



St. Vincent Physician Network

The Social Butterfly

from www.kidsgrowth.com

The 6-month-old infant likes to be with people and there is a sudden burst in awareness of his or her surroundings. The baby loves to play face to face with parents and begins to develop a sense of trust and the beginning elements of learning (through games like peekaboo).

The following comments are designed to help you and your partner enjoy your 6-month-old while continuing to gain confidence in yourselves as parents. This information is not intended as a substitute for well-baby visits by your newborn's pediatrician.

Never hesitate to ask your child's physician for guidance concerning specific problems. This is the reason for regular well-baby checkups.

Parenting and Behavioral

- Encourage speech development by talking to your 6-month-old while dressing, bathing, feeding, playing, walking and driving.
- Begin playing social games such as pat-a-cake, peek-a-boo, so-big, etc.
- Begin to set some limits for future discipline by using distraction, reducing stimulation and establishing routines.
- Establish a bedtime routine and other habits to discourage night awakening. Make sure your baby has learned self-soothing techniques by providing your child with the same transitional object, such as a stuffed animal, "special" blanket or favorite toy.
- Encourage play with age-appropriate toys. Babies like to bounce, swing, reach for you, pick up and drop objects, and bang things together. Unbreakable household objects such as plastic measuring cups, large wooden spoons, pots, pans and plastic containers make great toys.
- Shoes are not necessary at this age except for show and to keep their feet warm.

Development

- Begins to speak single (hard) consonants, like "dada" (sorry mom!).
- Rolls over both ways (front to back and back to front).
- The baby will begin to look for a toy dropped out of sight.
- Has no head lag when pulled to a sitting position.
- Begins to "tripod" (sits with one hand on the ground for support) and soon will begin to sit without support.
- Continues to grasp and mouth objects, but now can transfer small objects from one hand to another.
- Six-month-old babies begin to rake at small objects but cannot pick them up yet because their finger coordination is not yet precise enough.
- Shows displeasure with loss of a toy.
- Is able to recognize each parent and may even begin to show some stranger anxiety.
- Makes attempts to feed himself or herself.
- Smiles, laughs, squeals and begins to imitate sounds.
- Can be content in a playpen for a while playing with one or two toys.
- Can bear weight on his or her legs when held in a standing position (no, it will not make him or her bowlegged).

- May develop one or more teeth by the 9-month checkup. Don't worry if teething is delayed, as every child has his or her own timetable for teething. The process of getting teeth can be difficult or easy and there is no reason why one baby frets and drools during tooth eruption and another sails through it without a whimper. Ask your baby's doctor what you can do if teething gives your little one a problem.

Feeding

- Most babies double their birth weight in the first 5 to 6 months. They will not double their weight in the next six months as growth rate slows a little. Therefore, expect your baby's appetite to diminish a little in the next six months.
- Continue to breast feed or use iron-fortified formula for the first year of the infant's life.
- Feeding should be on a routine mealtime schedule which hopefully coincides with the family mealtimes.
- Continue introducing new solid foods, starting with fruits, yellow vegetables, green vegetables and then meats. Your baby will let you know when and how much he or she wants to eat.
- Your baby will begin to show preferences for some food and dislike for others as new solids are introduced.
- Now is the time to begin introducing a cup since it is important to eliminate all bottles by the baby's first birthday. The easiest way to do this is by taking advantage of the infant's natural curiosity and desire to imitate adults. Parents should buy two or three brightly colored plastic cups and begin drinking their coffee or tea out of these new cups. Since the child will want the same thing the parents have, start giving your child his or her milk or juice in an identical cup. The child will not be able to hold the cup by himself or herself for some time. An alternate way of introducing the cup is to use one with a top and "feeding spout." While your child will not be using this type of cup when he or she gets older, there is less of a mess when he or she tips it over! Don't lose patience! If your 6-month-old shows little interest, try again in a day or two. Don't worry if it seems your baby is taking less liquid from the cup. This is normal since the growth rate slows down for a while.
- Avoid giving foods that can cause choking. The most common foods babies' aspirate are 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 meat. Always supervise your baby when he or she is eating and learn the proper emergency procedures for choking.
- If there is a strong family history of a food allergy, you might want to limit or avoid highly allergic foods such as eggs, strawberries, chocolate and seafood until your baby is older.
- Continue to give the breast-feeding infant supplemental Vitamin D if recommended by your baby's doctor and fluoride supplements if your water supply is not fluoridated.
- If your baby is being fed by a care giver, go over the schedule with him or her to make sure he or she is feeding your infant the way you want.
- Because your baby is getting ready to cut teeth, he or she may be "gnawing" on everything.

