



# 6 Months

You may have noticed that your baby has had a sudden burst in awareness of his or her surroundings. At this age your baby loves to play face to face with parents and will begin to develop a sense of trust and the beginning elements of learning.

## **Developmental and Milestones**

- Rolls over.
- Sits with support.
- Stands when placed and bears weight.
- Grasps objects.
- Transfers small objects from hand to hand.
- Begins to be interested in toys.
- May begin to show signs of stranger anxiety.

## **Feeding and Nutrition**

- Continue to breastfeed or use formula.
- Cereals and baby foods are recommended 1-2 times a day.
- Age appropriate finger foods are okay, but be aware of choking hazards.
- You can introduce a sippy cup with small amounts of water.

## **Sleep**

- Your baby should now be sleeping through the night.
- Continue to encourage your baby to self soothe at night
- Do not put baby to bed with stuffed animal, blanket, or toy until he or she is at least 12 month old.



## General Health and Safety

- Do not leave baby alone in tub of water or on high places.
- Ensure that swimming pools are closed off with self-latching gate.
- Avoid overexposure to the sun.
- Do not give infant plastic bags or latex balloons.
- Install safety devices on drawers and cabinets where your infant may play.
- Install gates at the top and bottom of stairs.
- Lower the crib mattress.
- Avoid dangling electric and drapery cords.
- Keep pet food and dishes out of reach.
- Continue to use rear facing infant car seat at all times.
- “Child proofing” is a priority. Get down on the floor at your baby’s eye level and see what he or she can get into. Place plastic plugs in electrical outlets. Be sure to watch your child closely when visiting friends and family who have not baby proofed their home.

## When to Call or See Your Pediatrician

- Fever.
- Vomiting.
- Lack of appetite.
- Irritability or lethargy.
- Unusual skin rashes.
- Anything out of the ordinary.

## Immunizations

- DTaP (Diphtheria, Tetanus, and Pertussis)
- IPV (Polio)
- HIB (Haemophilus Influenza)
- PCV (Pneumococcal)
- RV (Rotavirus)

Date \_\_\_\_\_

Your Next Visit: 9 Months

Height \_\_\_\_\_ Percentile \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

Weight \_\_\_\_\_ Percentile \_\_\_\_\_

Provider \_\_\_\_\_

Head

Circumference \_\_\_\_\_ Percentile \_\_\_\_\_

