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# Well Child Care at 6 Months

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**Feeding:** It is now time to start your baby on solid foods. Detailed information on starting solids can be found in your 4 month packet but as a reminder ... If you offer cereal, make sure its a whole grain iron fortified cereal. White rice cereal is not as healthy. Start one new food at a time every 3 to 7 days to make sure your baby digests it well. Do not start meats until your baby is 9 months old. Do not give foods that require chewing. Don't start egg whites until age 12 months. Egg yolks are fine from 9 months on. At meals give the baby formula, or breast-feed your baby after giving baby food.

Your baby should continue having breast milk or infant formula until he is one year old. Your baby may soon be ready for a cup with water (no more than 2 to 4 oz per day) although it will be messy at first. Try giving a cup occasionally to see if your baby likes it. Don't let him lay down with a bottle. This can lead to tooth decay and ear infections. Do not give juice to babies unless directed so by your pediatrician. Use a spoon to feed your baby, not a bottle or an infant feeder. Sitting up consistently while eating helps your baby learn good eating habits.

**Development:** At this age babies are usually rolling over and beginning to sit by themselves. Babies squeal, babble laugh, and often cry very loudly. They may be afraid of people they do not know. Meet your baby's needs quickly and be patient with your baby.

It is now time to throw away your baby's pacifier. Studies show that babies who use pacifiers beyond six months of age have more ear infections and are more likely to require braces than other children.

**Sleep:** 6 month olds may not want to be put in bed. Do not put a bottle in the bed with your baby. Develop a bedtime routine like playing a game, singing a lullaby, turning the lights out, and giving a goodnight kiss. Make the routine the same every night. Be calm and consistent with your baby at bedtime. If your baby is not sleeping through the night, ask your doctor for further information about preventing sleep problems.

## Healthy Sleep Habits

- **Make any middle-of-the-night contacts brief and boring.** All children have 4 or 5 partial awakenings each night. They need to learn to go back to sleep on their own at these times. If your baby cries for more than a few minutes, visit him but don't turn on the light, play with him, or take him out of the crib. Comfort him with a few soothing words and stay for less than 1 minute. If your child is standing in the crib, don't try to make him lie down. He can do this himself. If the crying continues for more than 10 minutes, calm him and stay in the room until he goes to sleep. (Exceptions: You feel your baby is sick, hungry, or afraid.)
- **Provide a friendly soft toy for your child to hold in her crib.** At the age of 6 months, children start to become anxious about separation from their parents. A stuffed animal, doll, or blanket can be a security object that will give comfort to your child when she wakes up during the night.
- **Leave the door open to your child's room.** Children can become frightened when they are in a closed space and are not sure their parents are still nearby.
- **During the day, respond to separation fears by holding and reassuring your child.** This lessens nighttime fears and is especially important for mothers who work outside the home.
- **For middle-of-the-night fears, make contacts prompt and reassuring.** For mild nighttime fears, check on your child promptly and be reassuring, but keep the interaction as brief as possible. If your child panics when you leave, or vomits with crying, stay in your child's room until she is either calm or goes to sleep. Do not take her out of the crib, but provide whatever she needs for comfort, keeping the light off and not talking too much. These measures will calm even a severely upset infant.

## Safety tips

### Avoid Choking and Suffocation

- Cords, ropes, or strings around the baby's neck can choke him. Keep cords away from the crib.
- Keep all small, hard objects out of reach.
- Use only unbreakable toys without sharp edges or small parts that can come loose.
- Avoid foods on which a child might choke (such as candy, hot dogs, peanuts, popcorn).

## Prevent Fires and Burns

- Develop and practice a fire escape plan.
- Check your smoke detector to make sure it works.
- Keep a fire extinguisher in or near the kitchen.
- Check food temperatures carefully, especially if foods have been heated in a microwave oven.
- Keep hot foods and liquids out of reach.
- Put plastic covers in unused electric outlets.
- Throw away cracked or frayed old electric cords.
- Turn the water heater down to 120°F (50°C).

## Avoid Falls

- Keep crib and playpen sides up.
- Avoid using walkers.
- Install safety gates to guard stairways.
- Lock doors to dangerous areas like the basement or garage.
- Check drawers, tall furniture, and lamps to make sure they can't fall over easily.

## Prevent Poisoning

- Keep all medicines, vitamins, cleaning fluids, and gardening chemicals locked away or disposed of safely.
- Install safety latches on cabinets.
- Keep the poison center number on all phones.

