

# Partners in Pediatrics



Naturally Healthy Kids Since 1977

# WELL-CHILD CARE

AGE: 6 MONTHS

## GROWTH:

Weight: lb. oz. ( %)

Height: inches ( %)

Head Circumference: inches ( %)

## IMMUNIZATIONS:

Acellular DPT

Hemophilus B

Rotavirus (oral)

Vaxelis (DTaP/Hib/IPV/HepB)

Hepatitis B

Pentacel (DTaP/Hib/IPV)

Flu (seasonal)

Pneumococcal

IPV (Injectable Polio)

Meningococcal

(high risk patients only)

SCREENING:  Hct  Td Blood Pressure:  \_\_\_\_\_

## Development:

## GENERAL PARENTING ISSUES:

### 1. NUTRITION

The exploration and offering of solid foods is a very exciting time for the whole family.

- Increased activity levels warrant an increase in calories, beyond what the high protein foods (such as formula, breast milk, or cereals) provide.
- Babies enjoy this new oral stimulation.
- This helps to satisfy the curiosity of your baby, who sees everyone around him eating.
- Some foods can provide higher amounts of specific nutrients such as iron and zinc.

### A. Solid Food List

The following list of pureed solid foods that your baby might take:

#### FOOD

- cereals (oatmeal, rice, barley)
- nut butters
- vegetables (carrots, squash, all potatoes, cauliflower, green beans, peas)
- fruits
- eggs
- yogurt (preferably plain, full-fat, **AVOID** raw, uncooked honey and sugar) - may mix with fruit or vegetables listed above.

#### Exceptions

(due to safety risk)

- No **RAW** honey
- **AVOID** choke-inducing foods.
- If an immediate family member has a **specific food allergy**, ask us about tips for offering this food.

## B. How to Begin

If you have not begun a food, introduce only **one new food at a time** for a trial of three days. Observe your child for any adverse reactions: vomiting, diarrhea, generalized rash, excessive fussiness, or gas. While previously introduced foods may be continued during this trial, only one new food should be tried during the three-day period.

## C. How to Combine

After 3-4 weeks, when you have introduced a sizeable list of tolerated foods, attention to **combinations** should be given. Each meal should contain a food high in **protein** (such as cereal, nut butter or yogurt) and a food rich in **carbohydrates, minerals, and vitamins** (such as fruits and vegetables).

## D. How Often to Feed

Usually start with two meals per day, **breakfast and dinner**. A **third meal** may be added when your baby is pulling to a stand or crawling (approximately 7-9 months), because of increased caloric needs.

## E. How Much to Feed

Initially, some babies may eat only 2-3 teaspoonfuls of food. Your eventual goal should be to reach approximately 8-16 tablespoons per meal. ( 1 oz. = 2 tbs. = 6 tsp.)

## F. Breast Milk and Formula

Your baby needs a **minimum** of four breast feedings per day or four feedings of formula per day or approximately a 24-30 oz. per day total. Any combinations of the four feedings of breast milk or formula is acceptable.

## G. NEED JUICE? - NO!

We do **NOT** recommend that **ANY** juice be given to your infant. Your baby will gain far more nutritional benefits from consuming water and eating pureed fruit than she will by drinking juice. There is now clear evidence that juice consumption in infants can lead to chronic diarrhea, early cavity formation and obesity. Consumption of unpasteurized juices

can lead to serious illness from bacteria. **SO**, you may certainly offer your baby **WATER** each day (consider introducing in a sippy cup) but steer away from juice – for your baby's good health!

## H. How to Feed

### 1. Utensils

Spoon-feeding is the preferred technique. Infant feeders should be used only at our recommendation.

### 2. Location

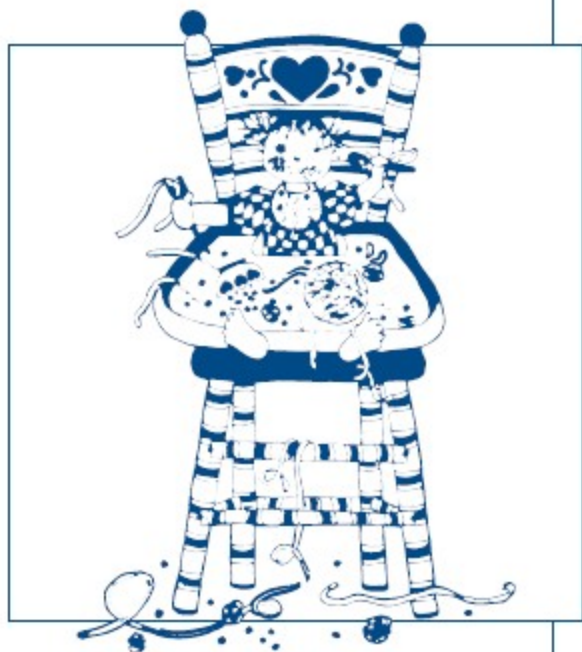
The best places to feed your infant are in a highchair, infant seat, or table-mounted seat.

