



Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ OFC: \_\_\_\_\_

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 peek-a-boo). 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. Never hesitate to ask 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 feet warm.
- Read to your baby every day! This will promote language skills, as well as a love for reading later in life.

### 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 cause bowlegs!)
- 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. If your baby seems uncomfortable, a dose of acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) may be given occasionally. Topical numbing agents only work for 10-15 minutes.

### 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 breastfeed or use iron-fortified formula for the first full year of the infant's life.
- Solid foods should now be introduced with cereal, fruits, yellow vegetables, green vegetables and then meats. Your baby will let you know when and how much he or she wants to eat. Infant cereal should be given twice daily until 1 year of age as an iron source.
- Continue to give the breast-feeding infant supplemental Vitamin D (Tri-Vi-Sol or D-Vi-Sol) and fluoride supplements if your water supply is not fluoridated. If your baby is being fed by a caregiver, go over the schedule with him or her to make sure he or she is feeding your infant the way you want.

### SLEEP

- Encourage your baby to console himself/herself by putting him/her to bed awake.
- Some 6-month-old babies decrease the length and/or frequency of naps.
- Due to the emergence of separation 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. Do not offer feedings during the night at this age.

### IMMUNIZATIONS

If it is flu season, your child will receive their first flu vaccine. A second dose will be given in one month. Flu vaccines are also recommended for all household contacts and caregivers of babies 0-23 months.

*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.*

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## SAFETY

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- 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 rear facing and properly secured at all times.
- Avoid using baby walkers. There is considerable risk of injury and even death from the use of walkers and there is no benefit from their use.
- 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. Keep the bathroom door closed as the toilet can be a drowning hazard.
- Avoid sun exposure with the use of umbrellas, hats, and sunglasses. If exposure is unavoidable, hypoallergenic sunscreen may be used.
- 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). Classes are given at Central Baptist Hospital and the American Red Cross.

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## WHEN TO CALL THE DOCTOR

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- Appears not 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 progress since the last checkup.



## AFTER HOURS

Emergencies after 5:00 p.m. should be directed to our answering service by dialing 859-276-2594. A highly trained nurse will return your call and address your problems or concerns. If the situation is warranted, the physician on call will be contacted. Non-emergency questions should wait until the following morning. Please check our website FAQs for answers before calling after-hours: [www.paalex.com](http://www.paalex.com).

## RESOURCES

- **Poison Control 1-800-222-1222**
- **American Academy of Pediatrics: [www.aap.org](http://www.aap.org)**
- **[www.kidsgrowth.com](http://www.kidsgrowth.com)**
- **[www.paalex.com](http://www.paalex.com)**

*This information is for educational purposes only and it should be used only as a guide.*