



(rev.3-2024)

## 6 Month Check-Up

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Head \_\_\_\_\_

### IMMUNIZATIONS

Your infant will receive immunizations today. Please read the information provided and ask your doctor any questions you may have. You will be asked to sign a form, giving consent for the vaccines. At 6 months, your infant should receive the DTaP, Hib, Prevnar, and Rotavirus vaccines. Please inform your doctor of any previous reactions to vaccines. Common reactions include fever, fussiness, local redness, swelling, pain, and mild sleepiness, which may last up to 2 days. Significant reactions include fever over 104.5 rectally or inconsolable screaming for more than 3 hours. For mild reactions, treatment includes cool compresses and acetaminophen (i.e. Tylenol). Correct doses are in the chart below – it is more important to dose by weight rather than by age. Temperatures taken at this age should be taken rectally. Please notify us of any significant reactions.

During RSV season, October through March, your baby may be given an RSV vaccine if medically indicated. If it is flu season, please be sure all family members, especially siblings, and all people who come in contact with your baby are vaccinated against influenza. Young babies are at high risk for significant illness from the flu. The influenza vaccine and Covid vaccine will be offered starting at 6 months of age. Remember, good handwashing is the best defense against all illness any time of year. Family members and caregivers should be up to date on all vaccines to help prevent your baby from preventable illness.

<b>TYLENOL or acetaminophen</b>	0-3 months (6-11 lbs)	4-11 months (12-17 lbs)	12-23 months (18-23 lbs)	2-3 years (24-35lbs)
<b>ELIXIR (160 mg/5 ml)</b>	1.25 ml	2.5 ml	3.75 ml	5 ml
<b>CHEWABLE (160 mg)</b>				1 tablet

- **If you are unsure about dosages of this or any medication, please contact us.**
- **Cold medications are not recommended at this age.**

## **DEVELOPMENT**

At 6 months most babies can:

- Babble, smile, laugh, squeal, imitate razzing noises
- Turn to sound
- Sit with support
- Reach for toys, rake in small objects, and pass from hand to hand
- Grasp and mouth objects
- Roll over
- Stand and bear weight when held
- May begin to show signs of stranger anxiety

Talk to your baby, read, sing, play music. Allow your baby to explore in a safe environment. Establish structure and routines to increase your baby's sense of security.

## **SLEEPING**

Continue to place your baby to sleep on his/her back on a firm, flat sleep surface and avoid soft bedding, including bumper guards, pillows, blankets, toys, etc. Do not place your baby to sleep with a bottle.

Establish a consistent bedtime routine. Make sure your baby drifts off to sleep in the crib, not in your arms, so when your baby reaches a period of light sleep and wakes during the night, the conditions are the same as when he/she fell asleep. This will help your baby fall back to sleep without needing to be rocked, held, etc.

## **FEEDING/ NUTRITION**

At this age, your baby's nutritional needs are met by receiving either breast milk or iron fortified formula. This is your infant's primary nutrition source. Juice is not recommended at this time, unless directed by a doctor. If you have not already done so, you may begin feeding your baby solid foods.

Breast milk contains little iron, so if your baby is exclusively breastfeeding or consuming mostly breast milk, you will need to give your baby a daily iron supplement until iron containing solids are introduced.

If breastfeeding, your baby will not be receiving adequate fluoride in his/her diet, so you will need a prescription for a D vitamin supplement with fluoride.

If bottle feeding, your baby may need a fluoride supplement. If you are using city or county water or bottled nursery water with fluoride to make your baby's formula, your baby does NOT need extra fluoride. If you are using well water to make your baby's formula, your baby will most likely need a prescription for fluoride drops. If you are using ready-to-feed formula or bottled water without fluoride to make your baby's formula, your baby will need a prescription for fluoride drops.

Your baby's first foods are your choice. If you start with cereal, use 2 servings a day of an iron fortified, single-grain cereal such as oatmeal. You may also feed pureed vegetables, fruits, or meats. Feed your infant a new food for at least 3 days before introducing another new food to see if there are any adverse reactions. Solid foods may be given 2 to 3 times a day, depending upon your baby's appetite.

- Do not leave your baby unattended with food or food within reach.
- Avoid foods that may be choked on or inhaled such as peanuts, popcorn, hot dogs or sausages, carrot sticks, celery sticks, whole grapes, raisins, corn, whole beans, hard candy, large pieces of raw vegetables or fruit, and tough meats.
- Do not give your infant honey for the first year of life.
- Discard any milk or jarred food when your infant has finished eating.
- Do not warm expressed breast milk, formula, or food in the microwave.
- Do not put your infant to bed with a bottle or prop the bottle. Infants should not "snack" from the bottle during the day, but rather take their bottle at the regular time.

