



# BRIGHT FUTURES HANDOUT ► PARENT

## 4 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.

### ✓ HOW YOUR FAMILY IS DOING

- Learn if your home or drinking water has lead and take steps to get rid of it. Lead is toxic for everyone.
- Take time for yourself and with your partner. Spend time with family and friends.
- Choose a mature, trained, and responsible babysitter or caregiver.
- You can talk with us about your child care choices.

### ✓ FEEDING YOUR BABY

- For babies at 4 months of age, breast milk or iron-fortified formula remains the best food. Solid foods are discouraged until about 6 months of age.
- Avoid feeding your baby too much by following the baby's signs of fullness, such as
  - Leaning back
  - Turning away

#### If Breastfeeding

- Providing only breast milk for your baby for about the first 6 months after birth provides ideal nutrition. It supports the best possible growth and development.
- Be proud of yourself if you are still breastfeeding. Continue as long as you and your baby want.
- Know that babies this age go through growth spurts. They may want to breastfeed more often and that is normal.
- If you pump, be sure to store your milk properly so it stays safe for your baby. We can give you more information.
- Give your baby vitamin D drops (400 IU a day).
- Tell us if you are taking any medications, supplements, or herbal preparations.

#### If Formula Feeding

- Make sure to prepare, heat, and store the formula safely.
- Feed on demand. Expect him to eat about 30 to 32 oz daily.
- Hold your baby so you can look at each other when you feed him.
- Always hold the bottle. Never prop it.
- Don't give your baby a bottle while he is in a crib.

### ✓ YOUR CHANGING BABY

- Create routines for feeding, nap time, and bedtime.
- Calm your baby with soothing and gentle touches when she is fussy.
- Make time for quiet play.
  - Hold your baby and talk with her.
  - Read to your baby often.
- Encourage active play.
  - Offer floor gyms and colorful toys to hold.
  - Put your baby on her tummy for playtime. Don't leave her alone during tummy time or allow her to sleep on her tummy.
- Don't have a TV on in the background or use a TV or other digital media to calm your baby.

### ✓ HEALTHY TEETH

- Go to your own dentist twice yearly. It is important to keep your teeth healthy so you don't pass bacteria that cause cavities on to your baby.
- Don't share spoons with your baby or use your mouth to clean the baby's pacifier.
- Use a cold teething ring if your baby's gums are sore from teething.
- Don't put your baby in a crib with a bottle.
- Clean your baby's gums and teeth (as soon as you see the first tooth) 2 times per day with a soft cloth or soft toothbrush and a small smear of fluoride toothpaste (no more than a grain of rice).

### Helpful Resources:

Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236

## 4 MONTH VISIT—PARENT



### SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Always put your baby to sleep on her back in her own crib, not in your bed.
  - Your baby should sleep in your room until she is at least 6 months of age.
  - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
  - Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and toys in the crib.
- Drop-side cribs should not be used.
- Lower the crib mattress.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Prevent tap water burns. Set the water heater so the temperature at the faucet is at or below 120°F /49°C.
- Prevent scalds or burns. Don't drink hot drinks when holding your baby.
- Keep a hand on your baby on any surface from which she might fall and get hurt, such as a changing table, couch, or bed.
- Never leave your baby alone in bathwater, even in a bath seat or ring.
- Keep small objects, small toys, and latex balloons away from your baby.
- Don't use a baby walker.

## WHAT TO EXPECT AT YOUR BABY'S 6 MONTH VISIT

### We will talk about

- Caring for your baby, your family, and yourself
- Teaching and playing with your baby
- Brushing your baby's teeth
- Introducing solid food
- Keeping your baby safe at home, outside, and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

### Message from your provider:

Current recommendations for starting solids include starting between 4-6 months.

If your baby can hold their head up well and can manipulate their tongue, they may be ready for solids.

Talk to your pediatrician for more information.

American Academy of Pediatrics

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The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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# Sleep Problems in Children

Part I Infants, Toddlers, and Preschoolers



Sleep problems are very common among children during the first few years of life. Problems may include a reluctance to go to sleep, waking up in the middle of the night, nightmares, and sleepwalking. In older children, bed-wetting can also become a challenge.

