



## 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 6-11 Months

### FEEDING

- Continue breast milk or formula. Do not give regular cow's milk and do not microwave bottles. **Always hold your baby while giving a bottle.** At 9 months began to wean from the bottle to a regular cup. The goal is to have the baby off the bottle by 12-15 months.
- **Do not put your baby to bed with a bottle.** Tooth decay and ear infections can be caused by inappropriate use of a bottle.
- Offer a cup of water once a day.
- **At 6 months your baby should be eating baby foods such as vegetables, fruits and cereals. Offer each new food for 3-4 days before starting another new food.** If you do this, it will be easier to tell if your baby is having a problem with a certain food. If you are warming food in a microwave, always stir the food to prevent "hot spots." **We recommend meats be started around 7 months of age.** Eggs are not recommended until after 9 months of age. Near the end of the first year it is not uncommon for a child to eat less.
- **At 9 months of age most babies need 3-4 feedings per day. Provide regular meal times and offer a variety of table foods.** Because most babies this age are able to pick up objects with their thumbs and forefingers (the "pincer grasp"), they can pick up small pieces of food and this makes feeding themselves an enjoyable challenge!
- **Do not give the baby any foods that might easily cause choking such as nuts, popcorn, chips, candy, hotdogs, frozen peas, raw vegetables, grapes and raisins.** Many babies will enjoy table foods at nine months. With the exception of the above items, they may advance as they want.
- **Babies should be seated in a high chair and watched by an adult at all times while eating.** The infant should not be allowed to play with a mouthful of food. Meals provide opportunities for social interactions as well as for nutrition.
- Breastfed babies and babies drinking less than 32 ounces of formula daily should be given a vitamin like Poly-Vi-Sol or Tri-Vi-Sol.
- Do not feed your baby honey or corn syrup until the age of 12 months because of the risk of infant botulism.

### SLEEP

- Most babies nap twice a day. Separation anxiety may cause the baby to resist going to sleep. A small, special stuffed animal might be helpful.
- Awakening at night is a common problem. If a child this age is put to sleep in a parent's arms or with a pacifier, bottle or breast, the child will require the same parenting to fall back to sleep. For this reason we recommend:
  - **Follow a regular bedtime routine at the same time each night.**
  - **Put your baby to bed in his or her own room.**
  - **Put your child in bed awake without a bottle or pacifier.** Do not put the child to sleep by rocking, feeding or other methods. Babies who are put to sleep in this manner will not easily be able to fall back asleep when they wake up at night. A period of quiet time such as rocking, singing or reading is encouraged before bedtime to allow children to relax.
  - **If your baby wakes up at night and does not go back to sleep on his or her own within 15 or 20 minutes, you may go in to check for signs of illness but do not turn on the light, pick up the baby or feed the baby. Let your baby know that it is night time and that you will see him or her in the morning. It is okay to let your baby cry. This will not cause harm or emotional problems.**

## BEHAVIOR

- Babies often begin to act frightened by strangers at about six months of age. Reassure grandparents that this will soon pass! Parents should not trick the baby or sneak away to keep the baby from crying. Playing peek-a-boo will help. Reassure the child that you will return.

## SHOES

- Shoes are only needed to protect the baby from sharp objects and temperature extremes. Shoes should be flexible, inexpensive and have plenty of room in them.

