

The logo for Kids Plus Pediatrics features the letters 'k', 'i', 'd', 's', and a blue square with a white plus sign. Each letter is contained within a colored square: 'k' is green, 'i' is red, 'd' is purple, 's' is yellow, and the plus sign is white on a blue background.

kids  
pediatrics  
**6-Month Handout**

## **6-MONTH DEVELOPMENT QUESTIONS**

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

## **FEEDING**

Breastmilk or formula remains the primary source of nutrition at this age. The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months, with the addition of complementary foods at that time.

There is no rush to start solid food, so we recommend you wait for signs that your baby is ready. Signs includes your baby holding up his head well, sitting with some support, watching you eat, and even grabbing at your food while you are eating.

Much of how we start feeding babies comes from our families and cultures. There are many ways to feed a baby, and not much research on most of it! Some families choose “baby-led weaning”- a form of feeding where babies take the lead and are offered small bits of what the family is eating. Others choose to offer pureed foods at first. Fruits and vegetables are good first foods, because they’re usually well-tolerated by babies. Whatever you choose, we recommend you follow these recommendations:

### **Meals should be fun and enjoyable for baby.**

Don’t worry about how much he or she swallows. The most important thing at first is the experience. Babies can eat as much as they want at each sitting. It’s important that they learn to keep eating when they’re hungry, and stop when they’re full.

### **Mess is best!**

Being messy with food is developmentally healthy for babies. Let her play with food, get her hands messy, grab the spoon, etc!

**Avoid choking hazards.**

This includes food with skins (hot dogs, grapes), whole nuts, hard vegetables such as raw carrots, etc.

**Avoid honey until 1 year** due to the risk of botulism.

Current research supports offering peanut products closer to 4-6 months. Talk with your provider about these recommendations. Since peanut butter is sticky and can be hard to manage, options include mixing it in to baby cereal, letting her lick it off your finger, or using commercial peanut power made for babies.

Feeding baby once a day at first is fine, and it can be any time of day.

Your provider can discuss further recommendations and questions during your visit.

For more information on starting with cereals and solid foods, see the Doctor's Notes page on our web site, which includes a whole section on Food & Nutrition.

Breastfed babies at 6 months need iron-containing foods added to their diet. These can include iron-fortified baby cereals such as oatmeal or barley (mixed with breastmilk or tap water), dark meat chicken, spinach or other iron-rich foods that baby can tolerate.

Babies at this age should also have some fluoride in their diet to strengthen newly developing teeth. The easiest way to accomplish this is to mix some tap water in your baby's food, or let her drink tap water from a sippy cup.

If you're having trouble getting your baby to consume foods with iron or fluoride, vitamin drops are another option. Your provider can give you instructions.

## TEETHING

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

## SLEEP

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

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

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

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

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

You can also check out our x popular **Quiet Night Sleep Class**: <http://bit.ly/KPSleepClass>

## CPR & CHOKING

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

## INJURY PREVENTION

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

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

Check your home for all accident hazards, sharp objects, table edges, medicines, and household poisons.

The last two items should be kept out of the child's reach or in locked cabinets. Survey all areas accessible to the baby, and empty all those areas of anything that may be of harm to the baby.

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

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

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

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

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

## **SMOKE & CARBON MONOXIDE DETECTORS**

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

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

## SUN SAFETY

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

## WALK-IN HOURS

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

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

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

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

Monday, Tuesday, Wednesday at Pleasant Hills

Monday and Thursday at Squirrel Hill/Greenfield.

**Weekends** at all three offices.

These hours are to address routine health problems such as sore throat, cold symptoms, fever, rash, and ear pain. They are not designed to evaluate chronic problems. If you Walk In, you'll be seen on a first-come, first-served basis.

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

## AND REMEMBER...

We have a wonderful, 24/7/365 resource for parents at our **Kids Plus Facebook Page**. Like us on Facebook, and follow along with our great Kids Plus Social Media Community! You'll also find us on Twitter, Instagram, YouTube, Vimeo, and Pinterest.

You can access the **Kids Plus Patient Portal** 24/7/365 on your computer, tablet, or smart phone. No matter where you are, you can always see and print many of your child's medical records, including growth charts, immunization records, prescriptions, lab results, and visit notes. It's like having a Kids Plus virtual office right at your fingertips.

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