



## What to Expect at your Child's Well Visit

A yearly physical exam by your pediatrician is an important part of your child's health care. This annual appointment allows the pediatrician to give your child a thorough physical examination, perform routine screenings (e.g., vision and hearing tests), make sure vaccinations are up-to-date and obtain any recommended laboratory testing. It's also a good opportunity to address important questions relating to nutrition, sleep habits, safety, and development.

During the check-up, we can often address other problems so you don't have to make another trip to the office. Please note, however, that we will have to bill your insurance for an additional office visit when we address these issues. Depending on the terms of your insurance plan, you may be subject to an additional copay and/or deductible amount for the additional services.

Please let us know if you have any questions.

Cockerell & McIntosh Pediatrics

## Things You Should Know: Your Baby 4 - 5 months

### FEEDING

#### *Breastfed Babies*

- Continue breast milk or formula until age 12 months.
- Usually babies this age eat every 2-4 hours with longer intervals at night.
- Your infant may nurse 10 to 30 minutes per feeding.
- Please call our office with any questions. Lactation experts are available.

#### *Formula Babies*

- Continue formula until age 12 months. The average amount per feeding is 5-7 ounces.
- Usually babies eat every 3-4 hours per feeding with longer intervals at night.
- It is not necessary to boil city water to prepare formula.
- Low iron formulas should not be used. They are not adequate for good nutrition and growth. If you feel that your child is not tolerating formula, call us before making changes.
- Do not microwave bottles.
- **Always hold your baby when giving a bottle.**
- **We do not recommend juice at this age.**
- Babies who are put to bed without a bottle and who do not drink juice or sugary drinks typically do not have tooth decay.
- Constipation is common. Using dark molasses in the formula may help. Call us about this.

#### *Solids*

- **Babies will be happy and healthy on formula or breast milk alone until 4 months of age. Between 4 and 6 months of age they may begin eating solids.** One new food should be offered every 3-5 days. Wait to be sure that your baby tolerates each new food before starting another. Adding cereal to a bottle will not help your infant sleep longer and is not recommended.

#### *Vitamins*

- **Breast fed babies and babies who drink less than 32 ounces of formula per day should be given a vitamin like Tri-V-Sol or Poly-Vi-Sol.**

### DIAPER RASH

- Diaper rashes are usually caused by being left in wet or dirty diapers too long. When rash appears, change diapers more often. You may apply Desitin, Vaseline or A&D ointment as needed for a diaper rash.

### SLEEP

**HAVE YOUR BABY SLEEP ON HIS OR HER BACK TO REDUCE THE RISK OF SUDDEN INFANT DEATH SYNDROME (SIDS)!**

- Most babies sleep through the night around 4-6 months of age. Infants don't usually have a good sleep pattern the first few months. Do not normally allow your baby to sleep longer than 3 hours during the day.
- **Put your baby to bed in his or her own room.**
- Experts strongly recommend that you do not put your baby to sleep before putting him or her to bed. Children need to develop their own internal controls to fall or stay asleep. The parents' role is to help the child learn this process. Put your baby in bed drowsy but still awake. It is very important that the infant learn to fall asleep on his or her own even though this is sometimes difficult for parents emotionally.

### SAFETY

- **ALWAYS put your baby in a car seat.** The car seat should be rear-facing in the back seat away from an airbag. Install and position it according to the manufacturer's directions. See the attached car seat guidelines. Always wear a seat belt yourself.
- **Have your baby sleep on his or her back to reduce the risk of Sudden Infant Death Syndrome (SIDS).**
- **Do not put anything in bed with your child.** This includes loose blankets, bumper pads, stuffed animals, sleep positioners and pillows.

- **Sleeping with your baby is dangerous.** Ask us about this.
- **Never leave your baby unattended on a bed or table.**
- Protect your infant from older brothers and sisters. Use a playpen as an island of safety.
- Necklaces and long cords on pacifiers are dangerous.
- Do not hold your baby while drinking hot liquids or smoking.
- Be sure you have working smoke alarms as well as a simple fire safety plan (for example, where you might meet outside in case of a fire).
- Carbon monoxide detectors are recommended.
- Babies can easily suffocate if left lying on a soft surface on their tummies.
- Check the temperature of your hot water heater; it should be below 120 °F.
- The number of Poison Control should be kept near your phone in a place that you can find easily. **1-800-366-8888**
- **We do not recommend the use of walkers.** Walkers may delay your child's ability to walk and may cause your child to walk on his or her tiptoes. Walkers are also dangerous. There are 24,000 walker-related injuries a year.
- **Exposure to cigarette smoke causes many medical problems for your baby.** These include an increased numbers of upper respiratory infections (colds), asthma, ear infections and an increased risk of SIDS.