## SAFETY

- **ALWAYS put your baby in a car seat. Your child must remain rear-facing in the car seat until the age of 2 years.** See the attached sheet for current car seat guidelines. Always wear a seat belt yourself.
- **Do not place any heavy bedding, large stuffed animals or pillows in the baby's crib to reduce the risk of suffocation and SIDS (Sudden Infant Death Syndrome).**
- Never leave the baby in a car seat unattended on an elevated surface.
- Necklaces or long cords on pacifiers are dangerous.
- Prevent falls. Use gates on stairwells and install safety devices on windows and screens.
- Sharp objects such as knives, scissors, tools, razor blades and other hazardous items such as coins, glass objects, beads, pins and older siblings' small toys should be kept away from the baby's reach.
- Do not hold the baby while drinking hot liquids or smoking.
- Keep all medicines and cleaning supplies up and out of reach.
- Guns in the home are a danger to the family. If a gun is kept in the home, the gun and the ammunition should be stored in separate locations.
- Be sure you have working smoke alarms as well as a simple fire safety plan, like where the family might meet outside in case of a fire.
- Carbon monoxide detectors are recommended.
- Babies can easily suffocate if left lying on a soft surface.
- Check the temperature of your hot water heater. It should be below 120 °F.
- The number for Poison Control **1-800-366-8888** should be kept near your phone in a place that you can find easily.
- **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 tip toes. Walkers are also dangerous. There are 24,000 walker-related injuries a year.
- **Lower the crib mattress** and take down all mobiles from the crib.
- Electrical sockets should be plugged.
- Be sure there are no table cloths, lamps, drawers and dangling electrical cords that the baby could pull down while pulling up and attempting to stand.
- **Protect your baby's skin from the sun with a hat and clothing and a sunscreen approved for babies 6 months and older. Use a sunscreen that is "broad spectrum" with at least an SPF of 15. Apply the sunscreen 15-30 minutes before going outside.**
- **Exposure to cigarette smoke causes many medical problems for your baby. These include an increased number of upper respiratory infections (colds), asthma, ear infections and an increased risk of SIDS.**

## **GROWTH AND DEVELOPMENT**

- **Read to your baby every day.**
- **Talk to your baby often.** When your baby babbles, talk and babble back as if you both understand every word. These early conversations will teach your baby hundreds of words before your baby can actually speak any of them.
- **Play with your baby on the floor every day.** Hold brightly colored toys within reach. 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, soft balls or blocks, stacking cups or board books with pictures.
- Place your baby in different positions - on the back, stomach and sitting with support. Each position gives your baby a different view and a chance to move and explore in different ways.
- Let your baby play with your fingers and explore the bottle or breast during feedings. Later let your baby handle finger foods and help hold the spoon.

## **TEETHING**

- To help make your baby more comfortable while teething, use teething rings. Avoid numbing gels, such as Orajel. These products can numb the gag reflex and cause choking.
- **When teeth come in, brush them twice a day with a dab of fluoride toothpaste.**

## **DIAPER RASH**

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

## **IMMUNIZATIONS AND WELL CHILD VISITS**

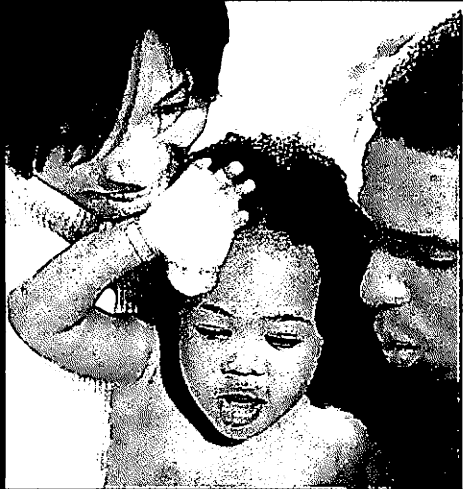
- We would like to see your baby in the office at 9 and 12 months for well child visits.
- At the 6 month check up your baby will receive the following vaccines: DTaP, Hib, Prevnar, Hepatitis B and Rotavirus.
- At the 9 month check up your baby will receive the Polio vaccine.
- At the 12 month check your baby will receive the following vaccines: MMR, chicken pox and Hepatitis A. At this visit your baby will also be checked for lead and anemia.
- Call the office immediately if your baby appears to develop a severe reaction after shots are given. If fever lasts longer than 2-3 days, call us.