Children vary in the amount of sleep they need and the amount of time it takes to fall asleep. How easily they wake up and how quickly they can resettle are also different for each child. It is important, however, that as a parent you help your child develop good sleep habits at an early age. The good news is that most sleep problems can be solved and your pediatrician can help.

## Infants

Newborn infants have irregular sleep cycles, which take about 6 months to mature. While newborns sleep an average of 16 to 17 hours per day, they may only sleep 1 or 2 hours at a time. As children get older, the total number of hours they need for sleep decreases. However, different children have different needs. It is normal even for a 6 month old to wake up briefly during the night, but these awakenings should only last a few minutes and children should be able to go back to sleep on their own. Here are some suggestions that may help your baby (and you) sleep better at night:

- 1. Try to keep her as calm and quiet as possible.** When feeding or changing your baby during the night, avoid stimulating her or waking her up too much so she can easily fall back to sleep.
- 2. Don't let your infant sleep as long during the day.** If she sleeps for large blocks of time during the day, she will be more likely to be awake during the night.
- 3. Put your baby into the crib at the first signs of drowsiness.** Ideally it is best to let the baby learn to relax and settle herself to sleep. If you make a habit of holding or rocking her until she falls asleep, she may learn to need you to get back to sleep when she wakes up in the middle of the night. This may interfere with her learning to settle herself and fall asleep alone.
- 4. Try to avoid putting your baby to bed with a pacifier.** Your baby may get used to falling asleep with it and have trouble learning to settle herself without it. Pacifiers should be used to satisfy the baby's need to suck, not to help a baby sleep. If your baby falls asleep with a pacifier, gently remove it before putting her in bed.

- 5. Begin to delay your reaction to infant fussing at 4 to 6 months of age.** Wait a few minutes before you go in to check her, because she will probably settle herself and fall back to sleep in a few minutes anyway. If she continues to cry, check on her, but avoid turning on the light, playing, picking up, or rocking her. If crying continues or begins to sound frantic, wait a few more minutes and then recheck the baby. If she is unable to settle herself, consider what else might be bothering her. She may be hungry, wet or soiled, feverish, or otherwise not feeling well.
- 6. Ideally, by a few weeks of age a baby should sleep in a separate room from his parents.**

If your baby is ill, these suggestions should be relaxed. After she feels better, begin to reestablish sleep patterns.

## Infant sleep positioning and SIDS

The American Academy of Pediatrics recommends that parents and caregivers place healthy infants on their backs when putting them down to sleep. This is because recent studies have shown an increased incidence of Sudden Infant Death Syndrome (SIDS) in infants who sleep on their stomachs. There is no evidence that sleeping on the back is harmful to healthy infants.



## Toddlers and preschoolers

Many parents find their toddler's bedtime one of the hardest parts of the day. It is common for children this age to resist going to sleep, especially if there are older siblings who are still awake. However, remember toddlers and preschoolers usually need 10 to 12 hours of sleep each night. If your child's sleeping time does not approach this level, talk to your pediatrician.

Following are some tips to help your toddler develop good sleep habits:

- 1. Make sure there is a quiet period before your child goes to bed.** Establish a pleasant routine that may include reading, singing, or a warm bath. A regular routine will help your child understand that it will soon be time to go to sleep. If parents work late hours, it may be tempting to play with their child before bedtime. However, active play just before bedtime may leave the child excited and unable to sleep. Limit television viewing and video game play before bed.
- 2. Try to set a consistent schedule** for your child and make bedtime the same time every night. His sleep patterns will adjust accordingly.
- 3. Allow your child to take a favorite teddy bear, toy, or special blanket to bed each night.** Such comforting objects often help children fall asleep—especially if they awaken during the middle of the night. Make sure the object is safe. A teddy bear may have a ribbon, button, or other part that may pose a choking hazard for your child. Look for sturdy construction at the seams. Stuffing or pellets inside the stuffed animal may also pose a danger of choking.
- 4. Make sure your child is comfortable.** Check the temperature in your child's room. Clothes should not restrict movement. He may like to have a drink of water before bed, have a night-light left on, or the door left slightly open. Try to handle your child's needs before bedtime, so that he doesn't use them to avoid going to bed.

