

Woburn & North Andover Pediatric Associates

7 Alfred Street, Baldwin Park II, Woburn, MA 01801 - Phone 781-933-6236, Fax 781-938-8050
800 Turnpike Street, North Andover, MA 01845 - Phone 978-557-5712, Fax 978-557-5406



Routine Physical Exam: 6 months

Development

- By 6 months, your baby should:

Reach for objects & bring everything to their mouth, transfers objects between hands

Uses whole hand to grasp objects & often makes raking motion with hand to grasp objects

Have good head control, sit well with support and may begin to sit unsupported in the tripod position

Roll over both ways and moves often by rolling and wiggling

Push up on all fours and rock back and forth when placed on tummy (this will prepare baby for crawling)

When held standing, can bear weight on their legs and may begin to bounce to strengthen leg muscles

- Baby loves the sound of his/her own voice. He/she laughs out loud, squeals, gurgles, yells, and blows raspberries.

- Baby will smile when spoken to and make eye contact during interaction. He/she responds to mother people's emotions and often seems happy.

- Your infant will begin to understand cause and effect. He/she will realize that certain objects make sounds, like shaking a rattle or banging a spoon on the table.

- When baby drops things on the floor or makes noises, he/she will discover that these actions can cause a chain of reactions from her audience, such as funny faces, laughs, or groans. He/she may then intentionally drop or bang things as a way to learn about cause and effect and his/her personal ability to influence their environment.

- Visit: www.HealthyChildren.org, search topics like "Ages and Stages", "Parenting Your Infant"; www.ZeroToThree.org

Nutrition

- Continue breast milk or formula on demand.

- Your baby's birth weight should be doubled by this age. Weight gain begins to slow, averaging 1lb per month.

- Breastfed babies require Vitamin D supplementation of 400 IU daily or 1mL (found over the counter as Trivisol, Vitamin D, or Polyvisol).

- Begin introducing solids when baby is ready (shows curiosity about what you are eating, starts to take food off a spoon using upper lip, begins chewing motions and can move food to the back of the mouth to swallow, loses the tongue-thrust or extrusion reflex that pushes the spoon out of baby's mouth).

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- While traditionally single grain infant cereals are started first, there is no medical evidence to support introducing foods in a particular order. You can start with pureed fruits or vegetables.
- Use a soft-tipped plastic spoon to avoid injuring baby's gums. Start with a small amount on the tip of the spoon.
- The benefit of infant cereals is that they are iron fortified. Your baby was born with adequate iron stores which need to be resupplied by 4-6 months of age. Combine single grain infant cereal with either breast milk or formula (not water) to a semi liquid consistency.
- Start feeding solids once per day and build up to 2-3 times per day as your baby wants. Start with basic stage 1 baby foods like simple fruits and vegetables. If you prefer to make your own, be sure it is well pureed and do not add extra salt or sugar.
- Introduce one new food at a time every 5-7 days to make sure your baby does not have an allergic reaction (vomiting, diarrhea, hives, body rashes). If baby doesn't seem to like a new food, wait a few days and try again. It can take baby up to 15 times of trying a new food before baby takes it!
- Rice, bananas, and applesauce can cause constipation. Prunes and oatmeal can relieve constipation.
- Baby should not have juice at this age.
- Do not give baby raw honey or whole milk before 1 year of age. Dairy products can be introduced prior to 1 year, once baby has advanced from stage 1-2 foods.
- Do not provide bottles for going to sleep as it can cause tooth decay.
- Visit:

Sleep

- Baby will sleep an average of 14 hours per day and may sleep 6-8 hour stretches through the night. He/she may nap for 4-5 hours during the, spread out over 3 naps. Teething or newly acquired motor skills can cause sleep disruptions.
- Once your baby can roll both ways, he/she can sleep in whatever position they prefer. Continue to keep the crib free of pillows, stuffed animals, crib bumpers, and other soft items.
- When baby is sleepy, put him/her in the crib. He/she may cry for 10-15 minutes before falling asleep, but learning to self soothe now is important for successful sleep habits later.
- Avoid letting baby sleep for more than 3 hours in a row during daytime hours. Between naps, play with baby in a well-lit room.
- Sometimes even the best sleepers may have sleep disruptions at this age. Acquisitions of new motor skills can often disrupt sleep. Be consistent with sleep routines and limit any nighttime stimulation.
- Visit: www.HealthyChildren.org, search "Getting Your Baby to Sleep", "Your Baby's Head"

Safety

- Your child must be secured in a car seat for every ride! Infants should be in rear facing car seats according to your seat's manufacturer guidelines. Seat weight and height requirements should be

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followed carefully. The American Academy of Pediatrics recommends that children remain rear facing in the back seat until age 2 years.

