



Injury Prevention



You can reduce the chance of an injury by keeping the following tips in mind

- Start poison proofing the home since your child will be able to move around the house soon. Look for sharp objects, table edges, medicines, and household poisons.
- Avoid using appliances with dangling electrical cords
- Be aware that your child may pull down tablecloths, lamps, and drawers.
- Use gates on all stairwells
- Keep plastic wrappers, plastic bags and balloons out of reach as they can be choking hazards

Nutrition

You may begin to offer a cup for water. Juice is not recommended. We now recommend starting solids (see section below).

- We will recommend starting fluoride if your water does not contain it. It prevents tooth decay by making the teeth stronger.

Sleeping

Prevent sleep problems by putting your child down tired but awake. Make the last waking memory your child's crib.

Development

By this age your child should be able to do most of the following:

- Sitting in a tripod position.
- Start to creep backwards.
- Fear of strangers – this will improve quickly

- Transfers objects from one hand to another (e.g. blocks)

Immunizations

Your child will receive two or more of the following vaccines:

- **Pentacel** (DaPT-HIB-IPV for Diphtheria, Pertussis and Tetanus; Hemophilus influenzae type B and Polio)
- **Pneumococcal Vaccine**
- **Oral Rotavirus Vaccine**

Recommended Reading



Solving Your Child's Sleep Problems, R. Ferber.

Feeding Amounts

Number of Feedings: Your baby should take about 3-4 feedings a day.

Number of Ounces: 24 to 32 ounces

Juices: not recommended at this age

Vegetables: ½-1 jar per day or ¼ - ½ cup per day

Appropriate dosing for acetaminophen (Given every 4 hours) - See our website for other doses based on weight:

Weight	Dose of 160 mg/5ml
6-11 lbs	1.25 ml (40 mg)
12-17 lbs	2.5 ml (80 mg)
18-23 lbs	3.75 ml (120 mg)

Fruits: 1 jar or ½ cup per day

Proteins: Can try small amounts of plain yogurt (Avoid in families with a strong history of allergies.

Virus or Ear Infection?

Some parents have asked for guidelines about what is likely to be a virus and what is likely to be signs of a secondary infection. A secondary infection is an infection that occurs after getting a virus. As you may be aware, viruses need to run their course, while bacterial infections need antibiotics. While not always true, here are some guidelines to help you decide.

If your child has the typical signs of a virus (cold, runny nose

and or fever); most of the time if the virus will cause a fever it will do so within the first 3 days of the illness. Thus **a fever that starts late in the illness** is more likely to be due to a secondary infection (e.g. ear infection).

If a fever starts early it is most likely due to a virus if the typical viral symptoms are present. Once the fever is gone, be concerned with a fever that returns after going away. **Fever that returns after going away for 48 hours** is more likely to be due to a secondary infection.

If your child has the typical symptoms of a virus and is improving, but then worsens – call. **A worsening of symptoms or behavior after a period of improvement** is more likely to be due to a secondary infection.

If your child has a prolonged amount of drainage from the nose,

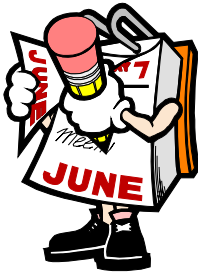
The Wellness Times

this may mean a sinus infection. The **color** of green or yellow is common after a virus and does not mean a sinus infection. **A runny nose that has gone on for more than 10-14 days AND is not improving by that time** can mean a secondary infection.

Antibiotic? Why not?

Many people have asked “why not give me an antibiotic now and prevent the infection?” You may have heard about how infections are getting more difficult to treat and about antibiotic resistance. The Center for Disease Control is making a plea that all doctors only use antibiotics if they see a bacterial infection (ear infection, pneumonia, etc). Giving an antibiotic when it is not necessary will only promote resistance for the next time it is used. On the other hand, if your child has an actual infection, it is safe to give antibiotics and they should be used.

Next Visit



Your next visit will be the 9 month well child visit.

Snooze Stats

Age	Hours	When	Naps
6 months	14 ½	10 ½ night	3
9 months	14	10 ½ night	2-3
12 months	13 ¾	10 ½ night	2
18 months	13	10 ½ night	1-2
24 months	13	10 ½ night	1

Introducing Solids

Cereal

It does not matter which food you start with AND you can give as many new foods as you like on the same day. The earlier you introduce allergy foods the lower the risk to develop an allergy. Start with a tablespoon and work up to several tablespoons. Make the cereal thicker as your baby gets use to it.

Fruits

Applesauce or mashed banana can be offered. Give these fruits and the rice cereal together twice a day, at breakfast and dinner. Next try offering other cereals such as oatmeal (make it soupy) and mashed or pureed fruits such as peaches, pears, and apricots. You can blend your own foods (See Feed Me I'm Yours by Vicky Lansky a timeless classic).

Vegetables

Try offering mashed yellow vegetables such as squash, sweet potatoes, and carrots. Avoid honey, citrus fruits, tomatoes and orange juice until after age 1.

It takes time for babies to learn how to eat solid foods. Be patient, and try feeding at a time that's convenient for you- and not when the baby is most hungry. In the morning, offer milk when your baby first wakes up and then offer solids. At dinnertime, you can offer solids before breast-milk or formula, since your baby will be less hungry.