**5. Try to avoid letting your child sleep with you.** This will only make it harder for him to learn to settle himself and fall asleep when he is alone.

**6. Try not to return to your child's room every time he complains or calls out.** A child will quickly learn if you always give in to his requests at bedtime. When your child calls out, try the following:

- Wait several seconds before answering. Your response time can be longer each time to give your child the message that it is time for sleep. It also gives him the opportunity to fall asleep on his own.
- Reassure your child that you are there. If you need to go into his room, do not stimulate the child or stay too long.
- Move farther from your child's bed every time you go to reassure him, until you can do this verbally without entering his room.

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From your doctor

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American Academy of Pediatrics  
PO Box 747  
Elk Grove Village, IL 60009-0747  
Web site — <http://www.aap.org>

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# Sleep Problems in Children

## Part II Common Sleep Problems



### Common sleep problems

For a young child, many things can interrupt a good night's sleep. As a parent, you may be able to prevent some of them.

#### Nightmares

Nightmares are scary dreams that usually happen during the second half of the night, when dreaming is most intense. This may occur more than once a night. After the nightmare is over, your child may wake up and can tell you what occurred. Children may be crying or fearful after a nightmare but will be aware of your presence. They may have trouble falling back to sleep because they can remember the details of the dream.

How to handle nightmares:

- Go to the child as quickly as possible.
- Assure her that you are there and will not let anything harm her. Allow the child to have the bedroom light on for a short period to reassure her.
- If your child is fearful, comfort and calm her.
- Keep in mind that a nightmare is real to a young child. Listen to her and encourage her to tell you what happened in the dream.
- Once the child is calm, encourage her to go back to sleep.

#### Night terrors

Night terrors are more severe or frightening than nightmares, but not as common. They occur most often in toddlers and preschoolers. Night terrors come out of the deepest stages of sleep, usually within an hour or so after a child falls asleep. During a night terror, children usually cannot be awakened or comforted. Night terrors may also cause the following:

- Uncontrollable crying
- Sweating, shaking, and fast breathing
- A terrified, confused, and glassy-eyed appearance
- Thrashing around, screaming, kicking, or staring
- Child may not realize anyone is with him
- Child may not appear to recognize you
- Child may try to push you away, especially when you try to restrain him

Night terrors may last as long as 45 minutes, but are usually much shorter. Children seem to fall right back to sleep after a night terror, but they actually have not been awake. Like nightmares, night terrors may occur more often in times of stress or may relate to difficult feelings or fears. However, unlike a nightmare, a child will not remember a night terror.

How to handle night terrors:

- Remain calm. Night terrors are usually more frightening for the parent than for the child.
- Do not try to wake your child.
- Make sure the child does not injure himself. If the child tries to get out of bed, gently restrain him.
- Remember, after a short time, your child will probably relax and sleep quietly again.
- If your child has night terrors, be sure to explain to your baby-sitters what they are and what to do.

Keep in mind that night terrors do not always indicate serious problems. Your child will be more likely to have night terrors when he is overly tired and during periods of stress. Your child can become overly tired when he gives up a daytime nap, wakes up too early, or his nighttime sleep is interrupted. Try to keep your child on a regular sleep schedule or increase the amount of sleep he gets to prevent night terrors. Night terrors usually disappear by the time a child reaches grade school. If they do persist, talk to your pediatrician.

#### Sleepwalking and sleep talking

Like night terrors, sleepwalking and sleep talking happen when a child is in a deep sleep. While sleepwalking, your child may have a blank, staring face. She may not respond to others and be very difficult to awaken. When your child does wake up, she will probably not remember the episode. Sleepwalking children will often return to bed by themselves and will not even remember that they have gotten out of bed. Sleepwalking can be common, and tends to run in families. It can even occur several times in one night among older children and teenagers. If you have concerns or the condition persists, talk to your child's pediatrician.

How to handle sleepwalking and sleep talking:

- Make sure your child doesn't hurt herself while sleepwalking. Clear the bedroom area of potential hazards that your child could trip over or fall on.
- Lock outside doors so your child cannot leave the house.
- Block stairways so your child cannot go up or down.
- There is no need to try to wake your child when she is sleepwalking or sleep talking. Gently lead her back to bed and she will probably settle down on her own.