**Immunizations:** At the 6 month visit, your baby should be immunized for DTaP (diphtheria, tetanus, pertussis), H. Influenza B, Polio, Rotavirus, and Pneumococcus 13. Some of these vaccines may be combined in a single injection.

If it is flu season, your baby will also receive his first flu shot.

Your baby may run a fever or be irritable for about 1 day after the shots. Your baby may also have some soreness, redness, and swelling in the area where the shots were given. Acetaminophen drops 80mg per 0.8cc (typically 0.8ml, every 4 to 6 hours at this age) or Acetaminophen Liquid /Suspension 160mg/5cc (typically 2.5ml every 4 to 6 hours at this age) may help to prevent fever and irritability. For swelling or soreness, put a wet, warm washcloth on the area of the shots as often and as long as needed to provide comfort. Call your physician if:

- Your child has a rash or any reaction to the shots other than fever or irritability.
- Your child has a fever that lasts more than 36 hours.

## Child Care: Preventing Problems/Watching for Abusive Providers

**How can I help prevent problems?** The overwhelming majority of child care providers are loving, trustworthy people. There are a few, however, who are unfit to care for children. To help prevent problems and ensure the safety of your children:

- Find out who will be watching your child if the caregiver must be away.
- Make unannounced visits.
- Get to know other parents who have children enrolled.
- Check to see whether the facility is licensed by the department of social services, human services, or health (this may not guarantee a safe environment).
- Check with the above to determine whether the home or center has had any complaints.
- Thoroughly check your caregiver's references.

If you suspect a problem, report any suspected incident of physical or sexual abuse to your local department of social or human services (protective services division or child protection team). You may remain anonymous or ask that your name not be mentioned.

**What are the warning signs of a potentially abusive situation?** You may not always be able to detect potential problems before enrolling your child. The warning signals below help provide some clues to possible physical or sexual abuse. Do not jump to conclusions, but do pay attention to your child and look into possible reasons for your child's troubling behavior. Watch for:

- Sudden dislike of or reluctance to go to caregiver.
- Sudden sexual acting out (sexually precocious language, enactment of sexual acts including oral sex).
- Sudden hesitation over showing or receiving affection.
- Sudden sleep problems (nightmares, fear of the dark or being alone).
- Regression to baby behaviors (bed-wetting, thumb sucking, clinginess).
- Unusually nervous or aggressive behavior.
- Caregiver or center does not welcome your unannounced visits.
- Caregiver or center does not willingly provide the names and numbers of other parents who have children enrolled.
- Bruises, swollen areas, lacerations, or other marks.
- Implausible explanations by child or caregiver regarding injuries.
- Anything your child says regarding physically or sexually abusive or inappropriate behavior.

**Fun in the Sun: Keep you baby safe.** Ultraviolet (UV) rays from the sun can cause sunburn and skin cancer. The sun is the main cause of skin cancer, the most common form of cancer in the United States. There will be a million new cases of skin cancer this year. Skin cancer can and does occur in children and young adults because your skin remembers each sunburn and each suntan year after year. All skin cancers are harmful and some, especially malignant melanoma, can be deadly if left untreated. Malignant melanoma is the second most common form of cancer in women 25 to 34 years of age. Sun exposure in early childhood and adolescence contributes to skin cancer. Sunburns can cause pain, dehydration and fever. Too many sunburns and too much sun exposure over the years can also cause wrinkles and cataracts of the eye. Most of our sun exposure - between 60% and 80% - happens before we turn 18 years of age. That's because children spend more time outdoors than most adults, especially in the summer. Follow these rules to protect your baby from sunburns now and from skin cancer later in life:

- Babies under 6 months of age should be kept out of direct sunlight. Move your baby to the shade or under a tree, umbrella, or the stroller canopy.
- Dress your baby in clothing that covers the body, such as comfortable lightweight long pants, long-sleeved shirts, and hats with brims that shade the face and cover the ears.
- Select cloths made of tightly woven fabrics. Clothes that have a tighter weave - the way fabric is constructed, generally protect better than clothes with a broader weave. If you're not sure about how tight a fabric's weave is, hold the clothing up to a lamp or window and see how much light shines through. The less light, the better. Clothing made of cotton is both cool and protective.
- When using a cap with a bill, make sure the bill is facing forward to shield the baby's face. Child-sized sunglasses with UV protection are also a good idea for protecting your child's eyes.
- A baby's sensitive skin is thinner than adult skin and a baby will sunburn more easily than an adult. Even babies with naturally darker skin need protection.
- It's up to you to protect your baby. A baby can't tell you when he is too hot or beginning to sunburn. Your baby can't move out of the sun and into the shade without your help.