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

# Healthy Minds: Nurturing Your Child's Development from **6 to 9 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:**

Anne is the mother of 8-month-old Jenna. Anne's best friend, Claudia, is coming into town to meet Jenna for the first time. When Claudia arrives, Jenna will have nothing to do with her. Every time Claudia tries to talk to or play with Jenna she whimpers, turns away and clings to Anne. Anne feels frustrated and embarrassed. While tempted to just hand Jenna to Claudia, she stops, and instead holds Jenna on her lap and asks Claudia to sit next to them and read Jenna's favorite book. Slowly Jenna starts to look at Claudia and shows increasing interest. Soon Jenna starts to crawl off Anne's lap to get closer to Claudia.

This shows how all areas of Jenna's development are connected, and how her mother's

response supports her healthy development. Jenna's strong bond with her mother, the trust she shows as she clings to her for safety and her fear of strangers are all signs of her **social and emotional development**. Her **intellectual development** enables her to tell the difference between who she knows and who she doesn't, and helps her take steps to get the comfort and protection she wants. She uses her sounds (**language development**), facial expressions and gestures (**motor development**) first to communicate to Anne that she is uncomfortable and wants support. Later she uses them to communicate that she is ready to interact. Anne's sensitivity to Jenna's need to warm up slowly to new situations and people helps Jenna feel loved and secure, which will help her feel more comfortable meeting new people as she grows.

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: **6 to 9 months**

The following chart describes many of the things your baby is learning between 6 and 9 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 this age are big communicators. They use many sounds, gestures and facial expressions to communicate what they want. Their actions are their communications. They may be starting to put consonants and vowels together to form words like "dada" and "mama."</p>	<ul style="list-style-type: none"> <li>● Talk a lot with your baby. For example, label and narrate. "You're eating a big banana!" Give her time to respond.</li> <li>● Respond to her communications. See how long you can keep a back-and-forth conversation going. For example, she makes a sound, you imitate it, she makes another sound and so on.</li> </ul>	<ul style="list-style-type: none"> <li>● How does your baby let you know what she wants; what she's feeling and thinking?</li> <li>● What, if anything, do you find frustrating about understanding your baby's communications? Why?</li> </ul>
<p>As her brain grows, your baby will start to imitate others, especially you. This leads to the development of lots of new skills. Babies this age can also use toys in more complex ways. For example, instead of just holding a plastic cup, a baby this age may use it to pour water in the bathtub.</p>	<ul style="list-style-type: none"> <li>● Give your baby time to take in what you did and then copy you. Push a button on the jack-in-the-box, then wait for your baby to do it before you do it again. This teaches your baby cause and effect. Seeing that she can make things happen builds her self-confidence and makes her want to take on new challenges.</li> <li>● Provide a variety of safe toys for the bath—containers, rubber toys, plastic bath books, plastic ladles. These will encourage your baby to explore and experiment with the different ways to use objects. Of course, never leave your baby alone in the bath.</li> </ul>	<ul style="list-style-type: none"> <li>● How have you seen your baby imitate?</li> <li>● What kind of play does your baby most enjoy? What does this tell you about her?</li> </ul>
<p>Babies' motor skills are advancing by leaps and bounds at this stage. But all babies grow at their own rate. Many babies at this age can roll over both ways, scoot, crawl and even stand. Their motor skills allow them to make the ideas in their head happen, for example, getting the ball that rolled away.</p>	<ul style="list-style-type: none"> <li>● Encourage your baby to use her body to get what she wants. If she's showing you with her sounds and gestures that she wants the toy that is out of reach, don't just get it for her. Help her get it for herself by bringing it close enough for her to grab. This builds her confidence.</li> <li>● Create an environment that is safe for exploration. Make sure only safe objects are within your baby's grasp, and that anything she might use to pull herself up to her feet is sturdy and fastened down to the floor or wall. This kind of baby-proofing of your house also will reduce conflicts between you and your baby.</li> </ul>	<ul style="list-style-type: none"> <li>● How does your baby use her body—to explore, to express her feelings?</li> <li>● What do you need to do to make your home safer for your "little explorer?"</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



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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.