Sleepwalking and sleep talking are more likely to occur when your child is overly tired or under stress. Keeping your child's sleep schedule regular may help prevent sleepwalking and sleep talking.



## Bed-wetting (also called enuresis)

Nighttime bed-wetting is normal and very common among preschoolers. It affects about 40% of 3 year olds and may run in families. The most common reasons your child may wet the bed include the following:

- A bladder that has not yet developed enough to hold urine for a full night.
- Your child may not yet be able to recognize a full bladder and wake up to use the toilet.
- Stress. Changes in the home, such as a new baby, moving, or a divorce can lead to a sudden case of bed-wetting for a child who has been dry at night in the past.

How to handle bed-wetting:

- Do not blame or punish the child for bed-wetting.
- Have your child use the toilet and avoid drinking large amounts of fluid just before bedtime.
- Until your child can stay dry during the night, put a rubber or plastic cover over the mattress to protect against wetness and odors. Keep the bedding clean.
- If your child is old enough, involve him in handling the problem. Encourage him to help change the wet sheets and covers. This will help teach responsibility and avoid the embarrassment of having other family members know about the problem every time it happens. Do not, however, use this as punishment for the child.
- Talk to your pediatrician about other approaches to bed-wetting, such as rewards for younger children or alarm devices for the older child.

Most importantly, don't pressure your child. Bed-wetting is beyond a child's control and he may only become sad or frustrated if he cannot stop. Set a "no-teasing" rule in the family. Make sure your child understands that bed-wetting is not his fault and it will get better in time.

## Teeth grinding

It is also common for children to grind their teeth during the night. Though it produces an unpleasant sound, it is usually not harmful to your young child's teeth. It may be related to tension and anxiety and usually disappears in a short while. However, it may reappear with the next stressful episode.

## Give it time

Handling your child's sleep problems may be a challenge and it is normal to become upset at times when a child keeps you awake at night. Try to be understanding. A negative response by a parent can sometimes make a sleep problem worse, especially if it is associated with a stressful situation like divorce, a new sibling, a tragedy in the family, problems at school, or some other recent change in your child's life.

If the problem persists, there may be a physical or emotional reason that your child cannot sleep. If you feel you need additional help, start a sleep diary and discuss the problem with your pediatrician. Keep in mind that most sleep problems are very common, and with time and your pediatrician's help, you and your child will overcome them.

## Keeping a sleep diary

It may be helpful for you in preparation for discussing a sleep problem with your pediatrician to keep a sleep diary for your child.

Chart the following:

- Where your child sleeps
- How much sleep she normally gets at night
- What time she was put to bed
- What the child needs to fall asleep (favorite toy, blanket, etc)
- The time it takes for her to fall asleep
- The time that you went to bed
- The time awakened during the night
- How long it took to fall back to sleep
- What you did to comfort and console the child
- The time the child woke up in the morning
- The time and length of naps
- Any changes or stresses in the home

Keep in mind that every child is different and no two children may have the same sleep patterns or problems.

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## From your doctor

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PO Box 747  
Elk Grove Village, IL 60009-0747  
Web site — <http://www.aap.org>

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# Starting Solid Foods

Adapted from *Caring for Your Baby and Young Child: Birth to Age 5*



Until now, your baby's diet has been made up of breast milk and/or formula. But once your child reaches 4 to 6 months of age, you can begin adding solid foods. This brochure has been developed by the American Academy of Pediatrics to give parents information on how to introduce solid foods to their infants. The information in this brochure is based on the Academy's parenting manual *Caring for Your Baby and Young Child: Birth to Age 5*.

## When can my baby eat solid foods?

Most babies are ready to eat solid foods at 4 to 6 months of age. Before this age, most babies do not have enough control over their tongues and mouth muscles. Instead of swallowing the food, they push their tongues against the spoon or the food. This tongue-pushing reflex helps babies when they are nursing or drinking from a bottle. Most babies lose this reflex at about 4 months of age. Energy needs of babies increase around this age as well, making this an ideal time to introduce solids.