## I. Finger Foods

These are foods soft enough to chew without teeth but firm enough to be easily picked up. These are best introduced at **7-9 months**. Please supervise closely all self-feeding to avoid choking. Initially, finger foods should be limited to a stimulation/entertainment source, and not as a primary nutrition source until about 9-12 months. Therefore, we recommend that finger foods come after the main meal is completed.

## J. How to Prepare

Homemade food is preferable over store-bought dehydrated or strained food for reasons of nutrition, taste and cost. Homemade food does not need to be as



highly pureed as store-bought foods. The consistency of store-bought applesauce is ideal. You may make large quantities of food at one time and then freeze it in ice cube trays. The frozen cubes then may be stored in labeled freezer bags indefinitely.

## 2. SLEEP

Many babies are now sleeping through the night. If your baby is not, please consult with us. With the emergence of teeth, both bottle and breastfeeding through the night are strongly discouraged to prevent serious dental complications, including cavities. Although some babies may still need the calories offered in a nighttime feeding, others may simply be using the feeding to induce sleep. We can encourage other ways to soothe your baby to sleep, if you would like some tips. Watch the sleep classes on the PIP website for valuable insight.

## 3. STOOLS

With the introduction of solid foods, stools may become more firm, less frequent, and have a stronger odor. (Consider adding pears, prunes and other fiber-rich food if stools are too firm.)

## 4. SUNSCREEN

Your child is now old enough to safely use sunscreen for protection. We recommend at least SPF 30, applied liberally, about 30 minutes before sun exposure. Prevention of early sunburns can reduce later incidence of skin cancer. Look for “broad spectrum” protection that protects against UVA and UVB exposure. Check your sunscreen’s safety and efficacy at [www.ewg.org](http://www.ewg.org).

## DEVELOPMENT/STIMULATION:

Now babies are really becoming mobile — rolling over and over, getting themselves into and out of the seated position and on to their hands and knees. Some children are creeping on four-point, hands and knees. A few children begin to pull to stand.

Large toys that require two-handed use become significant, like a brightly colored ball to roll

(push) about or a small- to medium-sized object that they can attempt to carry as they move about. Children now become interested in “taking out” — removing everything from the cupboard, shelves, etc. Emptying becomes very important and helps to develop spatial awareness.

Containers are also important to children of this age to empty and begin to explore. Even something they themselves can crawl in and out of (like a large box) is entertaining.

Additionally 6 month infants begin to want toys to do more than just make a noise. A busy box with levers that cause a reaction are great. Smaller objects help to stimulate the development of a fine pincer grasp, with telephone dial activities or toys with holes helping to stimulate the development of index finger use and subsequent pincer grasp.

Children now become great “picker uppers” of all the lint on the floor. Additionally, children like to play peek-a-boo, begin to turn pages of a book, and point to pictures. Visual searching of simple pictures is good ocular-motion stimulation

## HOMEWORK ASSIGNMENTS:

1. Finish safety-proofing your home.
2. Read your **Naturally Healthy Kids Handbook** chapters on ear infections, teething, and drug doses.
3. If you are planning international travel, ask us about special vaccinations (MMR, HepA).

## COMING SOON:

1. The next visit is at 9 months.
2. Blood count for anemia (hemoglobin).
3. Tuberculosis (Tb) screening questionnaire.
4. No immunizations (unless behind on any series or influenza season).
5. Other new foods.
6. Discussion of shoes.

7. Lead poisoning screening. If you've answered "yes" to any of the questions in the questionnaire distributed today, please ask us about blood lead screening.
8. In the fall, obtain the flu vaccination for your infant. Check the website for information about availability and dates for flu shots for your child and family.
9. If your child received the first flu and COVID vaccine today, make for an appointment in 4 weeks for the second shots to provide optimal protection against influenza and COVID this winter.

