



Your 6-Month-Old Infant

Feeding

- Breastfeed your baby on demand, about 4–5 times per day. Continue giving vitamin D to your breastfed (or mostly breastfed) baby.
- If you are using formula, it should be iron-fortified. Feed on demand, and expect formula intake to decrease as solid foods become more important over the next few months. Most babies take 16–30 ounces per day.
- Do not give honey or corn syrup in the first year of life.

Introducing solids

- If you have not started feeding your baby solid foods, this is a good time to start.
- Infant rice or oatmeal cereals are appropriate first foods. Mix with breast milk or formula and spoon-feed. Do not put cereal in the bottle. Eating from a spoon is a new experience for your baby; just a few bites is a meal in the beginning.
- Gradually introduce new pureed foods one at a time. Wait at least three days before starting each new food to ensure there are no allergic reactions (diarrhea, vomiting or rash).
- This is a good time to introduce a sippy cup of water with meals. Avoid juice.
- Most babies eat one meal to start, advancing to three meals a day by 6–8 months. Encourage variety, and make mealtime fun. Follow your baby's cues. If your baby is turning his head away or crying, don't force him to continue eating.
- With the increasing prevalence of food allergies, recommendations for introduction of allergenic foods may change. Refer to the allergy website www.aaaai.org for the latest guidelines.

Elimination

- When solid foods are introduced, stools become more variable in color, odor, and consistency.
- If you think your baby is constipated, call our office. Infrequent stools are ok if they are soft.

Sleep

- By 6 months of age, many babies will not stay on their backs all night. This is normal.
- Most babies are sleeping through the night, and taking 2–3 naps. If your baby is waking at night, we can help you think about strategies for sleep training.

Development

- Most 6-month-olds are able to babble, laugh, imitate sounds, transfer objects from hand to hand, roll over and sit with minimal support.
- Your baby may initiate social contact and show preference to primary caregivers.
- Chewing, drooling and teething may be evident, although teeth may not appear for months. Teething toys are helpful. We do not recommend numbing teething gels.

Safety

- Always use an infant car seat, rear-facing in the back seat.
- Babies move quickly at this age, so it is not safe to leave your baby unattended on a high surface.
- Now is the time to childproof your home. Keep household cleaners and medications in locked cabinets. Cover electrical outlets, use gates at stairways and keep small objects (coins, buttons, etc.) out of reach. Window blind cords should be safely attached to the wall. Consider upper floor window guards.
- Make sure your baby's toys are too big to swallow. For information about recalled toys, see cpsc.gov.
- Lower the crib mattress down to the lowest level as your child may soon pull to stand.
- Do not allow your baby to use a walker. They are dangerous (and illegal in Canada). There are no developmental benefits to walkers; in fact, they may be a hindrance.
- Avoid direct sun exposure by using clothing, hats, shade and sunscreen (SPF 30 or higher).
- Consider taking an infant CPR/first aid class.

Fever/Illness

- Fever is a common symptom in children, usually caused by the immune system's response to an infection. Any temperature over 100.4° F is considered a fever. Once you've identified a fever, you can treat it with acetaminophen or ibuprofen to make your child more comfortable. Depending on other symptoms, it may be necessary to come to the office, although most fevers are caused by viruses, and can be managed at home.
- More important than the number on the thermometer is how your child looks and acts. If your child is interactive after receiving fever medicine, that is a good sign.
- Please call our office to report fever that lasts more than 72 hours, or is accompanied by other concerning symptoms (decreased drinking, decreased urine output, labored breathing or your child looks very ill to you).
- A rectal thermometer is the most accurate way to check a baby's temperature. Being prepared can help you cope with fever. Keep your thermometer handy, have acetaminophen or ibuprofen (and dosing information) available, and take these with you when travelling.

Disease prevention

- To prevent cavities, do not give your baby a bottle in bed. Once your baby has teeth, clean them with a wet washcloth, or a small soft toothbrush with water.
- We follow the vaccine schedule recommended by the American Academy of Pediatrics. If you have questions or concerns about vaccines, please visit vaccine.chop.edu/parents.

Reaching us

If you have concerns, please do not hesitate to call the office to speak to a nurse. Nurses return calls throughout the day. You may also leave a non-emergent message for your doctor or nurse practitioner, who will return your call by the end of the day. For emergencies, a doctor is on call when the office is closed.

Resources

- A good website to bookmark for future reference is healthychildren.org.
- We suggest having the Illinois Poison Control Center phone number handy: [800.222.1222](tel:800.222.1222).

Today

Your baby will receive the Pentacel (DTaP, HIB, IPV), Prevnar and Rotateq vaccines.

At the 9-month check-up

- Your baby will receive the Hepatitis B vaccine.
- A questionnaire will be given for you to complete at 10 months and mail back to our office. This helps us monitor your baby's development.

Acetaminophen Dosing Instructions

Every 4–6 hours and no more than 4 doses/day

Weight	Dose	Infant OR Children's suspension 160 mg/5 mL
12–17 lbs	80 mg	½ tsp or 2.5 mL
18–23 lbs	120 mg	¾ tsp or 3.75 mL
24–35 lbs	160 mg	1 tsp or 5 mL

Ibuprofen Dosing Instructions

Every 6–8 hours

Weight	Dose	Infant drops 50 mg/1.25 mL	Children's suspension 100 mg/5 mL
12–17 lbs	50 mg	1.25 mL	½ tsp or 2.5 mL
18–23 lbs	75 mg	1.875 mL	¾ tsp or 3.75 mL
24–35 lbs	100 mg	2.5 mL	1 tsp or 5 mL