You may start solid foods at any feeding. At first you may want to pick a time when you do not have many distractions. However, keep in mind that as your child gets older, she will want to eat with the rest of the family.

## Feeding your baby solid foods

To prevent choking, make sure your baby is sitting up when you introduce solid foods. If your baby cries or turns away when you give him the food, do not force the issue. It is more important that you both enjoy mealtimes than for your baby to start solids by a specific date. Go back to nursing or bottle-feeding exclusively for a week or two, then try again.

It is important for your baby to get used to the process of eating — sitting up, taking bites from a spoon, resting between bites, and stopping when full. Always use a spoon to feed your baby solid foods. Some parents try putting solid foods in a bottle or infant feeder with a nipple. This is not a good idea. Feeding your baby this way can cause choking. It also greatly increases the amount of food your baby eats and can cause your baby to gain too much weight. These early experiences will help your child learn good eating habits throughout life.

## How to start

Start with half a spoonful or less and talk to your baby through the process ("Mmm, see how good this is!"). Your baby may not know what to do at first. She may look confused or insulted, wrinkle her nose, roll the food around her mouth, or reject it altogether. This is a normal reaction, because her feedings have been so different up to this point.

One way to make eating solids for the first time easier is to give your baby a little milk first, then switch to very small half-spoonfuls of food, and finish with more milk. This will prevent your baby from getting frustrated when she is very hungry.

Do not be surprised if most of the first few solid-food feedings wind up on your baby's face, hands, and bib. Increase the amount of food gradually, with just a teaspoonful or two to start. This allows your baby time to learn how to swallow solids.

## What kinds of foods should my baby eat?

For most babies it does not matter what the first solid foods are. Many pediatricians recommend cereals first. The first cereals usually are offered in this order:

- Rice cereal
- Oatmeal cereal
- Barley cereal

It is a good idea to give your baby wheat and mixed cereals last, because they may cause allergic reactions in very young babies.

You can use premixed baby cereals in a jar or dry cereals to which you add breast milk, formula, or water. The premixed foods may be easier to use, but the dry ones are richer in iron and allow you to control the thickness of the cereal. Whichever type of cereal you choose, make sure that it is made for babies.

Only baby foods contain the extra nutrients your child needs at this age.

Once your baby learns to eat one food, gradually give him other foods such as

- Infant cereals
- Fruit
- Strained vegetables
- Meat

Give your baby eggs last, because they occasionally cause allergic reactions. Babies are born with a preference for sweets. The order of introducing foods does not change this.

Give your baby one new food at a time, and wait at least 2 to 3 days before starting another. After each new food, watch for any allergic reactions such as diarrhea, rash, or vomiting. If any of these occur, stop using the new food and talk with your pediatrician.

Within 2 or 3 months of starting solid foods, your baby's daily diet should include the following foods each day:

- Breast milk or formula
- Cereal
- Vegetables
- Meats
- Fruits

## Finger foods

Once your baby can sit up and bring her hands or other objects to her mouth, you can give her finger foods to help her learn to feed herself. To avoid choking, make sure anything you give your child is soft, easy to swallow, and cut into small pieces. Some examples include small pieces of banana, wafer-type cookies, or crackers; and well-cooked and cut-up yellow squash, peas, and potatoes. Do not give your baby any food that requires chewing at this age.

At each of your child's daily meals, she should be eating about 4 ounces, or the amount in one small jar of strained baby food. (Do not give your child foods that are made for adults. These foods often have added salt and preservatives.)

If you want to give your baby fresh food, use a blender or food processor, or just mash softer foods with a fork. All fresh foods should be cooked with no added salt or seasoning. Though you can feed your baby raw bananas (mashed), most other fruits and vegetables should be cooked until they are soft. Refrigerate any

### **Warning: do not home-prepare beets, turnips, carrots, spinach, or collard greens**

In some parts of the country, these vegetables have large amounts of nitrates, chemicals that can cause an unusual type of anemia (low blood count) in young infants. Baby food companies are aware of this problem and screen the produce they buy for nitrates. They also avoid buying these vegetables in parts of the country where nitrates have been found. Because you cannot test for this chemical yourself, it is safer to use commercially prepared forms of these foods, especially while your child is an infant. If you choose to prepare them at home anyway, serve them fresh and do not store them. Storage of these foods may actually increase the amount of nitrates in them.

food you do not use and look for any signs of spoilage before giving it to your baby. Fresh foods are not bacteria-free, so they will spoil more quickly than food from a can or jar.

