



YOUR SENSATIONAL SIX MONTH OLD

Wow! Has it been half a year since you held your bundle of joy for the first time? Your baby's rate of change continues at breakneck speed although from day to day it's hard to describe specifics. Of one thing you're now convinced - - there's no going back! Take some time to go over the baby book and see how far you've both come. But remember, lots more remains to be done.

Vision has improved and by now your infant will follow a dropped object from your hand to the floor, then look up to see if it will happen again. **Language** soon will consist of single consonant babbling (ba-ba-ba). Sudden loud vocalization bursts may also occur and surprise you! Imitation starts now as does self-admiration in the mirror. Soon he/she will link two or three sounds (usually by seven months). All these increasing receptive and expressive skills, coupled with a heightened interest in parent's speech result in the clear development of **attachment** at this time; that is an emotional relationship that persists over time and endures separation. **Touch** in addition to reciprocal watching and talking remains an important means to cementing the attachment. Senses help the baby to begin to recognize "strangers", cry when left alone, and to change focus of attention smoothly.

Motor skills gained in this interval include being able to lift head when lying on his/her back, bouncing when helped to "stand", possibly crawling (often backwards or "military" before standard style), and using hands in an effort to protect from slumping over while sitting. Trunk strength enables *some* babies to sit unsupported for short periods (remember, don't compare too carefully, just watch for progression!). Some primitive reflexes such as grasp begin to wane so that more mature skills can develop. Often gains come in sudden spurts. **Fine motor skills** may show the most rapid gains, as a clear one-handed reach develops, small objects are grasped, transferred (to mouth or other hand), and eyes and noses are stuffed and poked with tiny fingers (watch your glasses!). He/she may also "rake" tiny objects and hold a bottle to feed. Exploration of their own bodies is common! Temperament can be expressed physically and vocally, often with grunts and sounds of displeasure.

The work of living (voiding, stooling, breathing) is old hat – you won't find yourself checking to "see if he/she is breathing" so often, if at all. Resistance to bedtime and **sleep** may occur due to separation anxiety – introducing a "transitional object", (blanket, safe toy, pacifier) may help. Always put baby to sleep while drowsy, not fully asleep, to encourage self settling when he/she does wake at times you want them to still be sleeping! Night wakings are not unusual; let self-calming occur as much as possible. Do not remove baby from crib! Nighttime bottles should not be given. These also contribute to dental decay and ear problems. **Crying** behavior is focused and easier to interpret (less frustrating).

Play now becomes more fun for you as you can evoke squeals of delight and multitudes of smiles. Verbal give and take will make up a large part of your game repertoire. Introduce a variety of objects that results in immediate feedback such as spoons, rattles, drums, bells, balls, etc... **DO NOT LET YOUR INFANT WATCH TELEVISION.** There are many educational, behavioral, and other

*Special Notes About
My Child:*

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health risks associated with passive screen viewing. Vow never to put a TV in your child's room!

Be inventive (expensive does not mean more educational). Vary size, shape, color, and texture in toys. Different challenge levels should be offered but not forced. Begin a pattern of avoiding “passive” toys -- let your child evoke the response, not the batteries! Of course, avoid any small, sharp objects. Learning comes through play almost exclusively, so even if it doesn't come naturally to you, “just do it”!

By now, iron-fortified cereal, (rice first, avoid mixed or wheat, oats and barley are o.k.), should be part of the *diet*. Strained or mashed foods can be added, one at a time – generally light before dark and ALWAYS try many vegetables before the fruits. Do not give your baby fruit juice (pure sugar, even 100%!). Watch for any skin, bowel, or respiratory reactions. (True *food allergy* is not that common – certain offenders are more likely. Cow milk, soy, nut, shellfish, wheat and eggs constitute most potential allergens and should be avoided early). These plus honey and items that can be choked on are “forbidden foods” in the first year. Record the circumstances any food “reaction” and discuss with your pediatrician at the next visit, holding off on the suspected offender until then. Meals can alternate with, support, or precede breast milk or formula. Each baby and family is different. Balance, not regimen is the key. Remember, half of babies are below the 50th percentile! Avoid force-feeding. *Fluoride* may be necessary; a hemoglobin or blood count at this time may reveal a need for some additional *iron*; vitamin D may or may not still be necessary. Do not start cow's milk or mild products such as yogurt yet (also aggravates tendency toward anemia). Breast feeders – continue to keep eating and drinking extra. Hand foods are a messy necessity about now -- put a biscuit or two in the baby's hands and your spoon will stay fuller on the route to baby's mouth! A cup can be introduced but not essential.

