

Six Month Visit

NUTRITION

1. Continue to introduce one new food at a time. As your baby takes more solid foods, he will not need as much milk. Between 6 & 9 months your baby will transition from pureed foods to table foods.

a. Introduce other foods working towards a balanced diet. Introduce only one new food (not mixed foods) no more frequently than every 3-4 days. This way, if your baby has difficulty (rash, indigestion, etc.) with a specific food, it will be easy to tell which one is the culprit. Respect your baby's preferences about which foods he seems to like or dislike. In a playful and relaxed manner, offer your baby as much from the spoon as he seems interested in taking, up to about 5 tablespoons. There is no specific order to introduce foods. It is currently recommended to feed peanut butter as one of the early foods to help reduce allergy. Infant cereals are recommended for iron unless meat is fed daily, otherwise all foods may be mashed or table foods cut small. If he loses interest quickly or just isn't in the mood at all, don't push it. For now, solid foods should be offered at conventional family meal times as a supplement to regular breast or formula feedings. After six months the balance begins to shift and then a balanced diet of solid foods gradually becomes the main source of nutrition, with breast milk or formula as the supplement. So in the meantime, relax, follow your baby's lead – they are all different – and enjoy!

b. There are a few foods that should be avoided. Any food that does not soften rapidly in the mouth can cause CHOKING. Examples: hot dog, peanuts, popcorn, hard peas, corn, beets, raw carrot or celery sticks, raw apples, raisins, unpeeled grapes. The majority of childhood deaths from aspiration might be prevented if these foods were avoided during the first years of life. Consumption of raw honey should be avoided prior to one year of age; it has been associated with botulism, a potentially fatal nerve infection. Other than banana and avocados, fruits and vegetables should be cooked for easier digestion up to about 9 months old. Avoid giving foods with large amounts of added sugar and salt. You may start pick up foods at 7 months when your child is sitting up well. Usually start with cereals, then soft foods cut into small pieces. By 9 months babies should be eating meals with the family such as macaroni & cheese, and spaghetti & meatballs, it is not necessary to buy baby food.

2. Try to set regular meal times. Poor eating habits (between meal snacking) develop early. Also try to make mealtime a family time. It's a nice habit to get into and your baby will learn to self-feed over time by imitating you.

3. Introduce a cup. Your baby will spill at first but the goal is only to get him used to the idea of taking liquids from something other than a bottle. Bottle-baby cavities are a real problem. Do not place your baby in the crib with a bottle and do not use milk as a pacifier. Remember that juice is more a source of sugar than nutrition. Babies who regularly get a bottle on demand between meals generally do not eat as well at meals. They will learn to expect the bottle for crying and don't learn to settle themselves. By nine months of age, your baby should have breakfast, lunch, and dinner well established with breast or bottle feeding happening more and more around meal time and less between meals. Also by nine months, the diet should be well balanced with each of the four major food groups represented regularly over the course of each week. This gives you three months to gradually watch solid foods increase in quantity and variety as breast milk or formula volume naturally decreases and becomes part of a well balanced diet, no longer the sole source of nutrition.

4. Feeding should never be forced. Mealtimes should be pleasant and interactive. The more you can follow your baby's initiative, the better.

SEPERATION ANXIETY

Over the next half year, your baby may demonstrate more signs of “stranger awareness”. He may cry when company comes over or suddenly not love to be held by just anybody the way he used to. Anxiety when separating from parents is normal at this age. You may find it difficult to leave the room even briefly. Play peek-a-boo to help him develop a sense of “object permanence”(just because it is gone doesn’t mean it ceases to exist). Call to him from another room so that he knows you are there even though he can’t see you. Separation from parents at bedtime and awakening at night (with no trace of you!) can become more distressing to babies at this age. Help your baby through this important phase by establishing a bedtime ritual. Provide a favorite toy as a “transitional object” which can give security in the absence of parents. It is not unusual to awaken at night at this age. If you have waited and are sure that he won’t settle himself back to sleep, then you should always respond to let him know that you still exist, but interact minimally so that you don’t encourage a night waking habit.

Separation anxiety is not overcome by avoiding separation. Children learn to accept parents’ departure if there is predictability to their return and if parents do not communicate their own anxiety to the child.

