-up
Everybody get some toys.
Clean-up, clean-up
All the little girls and boys.
Clean-up, clean-up
Everybody do your share.
Clean-up, clean-up
Everybody, everywhere.



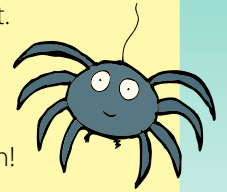
I Hear Thunder

(sung to the tune of "Are You Sleeping?)

I hear Thunder, I hear Thunder, (drum feet on the floor)
Oh don't you? Oh, don't you? (pretend to listen)
Pitter-patter raindrops, (flutter your fingers for raindrops)
Pitter-Patter raindrops
I'm wet through, (shake your body vigorously)
So are you! (point to your child)

The Itsy Bitsy Spider

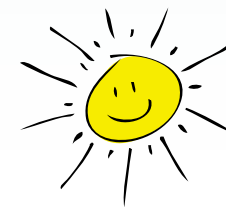
The itsy bitsy spider
Climbed up the waterspout
Down came the rain
And washed the spider out.
Out came the sun
And dried up all the rain
So the itsy-bitsy spider
Climbed up the spout again!



Where is Thumbkin?

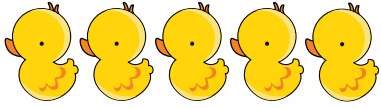
(Hide both hands behind your back)
Where is Thumbkin? Where is Thumbkin?
Here I am. (bring out one hand with thumb up)
Here I am. (repeat with other hand)
How are you today, sir? (move one thumb as if talking)
Very well, I thank you. (move other thumb as if talking)
Run away. (move one hand behind back)
Run away. (move other hand behind back)

Repeat with each finger.
Pointer finger – where is pointer?
Middle finger – where is tall man?
Ring finger – where is ring man?
Pinkie – where is pinkie?



Good Morning Song

Good Morning, Good Morning,
Good Morning to you.
I'm Happy to see you,
And how do you do?



Five Little Ducks

Five Little Ducks went out to play,
Over the hills and far away.
Momma Duck said,
Quack, Quack, Quack, Quack,
But only four Little Ducks came back.

(repeat for 4, 3, 2, 1, no little ducks)

No Little Ducks went out to play,
Over the hills and far away.
Momma Duck said,
Quack, Quack, Quack, Quack,
And all of the five little ducks came back.

Raffi's "Brush Your Teeth" Song

If you get up in the morning at a quarter to one
and you want to have a little fun,
You brush your teeth ch ch ch ch, ch ch ch ch....

If you get up in the morning at a quarter to two
and you want to find something to do,
You brush your teeth ch ch ch ch, ch ch ch ch....

If you get up in the morning at a quarter to three
and you want to hum a tweedle dee dee,
You brush your teeth ch ch ch ch, ch ch ch ch....

If you get up in the morning at a quarter to four
and you think you hear a knock at the door,
You brush your teeth ch ch ch ch, ch ch ch ch....

If you get up in the morning at a quarter to five
and you just can't wait to come alive,
You brush your teeth ch ch ch ch, ch ch ch ch....



Wheels on the Bus

The wheels on the bus go round and round.
Round and round.
Round and round.
The wheels on the bus go round and round,
all through the town!

Additional verses:

The people on the bus go up and down.
Up and down.
The horn on the bus goes beep, beep, beep.
The wipers on the bus go swish, swish, swish.
The signals on the bus go blink, blink, blink.
The motor on the bus goes zoom, zoom, zoom.
The babies on the bus go waa, waa, waa.
The parents on the bus go shh, shh, shh.



INFANT & TODDLER BOOK LIST



Highlighted book titles are used with activities referenced in this guide.



BOOKS FOR BABIES

Baby Can't Sleep by Lisa Schoeder
Book for babies about counting sheep.