### **GROWTH AND DEVELOPMENT**

- **Read to your baby every day.** Mirrors and mobiles help your baby develop.
- **Do tummy time every day for playing. NEVER for sleeping.**
- Thumb sucking is normal.
- Hold and cuddle your baby as much as you want. You can't spoil your baby at this age.
- Although you baby may not have any teeth, remember to wipe the gums twice a day with warm water and a soft cloth. Toothpaste is not recommended at this time.

### **IMMUNIZATIONS AND WELL CHILD VISITS**

- We would like to see your baby in the office at 6 months for a well child visit.
- Your baby will receive the following immunizations at the 4 month check-up: DTaP, Hib, Prevnar, Polio, and Rotavirus.
- At the 6 month check-up your baby will receive the following vaccines: DTaP, Hib, Prevnar, Hepatitis B and Rotavirus.
- Call the office immediately if your baby appears to develop a severe reaction after shots are given. If fever or fussiness lasts longer than 2-3 days, call us.

**Please do not hesitate to call our office in you have any questions or concerns!**

- **Do tummy time every day for playing. NEVER for sleeping.**
- Thumb sucking is normal.
- Hold and cuddle your baby as much as you want. You can't spoil your baby at this age.
- Although you baby may not have any teeth, remember to wipe the gums twice a day with warm water and a soft cloth. Toothpaste is not recommended at this time.

### **IMMUNIZATIONS AND WELL CHILD VISITS**

- We would like to see your baby in the office at 6 months for a well child visit.
- Your baby will receive the following immunizations at the 4 month check-up: DTaP, Hib, Prevnar, Polio, and Rotavirus.
- At the 6 month check-up your baby will receive the following vaccines: DTaP, Hib, Prevnar, Hepatitis B and Rotavirus.
- Call the office immediately if your baby appears to develop a severe reaction after shots are given. If fever or fussiness lasts longer than 2-3 days, call us.

**Please do not hesitate to call our office in you have any questions or concerns!**

# Healthy Minds: Nurturing Your Child's Development from **2 to 6 Months**

What do we really know about how a young child develops? What can parents do to best support their child's healthy development and growing brain? Some of the answers are in this series of *Healthy Minds* handouts. Each handout is based on findings from a report\* from the National Academy of Sciences that examined the research on child and brain development to establish what is known about the early years. The information we offer is age-specific, summarizes key findings from the report and suggests how you might be able to use these key findings to nurture your own child's healthy development.

These handouts are brought to you by ZERO TO THREE, the nation's leading resource on the first 3 years of life, and the American Academy of Pediatrics, dedicated to the health of all children.



## ▶ Key findings from the report include:

- Your relationship with your child is the foundation of his or her healthy development.
- Your child's development depends on both the traits he or she was born with (nature), and what he or she experiences (nurture).
- All areas of development (social/emotional/intellectual/language/motor) are linked. Each depends on, and influences, the others.
- What children experience, including how their parents respond to them, shapes their development as they adapt to the world.

## How it looks in everyday family life:

Five-month-old Tara loves playing peek-a-boo with her mom and dad. When they stop, she squeals and reaches out her arms to let them know she wants more. So they continue. Soon her parents add another twist to the game as they start to hide behind the pillow for a few seconds before they "reappear" to give her time to anticipate what will happen next.

This simple game is more than just fun. It shows how all areas of Tara's development are linked and how her parents help to encourage her healthy development. Tara's interest in playing with her parents is a sign of her **social and emotional development** because she has fun with her parents and can see how much they enjoy being with her. This makes her feel loved and secure, and will

help her develop other positive relationships as she grows. Her desire to play this game with mom and dad leads to the development of new **intellectual abilities** as she learns to anticipate what comes next, an important skill for helping her feel more in control of her world. Knowing what to expect will also help her to more easily deal with being separated from you as she learns that people exist even when she can't see them.

Tara's early **language and motor abilities** emerge as she squeals, makes sounds and moves her arms to let her parents know that she does not want them to stop. When they continue, her parents let her know that she is a good communicator, and each time they reappear, she learns that she can trust them to always come back

Relationships are the foundation of a child's healthy development.