#### **Remember ...**

- The sun's rays are the strongest between 10 am and 4 pm. Try to keep your baby out of the sun during these hours.
- The sun's damaging UV rays can bounce back from sand, snow, or concrete; so be particularly careful in these areas.
- Most of the sun's rays can come through the clouds on an overcast day; so use protection even on cloudy days.

Choose a sunscreen made for children. For babies under 6 months of age, sunscreen may be used on small areas of the body such as the face and the backs of the hands if adequate clothing and shade are not available. For babies over 6 months of age, test the sunscreen on your babies back for a reaction before applying it all over. Apply carefully around the eyes, avoiding the eyelids. If your baby rubs sunscreen into her eyes, wipe the eyes and hands clean with a damp cloth. If the sunscreen irritates her eyes, try a different brand or try a sunscreen stick or sun block with titanium dioxide or zinc oxide. If a rash develops, talk to your pediatrician. When choosing a sunscreen, look for the words "broad-spectrum" on the label - it means that the sunscreen will screen out both ultraviolet B (UVB) and ultraviolet A (UVA) rays. A sunscreen with a sun protection factor (SPF) of 30 should be adequate in most cases. Use enough sunscreen and rub it in well, making sure to cover all exposed areas, especially your baby's face, nose, ears, feet, and hands are even the backs of the knees. Put it on 30 minutes before going outdoors. The sunscreen needs time to work on the skin. Reapply the sunscreen frequently, especially if your baby is playing in the water. Zinc oxide, a very effective sun block, can be used as extra protection on the nose, cheeks, tops of the ears, and the shoulders.

**Remember ... Sunscreens should be used for protection and not as a reason to stay in the sun longer.**

**Sunburn can be dangerous: If your baby is under 1 year of age and gets a sunburn, contact us at once - a severe sunburn is an emergency. For babies over the age of 1 year, tell your pediatrician if there is blistering, pain, or fever.**

#### **Remember ...**

- Avoid sunburns - they can be very dangerous to a baby.
- If your baby gets a sunburn, give breast milk or formula to your baby to replace lost fluids.
- Cool water soaks may help your baby's skin feel better.
- Do not use any medicated lotions on your baby's skin unless your pediatrician recommends it.
- Keep your baby completely out of the sun until the sunburn is totally healed.

## **Baby Walkers**

- Baby walkers send an estimated 8,800 children younger than 15 months of age to the hospital with injuries each year.
- At least one child in the U.S. dies each year from an injury from a baby walker.

#### **Children in baby walkers can:**

- Roll down the stairs - which often causes broken bones and severe head injuries. This is how most children get hurt in baby walkers.
- Get burned - a child can reach higher in a walker. A cup of hot coffee on the table, pot handles on the stove, a radiator, a fireplace, or a space heater are all now in baby's reach.
- Drown - a child can fall into a pool, bathtub, or toilet while in a walker.
- Be poisoned - reaching high objects is easier in a walker

**There are no benefits to baby walkers.** You may think a walker can help your child learn to walk. But walkers do not help children walk sooner. In fact, walkers can delay normal muscle control and mental development. Most walker injuries happen while adults are watching. Parents or caregivers simply cannot respond quickly enough. A child in a walker can move more than 3 feet

in 1 second! Therefore, walkers are never safe to use, even with close adult supervision. Make sure there are no walkers at home or wherever your child is being cared for. Child care facilities should not allow the use of baby walkers. If your child is in child care at a center or at someone else's home, make sure there are no walkers.

**Throw away your baby walkers!** Try something just as enjoyable but safer, such as the following:

- “Stationary walkers” - have no wheels but have seats that rotate, tip, and bounce.
- Playpens - great safety zones for children as they learn to sit, crawl, or walk.

On July 1, 1997, new safety standards were implemented for baby walkers. Walkers are now made wider so they cannot fit through most doorways, or are made with a braking mechanism to stop them at the edge of a step. But these new walker designs will not prevent all injuries from walkers. They still have wheels, so children can still move faster and reach higher.