- Normal baby wiggling movements can cause falls – do not leave baby unattended. Diaper changes on the bed, couch, and changing table can easily result in a fall to the floor without proper caution.
- Do not drink hot fluids when holding baby. At this age, babies wave their fists and can unexpectedly grab things like coffee cups, dangling cords, and table cloths.
- Do not leave small objects in baby’s reach. Babies explore their environment by putting things in their mouths, which can be a choking hazard with very small objects.
- Keep plastic wrappers and bags away from baby. They can form a tight seal if placed over the mouth and nose, causing suffocation.
- Do not place baby on a waterbed, bean bag, or anything soft enough to cover the face.
- Your hot water heater should be set no higher than 120 degrees.
- Consider taking a CPR class.
- Review your home’s childproofing as your baby becomes increasingly mobile & curious. He/she needs constant supervision and protection against hazards. Lower the crib mattress to prevent falls, check window guards, check smoke & carbon monoxide detectors twice yearly, and supervise your child with family pets.
- Use a rectal thermometer to take baby’s temperature. Call the office for any temperature 101 degrees or over.
- Limit sun exposure – use sunscreen (SPF 50 for sensitive skin is fine for 2 months and older), hats, and try to keep baby in the shade!
- Maintain a smoke-free environment. Children exposed to smokers/second hand smoke are more susceptible to sudden infant death syndrome (SIDS), ear infections, breathing problems, and wheezing.
- Maintain working smoke and carbon monoxide detectors.
- Post emergency numbers near your phone and/or mobile phone contacts.
- Visit: www.HealthyChildren.org, search topics like “Infant & Toddler Car Seat Safety”, “How To Take Your Child’s Temperature”

Relationships

- Stranger anxiety can begin. Your infant now recognizes familiar faces and may become clingy, shy, and fearful around unfamiliar faces. Baby may begin to demonstrate strong attachment to parents or regular caregivers by raising their arms to be picked up or crying when that person leaves the room.
- Engage and entertain your baby by talking to him/her. At this age, babies don’t learn language from screens of any sort (TV, smart phones, etc.) so turn them off and use real dialogue instead!

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- To promote speech, continue to read to your baby. Also, remove batteries or turn off the sound from toys that do all the talking/singing to your baby as babies should not be passive listeners to toys at this age.
- Let baby explore new textures. Touch and feel board books are ideal for this age.
- Visit: www.HealthyChildren.org; www.ACOG.org, search “postpartum depression”

Office Policies

- We like to see infants at regular intervals: 1, 2, 4, 6, 9, 12, 15, 18 months, 2 years, and then annually thereafter. We schedule 3 months in advance. We try to alternate visits between your child’s pediatrician and pediatric nurse practitioners (PNP).
- Please note that many insurance companies require referral authorizations for outpatient appointments, urgent care visits, & other services. It is your responsibility to understand your insurance benefits so you should familiarize yourself with your plan’s referral requirement. Please call the Referral Department if you need to request a referral 781-933-0254.
- We follow the recommended vaccine schedule as indicated by the American Academy of Pediatrics & Centers for Disease Control. View vaccine information statements (VIS) at: www.immunize.org/vis
- Sign up for the Patient Portal to access vaccine history & lab results. You may also sign up for text and voice appointment reminders. See a staff member for details!
- Traveling outside of the country in the next few months? Be sure to contact our nurses to determine if your child will need travel vaccines/medications prior to departure.

When should you call for further assistance?

- If you are concerned that your child is not eating, growing or developing normally
- If baby seems sick and/or has a fever
- If you need more information about how to care for your child, or have additional questions or concerns