**There has been extensive new research in the area of food allergies, including peanut allergy.**

- Please let your doctor know if your baby has severe eczema or any known allergies in order to properly prepare for future introduction of peanut products.
- If your baby has mild or moderate eczema, please talk with your doctor about starting to introduce peanut products.
- If your baby does not have eczema or any food allergy, you may introduce peanut products.
- When you introduce peanut products in your baby's diet, use safe forms of peanut such as creamy peanut butter thinned with warm water or mixed into pureed fruit or vegetables, peanut powder mixed into pureed foods, or age appropriate foods made with peanut butter. Solid peanuts, peanut pieces, and thick peanut butter are choking hazards and should not be given now.

## **TEETHING**

Teething may cause low grade fevers, drooling, or mild fussiness. If these symptoms persist or are extreme, they may be unrelated to teething, and your child should be seen in the office. A cold teething ring or chilled washcloth may ease the discomfort. Do not give your infant anything he/she could bite off and choke on. This is the average age for the first tooth eruption. However, it may be many months before this occurs. Clean your baby's gums and/or teeth daily with a moist washcloth (or soft toothbrush with the first tooth) with water only.

## **CONSTIPATION**

Expect a difference in your baby's stools. The consistency and frequency will change as you transition to more solids or if you transition from breast milk to formula. Please call during office hours for any concerns about your baby's stools.

## **SAFETY**

- Continue using a rear facing car seat properly secured in the back seat. Infants should always be placed in an approved infant seat in the rear-facing position until 2 years of age or until they reach the highest height or weight allowed by their car seat

manufacturer. If they have outgrown the infant seat, they should be in a reversible car seat that is rear facing until age 2. After age 2, car seats may face forward. Never place your infant in the front seat of a vehicle with an airbag. The back seat of a vehicle is the safest place for children of all ages. Avoid bulky clothing and blankets between your infant and the harness and make sure the harness fits snugly against the child's chest. Additional information can be found on the US Department of Transportation website. [www.seatcheck.org](http://www.seatcheck.org) or at [healthychildren.org](http://healthychildren.org) under car seat information for families.

- Continue to place your infant to sleep on his/her back and avoid soft bedding.
- Lower the mattress in your baby's crib.
- If you use a mesh playpen, make sure the weave is < ¼ inch. Do not leave your baby in a playpen or crib with the drop side down.
- NEVER leave your baby alone with a young sibling or pet, in a tub of water, or on high places such as changing tables, sofas, beds, etc. Always keep one hand on your baby to prevent falls. Remember they may wiggle off a bed, out of a car seat (if unrestrained), etc.
- NEVER shake your baby.
- NEVER leave heavy objects or containers of hot liquids on tablecloths that your baby could pull down. Do not drink hot liquids while holding your baby. If your baby is burned, immediately place the burned area under cold water and call our office for advice.
- Keep the environment smoke free.
- Empty buckets, tubs, small pools immediately after use. Pools need to be enclosed with a four-sided fence with a self-closing and self-latching gate.
- Keep sharp objects and small objects out of reach.
- Do not place pacifiers, ribbons, string, etc. around your baby's neck because of the risk of strangulation.
- NO WALKERS.
- Limit time in the sun. Use sunscreen of SPF 15 or higher, and use hats to shade ears, nose and lips. Please visit the website [healthychildren.org](http://healthychildren.org) for more comprehensive sun safety recommendations
- Test smoke alarms; change batteries yearly.

Keep poisonous substances, medications, cleaning agents, health and beauty aids, paints and paint solvents, locked in a safe place out of sight and out of reach. If something is accidentally ingested, please call **Poison Control** at **828-9123** or **1-800-222-1222** immediately.

### **CONTACT OUR OFFICE**

If non-urgent questions or concerns about your child develop before your next appointment, please feel free to call our office during regular business hours. Our medical advice nurses will be glad to answer your questions. They may recommend that you make an appointment to have your child seen by a doctor or nurse practitioner.

In the case of a true emergency, such as difficulty breathing/respiratory distress, loss of consciousness, seizure, profuse bleeding, or any potentially life-threatening situation, **call 911 or go to the nearest emergency room.** Due to their pediatric ER staff, our providers prefer Chippenham, St Mary's, or VCU Medical Center when you have a choice in where to take your child.

Please call **Poison Control** at **828-9123** locally or **800-222-1222** immediately in the event of any ingestion or suspected ingestion of chemicals, medications not prescribed for your child, accidental overdose, or any other substance of concern.

One of our doctors is always on call after hours for urgent or emergency care concerns. To reach our on-call service, please dial the office phone number and follow the prompts. You will be directed to our nurse on call service and may have to leave a message. You will receive a call back as soon as possible from one of our nurses or providers on call. We ask that you limit after-hours calls to urgent concerns only. Persistent problems such as ongoing illnesses (including colds), constipation, or behavior problems without sudden changes are best addressed during regular office hours when our providers are able to access your child's medical record. Please do not call after hours or on holidays to request antibiotics, including eye drops. In most cases your child will need to be seen to ensure proper diagnosis. If you feel that your child needs to be seen after hours, please take him or her to the nearest urgent care center or ER.

The next check-up is at **9 months** of age. We encourage you to make your appointment before you leave today. If you would prefer to call, our centralized scheduling department can be reached at 804-320-1353. Please note that our office requires 24-hour notice to cancel an appointment. Thank you.