The American Academy of Pediatrics and the National Association of Children's Hospitals and Related Institutions have called for a ban on the manufacture and sale of baby walkers with wheels.

## **Influenza Vaccine 2012 - 2013 What You Need to Know:**

**Why get vaccinated?** Influenza (“flu”) is a contagious disease. It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions. Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine. By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

**There are two types of influenza vaccine:**

1. **Inactivated** (killed) vaccine, the “flu shot,” is given by injection with a needle.
2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils.

**Inactivated (killed) vaccine:** It takes up to 2 weeks for protection to develop after the shot. Protection lasts about a year. Some inactivated influenza vaccine contains a preservative called thimerosal. Thimerosal-free influenza vaccine is available. Ask your doctor for more information.

**Who should get inactivated influenza vaccine and when?**

**WHO** All people 6 months of age and older should get flu vaccine.

Vaccination is especially important for people at higher risk of severe influenza and their close contacts, including healthcare personnel and close contacts of children younger than 6 months.

**WHEN** Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community. Influenza can occur at any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later will still be beneficial. Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

**Some people should not get inactivated influenza vaccine or should wait.**

- Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.
- Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

**What are the risks from inactivated influenza vaccine?**

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. Serious problems from inactivated influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

**Mild problems:**

- soreness, redness, or swelling where the shot was given
- hoarseness; sore, red or itchy eyes; cough
- fever • aches • headache • itching • fatigue

If these problems occur, they usually begin soon after the shot and last 1-2 days.

**Moderate problems:**

Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time appear to be at increased risk for seizures caused by fever. Ask your doctor for more information.

Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

**Severe problems:**

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

**Live, attenuated influenza vaccine - LAIV (nasal spray)** contains live but attenuated (weakened) influenza virus. It is sprayed into the nostrils. LAIV does not contain thimerosal or other preservatives.

**Who can receive LAIV?** LAIV is recommended for healthy people 2 through 49 years of age, who are not pregnant and do not have certain health conditions

**Some people should not receive LAIV**

LAIV is not recommended for everyone. The following people should get the inactivated vaccine (flu shot) instead:

- **Adults 50 years of age and older or children from 6 through 23 months of age.** (Children younger than 6 months should not get either influenza vaccine.)
- Children younger than 5 years with asthma or one or more episodes of wheezing within the past year.
- Pregnant women.
- People who have long-term health problems with: -heart disease -kidney or liver disease -lung disease -metabolic disease, such as diabetes -asthma -anemia, and other blood disorders
- Anyone with certain muscle or nerve disorders (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone with a weakened immune system.
- Anyone in close contact with someone whose immune system is so weak they require care in a protected environment (such as a bone marrow transplant unit). Close contacts of other people with a weakened immune system (such as those with HIV) may receive LAIV. Healthcare personnel in neonatal intensive care units or oncology clinics may receive LAIV.
- Children or adolescents on long-term aspirin treatment.

Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.

Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.

Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.

Tell your doctor if you have gotten any other vaccines in the past 4 weeks.

Anyone with a nasal condition serious enough to make breathing difficult, such as a very stuffy nose, should get the flu shot instead.

People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

**What are the risks from LAIV?** A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. Live influenza vaccine viruses very rarely spread from person to person. Even if they do, they are not likely to cause illness. LAIV is made from weakened virus and does not cause influenza. The vaccine can cause mild symptoms in people who get it (see below).

**Mild problems. Some children and adolescents 2-17 years of age have reported:**

- runny nose, nasal congestion or cough
- headache and muscle aches
- abdominal pain or occasional vomiting or diarrhea
- fever
- wheezing

**Severe problems:**

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- If rare reactions occur with any product, they may not be identified until thousands, or millions, of people have used it. Millions of doses of LAIV have been distributed since it was licensed, and the vaccine has not been associated with any serious problems.

**When should I receive influenza vaccine?** Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community. Influenza can occur any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor. Influenza vaccine may be given at the same time as other vaccines.

**What if there is a severe reaction?**

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967. VAERS does not provide medical advice.

**The National Vaccine Injury Compensation Program** was created in 1986. Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382, or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

**How can I learn more?**

- Ask your doctor. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):

Call 1-800-232-4636 (1-800-CDC-INFO) or Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu)

**Next Visit:** Your baby's next routine visit should be at the age of 9 months. Please bring the shot card to each visit.