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

# Charting Your Child's Healthy Development: 2 to 6 months

The following chart describes many of the things your baby is learning between 2 and 6 months and what you can do to support your child in all areas of her development. As you read, remember that children develop at their own pace and in their own way. Understanding who your child is, what her strengths are and where she needs more support, is essential for promoting her healthy development. If you have questions regarding your child's development, ask your pediatrician.

What's going on:	What you can do:	Questions to ask yourself:
<p>Babies are very interactive at this age. They use their new language and communication skills as they smile and coo back and forth, and enjoy babbling, starting with "ohs" and "ahs" and progressing to P's, M's, B's and D's. Your baby may babble and then pause, waiting for you to respond. They also love to imitate, which helps them learn new skills. For example, mom sticks out her tongue, baby imitates and mom does it again. This also teaches them about the back and forth of conversation.</p>	<ul style="list-style-type: none"> <li>● When your baby babbles, both talk and babble back, as if you both understand every word. These early conversations will teach her hundreds of words before she can actually speak any of them.</li> <li>● Engage in back-and-forth interactions with gestures. For example, hold out an interesting object, encourage your baby to reach for it and then signal her to give it back. Keep this going as long as your baby seems to enjoy it.</li> </ul>	<ul style="list-style-type: none"> <li>● How does your baby let you know what she wants and how she's feeling?</li> <li>● How do you and your baby enjoy communicating with each other? What do you say or do that gets the biggest reaction from her?</li> </ul>
<p>Babies this age love to explore. They learn from looking at, holding and putting their mouths on different objects. At about 3 months, babies begin to reach for things and try to hold them. Make sure all objects are safe. A toy or anything else you give her shouldn't fit entirely in her mouth.</p>	<ul style="list-style-type: none"> <li>● Introduce one toy at a time so your baby can focus on, and explore, each one. Good choices include a small rattle with a handle, a rubber ring, a soft doll and a board book with pictures.</li> <li>● Lay your baby on her back and hold brightly colored toys over her chest within her reach. She'll love reaching up and pulling them close. You will start to see what most interests her.</li> </ul>	<ul style="list-style-type: none"> <li>● What kind of toys or objects does your baby seem most interested in? How do you know?</li> <li>● How do you and your baby most enjoy playing together? Why?</li> </ul>
<p>Babies have greater control over their bodies. By 4 to 6 months, they may be able to roll both ways, become better at reaching and grasping and will begin to sit with assistance. They also begin wanting to explore their food and help feed themselves. Touching and tasting different foods is good for learning and for building self-confidence.</p>	<ul style="list-style-type: none"> <li>● Place your baby in different positions—on her back, stomach, and sitting with support. Each gives her a different view and a chance to move and explore in different ways.</li> <li>● Let your baby play with your fingers and explore the bottle or breast during feedings. As she grows, let her handle finger foods and help hold the spoon.</li> </ul>	<ul style="list-style-type: none"> <li>● How does your baby use her body to explore? Which positions does she like the best and least?</li> <li>● How would you describe your baby's activity level? Does she like/need to move around a lot or is she more laid-back?</li> </ul>

*"The report, From Neurons to Neighborhoods: The Science of Early Childhood Development, was a 2½-year effort by a group of 17 leading professionals with backgrounds in neuroscience, psychology, child development, economics, education, pediatrics, psychiatry and public policy. They reviewed what was known about the nature of early child development and the influence of early experiences on children's health and well-being. The study was sponsored by a number of federal agencies and private foundations.*

With thanks to

*The Gerber Foundation*  
Enhancing the quality of life of infants and young children



©2003 ZERO TO THREE. This may be freely reproduced without permission for nonprofit, educational purposes. Reproduction for other uses requires express permission of ZERO TO THREE.

For more information go to:  
[www.zerotothree.org](http://www.zerotothree.org)  
[www.aap.org](http://www.aap.org)