YOUR NOTES:

## Partners In Pediatrics

[www.partnersinpediatrics.com](http://www.partnersinpediatrics.com)

# Questionnaire for Assessment of Risk of Lead Poisoning

Does your child:

Yes No

1. Live in or regularly visit a house built before 1960, with peeling or chipping paint? (This could include a preschool, day-care center, sitter's home, etc.)
2. Live in or regularly visit a house built before 1960 with recent, ongoing, or planned renovation, remodeling, or repainting?
3. Have a sibling, housemate, or playmate being followed or treated for lead poisoning?
4. Live with an adult whose job or hobby involves exposure to lead? (For example: smelting, lead storage batteries, brass or copper foundry, pottery making or glazing, repair or renovation of old buildings, furniture refinishing, work with firing range or casting ammunition, bridge, tunnel or elevated highway construction...)
5. Live near an active lead smelter, battery recycling plant, or other industry likely to release lead?
6. Regularly chew on/play with keys?

If you answered "Yes" to any of the above questions, **please contact our office** to arrange for blood lead testing for your child especially if he or she is between **6 - 36 months** of age.

Belcaro office: 303-388-4256  
Meridian office: 303-779-1172

*The intent of this article is not to alarm you but to inform you so that you will be better able to limit high lead level exposure situations for your child. We will keep you updated on any new information we receive from the AAP regarding new lead risks, screening policies, or treatment.*

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Partners in  
Pediatrics



Naturally Healthy Kids Since 1977

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# Childhood Lead Poisoning

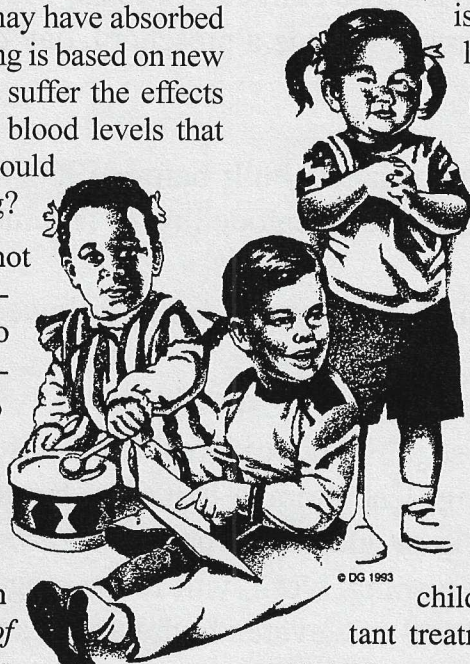
## Risk Assessment Questionnaire

For two decades the CENTER FOR DISEASE CONTROL has issued warnings about lead toxicity. As many as one in six U.S. children may have absorbed harmful levels of lead. This warning is based on new evidence suggesting that children suffer the effects of lead poisoning at much lower blood levels that was previously believed. What should parents know about lead poisoning?

First of all, lead poisoning is not a "new" problem in our industrialized society where exposure to lead is widespread. In all likelihood we have all been exposed to lead throughout our lives. However, the rapidly growing brain of a fetus, infant, or toddler, when exposed to lead, can suffer changes leading to reductions in IQ and hearing. *Since the effects of lead poisoning are largely irreversible, the best strategy is PREVENTION of lead absorption.* In order to accomplish this goal, recognition of high lead exposure risks, safe correction of those situations, or removal of the child from the lead environment is necessary.

The greatest sources of lead exposure are OLD INTERIOR AND EXTERIOR PAINT CHIPS which toddlers may consume. LEADED DUST AND FUMES can be an inhaled source of exposure when older homes are being renovated (since 1977 lead has been removed or markedly reduced from paints sold in this country). Other sources of lead exposure include: dust and soil in play areas if near automotive exhausts, weathering exterior paint chips, or near lead smelters. More remote sources of lead include: food or drink heated or stored in ceramic glazed pottery, antique pewter, and leaded glass. Water can be a source of lead exposure in homes where

lead-based solder has been used at pipe joints. Another uncommon source of lead exposure to children is the paint on antique toys, cribs and lead residue on keys to home/car.



The symptoms of severe lead toxicity can be serious, such as significant developmental delays. More often there are no obvious symptoms associated with small levels of lead poisoning. However, it's now recognized that low levels of lead can have some effect on the brain.

Treatment can sometimes involve the administration of chelating or lead-binding agents to the child and improving the child's nutrition, but the most important treatment approach is to REMOVE THE

CHILD FROM THE LEAD EXPOSURE. Close developmental follow-up is essential.

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### Who should be screened for lead poisoning?

Mass screening of all young children has been suggested by the CDC, but the American Academy of Pediatrics (AAP) Committee on Environmental Hazards recognizes that such an undertaking is costly (about \$60 in Denver), painful, and in some cases misleading because the presence of lead on the skin or in the collection tube can lead to "false positive" results. Current AAP recommendations are to screen children in "high risk settings." We need your help in assessing that risk. The questionnaire on the other side of this flyer will help us determine whether your child is at risk so we can arrange a blood lead screening test.

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