At this Checkup

- An important part of each well-child visit is the evaluation of the baby's growth. In the vast majority of children, growth falls within normal ranges on the standard growth curves for **weight, height or head size**. The smooth curves of a growth chart might create the impression that a baby grows in a continuous, smooth manner. Instead, growth usually occurs in spurts. Therefore, single growth (height, weight, head size) measurement at any particular month in a child's life is of limited value - more important is the child's **rate of growth** over time.
- The 6-month old will also be checked thoroughly both physically and developmentally.

Sleep

- Encourage your baby to console himself or herself by putting your child to bed awake.
- Some 6-month-old babies decrease the length and/or frequency of naps.
- Due to the emergence of stranger anxiety, the 6-month-old baby may show resistance to going to sleep for naps and at night.

- Some 6-month-old babies begin night awakenings for short periods of time. Should this happen, check your baby, but keep the visit brief, avoid stimulating your infant and leave the room quickly once you feel everything is OK.

Immunizations

Since immunization schedules vary from doctor to doctor, and new vaccines may have been introduced, it is always best to seek the advice of your child's health care provider concerning your child's vaccine schedule.

- Haemophilus Influenza Type b (Hib) Vaccine #3
- Diphtheria, Tetanus, Acellular Pertussis (DTaP) Vaccine #3
- Prevnar (Pneumococcal) Vaccine #3
- Ask your baby's doctor about possible side effects (fever, irritability, tenderness over the injection site).

Safety

- Your adorable newborn is about to become "mobile" so child-proofing your home should take priority at this age.
- Now that your baby is more active, be more careful than ever not to leave him or her anyplace from which he or she can fall. Always keep one hand on your child and never turn your back, for even a second, when you put him or her on a sofa, bed, changing table or any other high place. Your baby always needs your full attention. Never leave your baby alone with a young sibling or pet.
- Continue to use an infant car seat that is properly secured at all times.
- Avoid using baby walkers. There is considerable risk of major and minor injury and even death from the use of walkers and there is no clear benefit from their use.
- If your home uses gas appliances, install and maintain carbon monoxide detectors.
- Continue to keep the baby's environment free of smoke. Keep the home and car nonsmoking zones.
- Get down on the floor and check for safety hazards at your baby's eye level.
- Empty buckets, tubs or small pools immediately after use. Ensure that swimming pools have a four-sided fence with a self-closing, self-latching gate.
- Avoid overexposure to the sun.
- Do not leave heavy objects or containers of hot liquids on tables with tablecloths that your baby may pull down.
- Place plastic plugs in electrical sockets.
- Keep toys with small parts or other small or sharp objects out of reach. It is especially important to remind older siblings that they should always play with small objects out of reach of their baby brother or sister.
- Keep all poisonous substances, medicines, cleaning agents, health and beauty aids, and paints and paint solvents locked in a safe place out of your baby's sight and reach. Never store poisonous substances in empty jars or soda bottles.
- Install safety devices on drawers and cabinets where the infant may play. Install gates at the top and bottom of stairs, and place safety devices on windows.
- Lower the crib mattress.
- Avoid dangling electrical and drapery cords.
- If you have a pet, keep his or her food and dishes out of your baby's reach. Also, never allow your child to approach a dog while the dog is eating.
- Use the playpen as an "island of safety."
- Learn first aid and infant cardiopulmonary resuscitation (CPR).

Eliminations

- Your baby will have his or her own frequency of bowel movements.
- Most babies strain, grunt and fuss when they have bowel movements. This does not mean they are constipated.

When to Call the Doctor

- Anything that bothers you!
- Appears not to be gaining weight.
- Your baby shows little interest in social interaction, avoids eye contact, and smiles infrequently.
- Your baby seems stiff or floppy.
- Your baby's head lags when pulled to a sitting position.
- Your baby only uses one hand to reach.
- Your baby makes no attempt to roll over.
- There is no infant squealing or laughing.
- Eyes are crossed most of the time.
- You have not seen any developmental changes since the last checkup.

The information presented in Growth Milestones was obtained with the help of our pediatric experts and with material from The American Academy of Pediatrics' *Guidelines for Health Supervision* and Bright Futures' *Guidelines for Health Supervision of Infants, Children, and Adolescents*. Bright Futures is supported by the Maternal and Child Health Bureau, U.S. Department of Health and Human Services.