Baby Faces by Joy Allen
Babies love to look at other baby faces. These colorful photographs of various facial expressions of babies will delight youngsters. (series)

Beep Beep by Peter Horacek
A family goes for a ride in their bright yellow car to Grandma's house, but the fun is with the wonderful sound words given. A companion book is Choo Choo.

Colors by Justine Smith
A first color book is just one in a series of books by this author for babies through age two. Others include Shapes and Alphabet.

Duckie's Splash by Francis Barry
A clever concept board book showing a duck meeting several other animals with a surprise pop-out ending that will delight the very young.

Global Babies
by Global Fund for Children
A board book displaying 17 baby faces from around the world, and also the clothing each baby wears.

Goodnight Moon
by Margaret Wise Brown
A little rabbit bids goodnight to each familiar object in his moonlit room.

Peek-a-Moo! by Marie Torres Cimarusti
An oversized life-a-flap peek-a-boo book with brightly colored animals and the sounds they make.

Ten, Nine, Eight by Molly Bang
This picture book shows a loving father and his little "big" girl who turn bedtime into playtime with a rhyming game.

That's Not My Teddy... Its Paws Are Too Wooly by Fiona Watt
Brightly colored pages with touch-and-feel surfaces is just one of many great titles in this popular series

Yellow-Red-Blue: Baby Flip-a-Face
by Sami
Young babies like to focus on other baby faces, and this book of simple smiling faces with fun die-cuts and soft foam-filled pages is a great choice. (series)

BOOKS FOR TODDLERS

Big Yellow Sunflower by Frances Barry
Pages shaped like petals unfold one-by-one to reveal the stages in the life-cycle of a sunflower plant. (series)

Diary of a Worm by Doreen Cronin
A young worm discovers, day by day, that there are some very good and some not so good things about being a worm.

Do Lions Live on Lily Pads?
By Melanie Walsh
Nonsense questions about animal homes are on a perfect level of humor for toddlers. (series)

Down on the Farm by Merrily Kutner
Toddlers can bounce along with the rhymes in this joyful barnyard romp and can also join in the repeated refrain of "Down on the Farm."

Five Little Monkeys Jumping on the Bed
by Eileen Christelow

A count-down book where the little monkeys jump on the bed, only to fall off and bump their heads. (series)

Freight Train by Donald Crews
Clear, bright illustrations show all the cars of a train moving through day and night, country and city.

He's Got the Whole World in his Hands
by Kadir Nelson
An African-American boy with a multi-ethnic family is the star of this well-known spiritual.

It Looked Like Spilt Milk
by Charles Green Shaw

A mystery book for young children presents a continuously changing white shape silhouetted against a blue background that challenges them to guess what it is.

It's Okay to Be Different by Todd Parr
Brightly colored child-like figures celebrate diversity and the acceptance of individualism (several other great titles by this author).

Mouse Paint by Ellen Walsh
Three white mice discover jars of red, blue, and yellow paint and explore the world of color.

My Big Book of Spanish Words by Rebecca Emberley
A first dictionary of simple bilingual words introducing children to colors, numbers, animals and much more.

Peek-a-Boo, I Love You
by Sandra Magsamen

This adorable peek-a-boo book invites little ones to play along with their favorite animals, with soothing rhymes and engaging illustrations.

The Napping House by Audrey Wood
A rhythmic, repetitive text tells the story of a snoring granny, a dreaming child, a dozing dog, a snoozing cat, a slumbering mouse, and a disruptive, wakeful flea.

Sheep in a Jeep by Nancy Shaw
A playful story reveals the misadventures of a group of sheep that go riding in a jeep. (series)

Ten, Nine, Eight by Molly Bang
A little girl counts down to bedtime.

The Three Bears by Byron Barton
A simplified version of the classic tale with vibrantly colored illustrations.

Time for Bed by Mem Fox
As darkness falls parents everywhere try to get their children ready for sleep.

Who Hoots? By Katie Davis
This book becomes a guessing game of animal sounds with many silly, nonsense suggestions.