TEETHING

There is a wide variability between children regarding the eruption time of first teeth. To relieve the discomfort associated with teething, give acetaminophen and provide cold, hard objects to bite down upon. The many drug store teething remedies that are applied directly to inflamed gums do not work and can be dangerous. It is true that many children have other symptoms such as runny nose and mild fever with teething. However, temperatures greater than 101 degrees and more significant symptoms probably represent an infectious illness and are not easily attributable to teething alone. When wiping your child’s face after meals, go over the teeth, too.

SAFETY

1. Car safety seat every ride! If your child is over 20 lbs you will need a seat that is approved above 20 lbs facing backwards until he or she is 2 years old.
2. Your baby is getting around more and more each week. Safety check your house. Use gates at your steps, but not the accordion style ones which can collapse around arms and legs. Never leave your baby unattended on a bed, in a bath, or near a pool. Use plastic electrical outlet plugs and electrical tape at all extension cord junctions. Avoid using appliances with dangling electrical cords. All medicines, cleaning supplies and plants (many are poisonous) should be kept out of reach. Lock doors to dangerous areas like the garage and basement.
3. We discourage the use of walkers because of poor safety, and motor development inhibition.
4. Introducing your baby to water for brief play can be fun. Prolonged play and any submersion can be dangerous.
5. Limiting sun exposure and using sun screen will help prevent sun damage.

PREVENTION OF CHOKING

Approximately 3,000 deaths occur in the United States annually due to inhaled objects, making this the most common cause of accidental death in children less than one year of age.

1. Small parts on toys for children under three years of age, by government regulation, must be larger than 1.25 inches in diameter. This is approximately the diameter of a toilet paper roll. However, toys of older siblings which do not meet these standards pose a danger to younger siblings. Use only unbreakable toys without sharp edges or small parts that can come loose.
2. Food should be cut or broken into small bite-size pieces. Children should be encouraged to chew thoroughly. Conversation, playing, running, and other activities that can precipitate aspiration should

be discouraged during eating. Get your child into the habit of sitting in the high chair while eating and only eating in the kitchen without the TV on.

3. Safety pins should be kept out of reach and closed.
4. Children should be taught not to hold foreign objects in their mouths.
5. Small children should not be given coins or small objects for play, or as reward items.
6. Hard, smooth vegetable type foods, such as peanuts, or foods containing nuts that require a grinding motion should not be given to young children. This chewing motion is not well established until age four. Also avoid hot dogs, whole grapes, raisins, popcorn and hard candies. Chewable pills for children should be given only after age three.
7. Uninflated balloons can be sucked down into the throat and should be kept away from children.

IF YOUR CHILD SHOULD CHOKE

CHILDREN UNDER ONE YEAR OF AGE

1. DO NOTHING if he can cough, breathe, or speak. Your child's natural cough will more effectively clear the airway. Do not thrust a groping finger blindly into the throat as this may push the object farther down.
2. If he cannot cough, breathe, or speak, position the infant/child with the head lower than the trunk, face down. Administer four back blows with the heel of the hand between the shoulder blades.
3. If this does not reinstate breathing, turn him over and deliver four rapid chest thrusts over the center of the sternum (breast bone) similar to giving CPR. Use just two fingers for infants, the heel of your hand for children.
4. If breathing does not resume, open the child's mouth by grasping both the tongue and the lower jaw between thumb and finger and lifting. This draws the tongue away from the back of the throat. If you can see a foreign body, remove it with a finger sweep. Do not sweep blindly.
5. If breathing still does not resume, administer four breaths by mouth-to-mouth or mouth-to-nose ventilation. If the chest fails to rise, the obstruction persists and the entire sequence should be repeated. If unsuccessful, continue to repeat the sequence while rapidly calling for emergency medical services. The two main ingredients in the management of the choking child are persistence in repeating the sequence and rehearsals of the sequence prior to the emergency situation.

CHILDREN OVER ONE YEAR OF AGE

1. Apply a series of six to ten abdominal thrusts (Heimlich maneuver) until the foreign body is expelled. The child should be placed on his back. Stand at the child's feet if on a table or kneel at the child's feet if on the floor. The heel of one hand should be placed in the midline between the belly button and the rib cage. The second hand should be placed on top of the first and pressed into the abdomen with a rapid inward and upwards thrust.
2. If the obstruction is not relieved using the Heimlich maneuver, open the airway using the tongue-jaw lift technique described in the section on choking infants. If you can see foreign body, sweep it out with your finger.
3. If there is still no breathing give four breaths mouth-to-mouth. If unsuccessful, repeat a series of six to ten abdominal thrusts. Continue to repeat the sequence while rapidly calling for emergency medical services.