

# **PE** **D** **I** **A** **T** **R** **I** **C** **S**

of  
**Northeastern Pennsylvania**

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## **YOUR 4-5 MONTH OLD BABY**

Just when you thought you had everything figured out, along comes something totally new and exciting, it's time to begin solid foods. Included in this handout is some general "baby info." to get you started.

### **NUTRITION**

Our general guidelines for beginning solids are a weight of 15 lbs. or more, four months of age, and/or an intake of 32+ ounces of formula a day. Included with this handout is our feeding sheet. Please refer to it for specific information.

Introducing solid foods is really a lot of fun and very exciting. We begin with rice cereal given for 2 weeks mixed with breast milk or formula. These feedings are generally given mid-morning and late afternoon about 10:00 a.m. and 6:00 p.m. You can start with approximately 2-3 tablespoons of dry cereal, but certainly if baby wants more, give it. If baby refuses any part of the feeding, stop. After cereal has been introduced, you may begin introducing fruits and vegetables, one new fruit or vegetable over a period of 7-10 days. If any significant rash, vomiting, gassiness or diarrhea develops, stop the food and try again at a later date.

Mealtime should be pleasant and relaxed for both of you. Remember, when baby is full, stop the feeding. This prevents "food wars" which you, the parent, will invariably lose, and encourages your child to eat when he is hungry and to stop when full. This decreases obesity.

As your child gets older and begins eating 2-3 meals a day, you want to try to schedule these meals around your mealtime. Children learn by imitation. Your baby will learn to try table foods, drink from a cup, and eat with a knife and fork all from watching you.

**EXTRA!!! EXTRA!!!**

- Single ingredient foods only, until all new foods are introduced.
- Do not feed from the jar. Saliva causes the food to become watery and spoils very quickly. Use a bowl or a cup.
- No deserts or sweet treats at this point. They are unnecessary.
- Beginning at 6 months of age, baby should be on fluoride supplements or vitamins with fluoride; if not, ask the doctor.
- No bottle propping in the crib. This can lead to tooth decay and interfere with developing a good sleep pattern.

### **SAFETY**

Car seats and restraints should still be used and USED PROPERLY. Your arms are the least safe

place for a baby in the car. Never leave the baby unattended on a bed, couch or table. They are beginning to roll over now and accidents can, and do happen. Hand to mouth coordination has really improved. Try to keep harmful substances and small objects out of baby's reach. Don't hold a baby near a stove or hot liquids (coffee, soup). They can easily reach out and grab. Babies are very fast. Check toys for vulnerability to break. Avoid walkers. They allow for early mobility and many accidents such as tumbling down steps.

### EXTRA!!! EXTRA!!!

- Watch for stranger awareness starting around six months, this is normal.
- Play with your baby. Include siblings in this play and offer new/different toys.
- Sucking is still a significant means of soothing and is OK. Offer a pacifier or teething rings. Do not attempt to stop thumb sucking.
- Remember, your baby is still vulnerable to jerking or shaking motions. Do not shake the baby if you are angry.

### SLEEPING

At this point in time, baby should be sleeping through the night, more often than not. A bedtime ritual should be established and followed. Babies thrive on the comfort and dependability of routine.

But you have a routine, and baby's still waking up! Here's some ideas that might help you change that situation. First, establish a quiet time at least an hour before the baby's bedtime. Minimal stimulation during this time. No rough-housing or excessive company which excites children, even small babies. Follow your bedtime ritual, whether that be a bath, bottle, rocking the baby, whatever. Rocking with a bottle or breast feeding is fine, but we want the baby to be put into the crib awake. This helps them learn how to fall asleep on their own. It also helps to prevent them from awakening later in the night frightened and confused as to where they are and where you are.

Once the baby is in the crib, a parent shouldn't really go into the room at the first sound the baby makes. Allow a few minutes of "settling down" time. Babies should be allowed the opportunity to fall back to sleep on their own.

If the baby continues to cry, certainly check on them. If you know that all the baby's needs have been met, they're clean, warm, and fed, don't pick them up. Pat their backs soothingly, speak to the baby reassuringly for a few minutes, then leave. \*\*Do not keep picking-up the child to rock or cuddle or play. Try not to use the bottle or breast as a pacifier.

The baby can be taught the difference between a daytime nap and sleeping at night by limiting the length of naptime. You should also avoid blocking out sounds, light, etc. during nap time. Darkness and quiet should be reserved for night-time sleep only.

You should consider a late night feeding between 9:00 - 11:00 p.m. This helps reduce the number of times the baby wakes up during the night and early in the morning.

Once you begin to encourage a sleep pattern, try to stick with it. Don't vary, except for illness. If you do, your baby will quickly learn "if I cry long and hard enough, Mommy or Daddy will come". This is a difficult habit to break. It's much better to endure a few nights of hard work to encourage a good sleep pattern. Encourage help from your spouse and family support network at difficult times. Remember that helping your

little one to learn to soothe themselves and sleep through the night is a very special and important lesson.

## IMMUNIZATIONS

Refer to immunization chart in baby book for immunizations due.

Immunizations and their schedules change according to the American Academy of Pediatrics recommendations. Check with your physician for changes/updates.

## GROWTH AND DEVELOPMENT

### Motor

- Holds head high and raises body on their hands when lying prone, can maintain steady head control when held upright, rolls from belly to back, can assume symmetrical posture
- Has hands open while at rest as opposed to being in a tight fist, plays with hands
- Looks at a mobile, activating arms, holds a rattle
- Follows a parent with eyes (eyes follow object through 180 degrees side to side)

### Language

Smiles, coos, laughs, squeals and gurgles.

### Social

Initiates social contact by smiling or vocalizing. May be displeased and cry when parent moves away. Interested in and smiles at mirror image. May discriminate Mom's face from their own. Recognizes preparation for feedings and may actually wait a short time for feeding.

### Mental

Discriminates faces from patterns, people from things. Knows Mom, and may resent or react to strangers. Plays with hands. Aware of strange situations. May prefer one to another. May transfer toy from one hand to the other.

- \* An important reminder, these milestones are guidelines only. All babies do not develop at the same speed, nor do they spend the same amount of time at each stage of their development. Usually a baby is ahead in some areas, behind in others. The descriptions you found in this handout and will find in future handouts is for a "typical" child. The concept of the "typical" child describes the characteristics one would expect to find at a given age. If, however, you have concerns regarding your child's development, please discuss them with the Doctor.

Please call our office between 7:30 a.m. and 6:00 p.m. with ANY QUESTIONS OR CONCERNS. That's what OUR part of YOUR team is all about!