Teething is variable (some are toothless until one year), and probably will follow familial patterns. Continue management as before with cool rings; occasional acetaminophen or ibuprofen for the bad times are okay. Remember, teething may cause irritability, crankiness and/or low grade fevers, but not “colds” or ear infections.

Skin care and diaper changing become more challenging as your infant may think all of this is play time. Distractions are your best bet to get daily care done efficiently. *Sun screens* remain important, as does *bath* time (2-3 times a week), but watch out for too much water exposure in the sensitive or allergic-skinned child. Hydrate skin with unscented moisturizers in winter.

You've decided by now on work schedules, dividing baby and household responsibilities; day care or baby sitter arrangements are routine if both parents elect to work outside the home. Don't get too dull! Take some spontaneous *family time* off and find a simple, low-cost pleasure to indulge in. Perhaps a “family evening” is a pattern to develop now. Keep paying individual attention to each child in the home (of course this all may mean readjusting your own personal and hobby/interest time – they won't be young forever). Don't completely ignore the need for a retreat at times for each parent and the couple together. Arrange for regular dates with your mate—the most important thing you can do for your child's emotional health is to stay together as a couple for their entire life!



Now is an important time to review *household safety*, with the ever increasing curiosity and mobility of your baby. Safety seats in cars are a continued must, despite resistance which may surface. Have safe distractions that can be attached to hold baby's interest for at least awhile. Sharp and small objects, medicines, cleaners, chemical and coins should be out of reach in locked cabinets. (Get down to baby's level to check this out). Continue to watch hot liquids, dangling electric cords, and wall sockets. Drawers and tablecloths that can be pulled down on baby should be adjusted or removed. Do not leave child unattended, especially from heights

or in baths. Do not use walkers (a leading cause of injury). Strollers and exercisers are o.k. for short periods. Swings still need to be supervised. Use stair gates and the playpen (change toys if needed). Watch plastics and latex balloons (hard to extricate from mouths or windpipes). Recheck pool access if appropriate. Don't leave a baby alone in a car or tub even for 1 second. Continue to keep cigarettes out of the home. Keep *Lifeline's* number handy. Check your plants again.* Review your fire safety and escape plan -- know who gets the baby in case of an alarm and where to meet. Space and kerosene heaters can cause serious damage as well in in-room fireplaces/stoves. Use urgent caution if these must be used. Continue no smoke exposure whatsoever, and store the coffee table! DEET insect repellants are safer than being bit or stung!

Another set of *immunizations* is due. Discuss your last experience. Some pediatricians recommend acetaminophen before and during the day of the immunizations to reduce fever and/or leg discomfort, as well as cool compresses and massages to injection sites.

Baby *shoes* are not necessary, only for protection and warmth. Continue to consult your physician for all *fevers* greater than 104 degrees F, (40 degrees C).

Baby's curiosity and activity level may prompt some thoughts on what interests you at a more profound level, and how it prompts you into activity (or inactivity). Now that fatigue from baby care should be diminishing, take time as parents and individuals to assess your inner selves and encourage redirection and reconciliation, if necessary. Your baby is a good model of the axiom, "It's never too late to change" – and continue to change he/she will. Good luck and fortitude to you in the days ahead!

Remember, "A baby is very convenient to be" – Ruth Krauss.

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*Poisonous are: boxwoods, chrysanthemums, daffodils, holly, hyacinths, lily-of-the-valley, mistletoe, poinsettias, rhododendrons, bleeding heart, Christmas rose, daphne, dumb cane, hydrangeas, jimson weed, thread leaf, yellow jessamine and yew trees are toxic. Other potentially dangerous plants include azaleas, castor beans, cherry leaves/bark, foxglove, hemlock, nightshade, lantana, philodendron, oleander, larkspur, mayapple, pokeweed, ivy and rhubarb leaves.