# Preventive Care Schedule

Age	Procedures
4-5 Day	Physical Exam Immunizations Hep B (if not given at birth) Labs: None
2 Weeks	Physical Exam
1 Month	Physical Exam Immunizations: Hep B
2 Months	Physical Exam Immunizations: DTaP, Hib, IPV, PCV, Rotavirus
4 Months	Physical Exam Immunizations: DTaP, Hib, IPV, PCV, Rotavirus
6 Months	Physical Exam Immunizations: DTaP, Hib, PCV Rotavirus, Hep B
9 Months	Physical Exam Immunizations: IPV
12 Months	Physical Exam Immunizations: MMR, Varivax, Hep A Labs: Lead, Hematocrit
15 Months	Physical Exam Immunizations: DTaP, Hib, PCV
18 Months	Physical Exam Immunizations: Hep A
2 Years	Physical Exam Immunizations: May need catch-up dose of Hep A Labs: Lead, Hematocrit
30 Months	Physical Exam
3 Years	Physical Exam Labs: Lead Hematocrit
4-5 Years	Physical Exam Immunizations: Immunizations: DTaP, IPV, MMR, Varivax Labs: Lead, Hematocrit, Urinalysis
6-8 Years	Yearly Physical Exam
9-10 Years	Yearly Physical Exam Immunizations: HPV Labs: Cholesterol
11-15 Years	Yearly Physical Exam Immunizations: Tdap, Meningococcal, may need catch-up does of HPV Labs: Hematocrit, Urine, Cholesterol at 11 years if not obtained at 9-10 years
16-18 Years	Yearly Physical Exam Meningococcal Labs: Hematocrit (females only), Cholesterol screening at 17-18 years if not previously performed

Immunization/Lab Key
<b>Cholesterol:</b> blood test to screen for high cholesterol
<b>DTaP:</b> Diphtheria, Tetanus and acellular Pertussis vaccine
<b>Hematocrit:</b> test for anemia
<b>Hep A:</b> Hepatitis A vaccine
<b>Hep B:</b> Hepatitis B vaccine
<b>Hib:</b> Haemophilus Influenzae type B vaccine, an anti-meningitis vaccine
<b>HPV:</b> Human Papillomavirus vaccine for preventing genital warts, cervical cancer and anal cancer
<b>IPV:</b> Inactivated Polio vaccine
<b>Lead:</b> test for lead poisoning
<b>Meningococcal:</b> Meningococcal vaccine, an anti-meningitis vaccine
<b>MMR:</b> Measles, Mumps and Rubella vaccine
<b>PCV:</b> Pneumococcal vaccine, an anti-pneumonia and anti-meningitis vaccine
<b>Rotavirus:</b> Rotavirus vaccine for preventing Rotavirus stomach flu
<b>Tdap:</b> Tetanus, Diphtheria and acellular Pertussis vaccine
<b>Urinalysis:</b> urine test
<b>Varivax:</b> Chickenpox vaccine

## CAR SEAT GUIDELINES

- Car seats should be installed tightly using the vehicle seat belt or LATCH system. There should be no more than one inch of movement side to side or front to back.
- Do not place rear-facing car seats in the front seat of vehicles with air bags.
- All children under 2 years old should ride rear-facing. You may switch from an infant seat to a convertible car seat before age 2 years as long as your child remains rear-facing and fits the height and weight requirements of the seat.
- All children younger than 13 years should ride in the back seat.
- A car seat must be replaced if it has been in a moderate or severe crash. Consider replacing seats that have been in a minor crash.
- Always read the car seat manufacturer's instruction manual and your vehicle owner's manual for specific installation instructions.
- For complete guidelines from the American Academy of Pediatrics visit [www.healthychildren.org](http://www.healthychildren.org) and search for "Car Seats".

### Infants/Toddlers (Birth to 2 years)

**Weight/Height Requirements:** Make sure your child fits within the weight and height limits of the car seat.

**Types of Seats:** Rear-facing only seat, Convertible seat

**Seat Position:** Rear-facing

**Installation Tips:** Harness straps should slide through the slots that are at or below shoulder level. Straps should fit snugly against your child. Make sure the seat is at the correct angle so your child's head does not flop forward.

### Toddlers/Preschoolers (2 and 3 year olds)

**Weight/Height Requirements:** Make sure your child fits within the weight and height limits of the car seat.

**Types of Seats:** Convertible seat, Forward-facing only seat, Combination seat with harness.

**Seat Position:** Forward-facing.

**Installation Tips:** Harness straps should slide through the slots that are at or above shoulder level. Some seats require using the top harness slot for the forward-facing position. Also, you may have to adjust the angle of the seat.

### Young Children (4 to 12 year olds)

**Weight/Height Requirements:** Children should remain in a booster seat until the seat belt fits properly, typically when they are 4 feet 9 inches tall and between 8 and 12 years of age. They should be able to use just the seat belt when they can ride with their knees bent at the seat edge without slouching and with their seat belt low across their upper thighs and snug across their shoulder and middle chest.

**Types of Seats:** High back booster seat, Backless booster seat

**Seat Position:** Forward-facing

**Installation Tips:** Belt-positioning booster seats must be used with both lap and shoulder belts. Make sure the lap belt fits low and snug across your child's upper thighs. The shoulder strap should cross the mid-chest and shoulder.