### **What can I expect after my baby starts solids?**

When your child starts eating solid foods, his stools will become more solid and variable in color. Due to the added sugars and fats, they will have a much stronger odor too. Peas and other green vegetables may turn the stool a deep-green color; beets may make it red. (Beets sometimes make urine red as well.) If your baby's meals are not strained, his stools may contain undigested pieces of food, especially hulls of peas or corn, and the skin of tomatoes or other vegetables. All of this is normal. Your child's digestive system is still immature and needs time before it can fully process these new foods. If the stools are extremely loose, watery, or full of mucus, however, it may mean the digestive tract is irritated. In this case, reduce the amount of solids and let him build a tolerance for them a little more slowly. If the stools continue to be loose, watery, or full of mucus, consult your pediatrician to see if your child has a digestive problem.

### **Should I give my baby juice?**

Babies do not need juice. Babies less than 6 months of age should not be given juice. However, if you choose to give your baby juice, do so only after she is 6 months of age and offer it only in a cup, not in a bottle. Limit juice intake to no more than 4 ounces a day and offer it only with a meal or snack. Any more than this can fill up your baby, giving her less of an appetite for other, more nutritious foods, including breast milk or formula. Too much juice also can cause diaper rash, diarrhea, or excessive weight gain. To help prevent tooth decay, avoid putting your child to bed with a bottle.

Give your child extra water if she seems to be thirsty between feedings. During the hot months when your child is losing fluid through sweat, offer water two or more times a day. If you live in an area where the water is fluoridated, these feedings also will help prevent future tooth decay.

### **Junior foods**

When your child reaches about 8 months of age, you may want to introduce "junior" foods. These are slightly coarser than strained foods and are packaged in larger jars — usually 6 to 8 ounces. They require more chewing than baby foods. You also can expand your baby's diet to include soft foods such as puddings, mashed potatoes, yogurt, and gelatin. As always, introduce one food at a time, then wait 2 or 3 days before trying something else to be sure your child does not develop an allergic reaction.

As your baby's ability to use his hands improves, give him his own spoon and let him play with it at mealtimes. Once he has figured out how to hold the spoon, dip it in his food and let him try to feed himself. But do not expect much in the

beginning, when more food is bound to go on the floor and high chair than into his mouth. A plastic cloth under his chair will help minimize some of the cleanup.

Be patient, and resist the temptation to take the spoon away from him. For a while you may want to alternate bites from his spoon with bites from a spoon that you hold. Your child may not be able to use a spoon on his own until after his first birthday. Until then, you may want to fill the spoon for your child but leave the actual feeding to him. This can help decrease the mess and waste.

Good finger foods for babies include the following:

- Crunchy toast
- Well-cooked pasta
- Small pieces of chicken
- Scrambled egg
- Ready-to-eat cereals
- Small pieces of banana

Offer a variety of flavors, shapes, colors, and textures, but always watch your child for choking in case he bites off a piece that is too big to swallow.

Because children often swallow without chewing, do not offer children younger than 4 years of age the following foods:

- Chunks of peanut butter
- Nuts and seeds
- Popcorn
- Raw vegetables
- Hard, gooey, or sticky candy
- Raisins
- Chewing Gum

Other firm, round foods like grapes, cooked carrots, hot dogs, meat sticks (baby food "hot dogs"), or chunks of cheese or meat always should be cut into **very small** pieces. Before cutting a hot dog, remove the slippery peel.

### **Choosing a high chair**

Select a chair with a wide base, so it cannot be tipped over if someone bumps against it.

If the chair folds, be sure it is locked each time you set it up.

Whenever your child sits in the chair, use the safety straps. This will prevent your child from slipping down and causing serious injury or even death. Never allow your child to stand in the high chair.

Do not place the high chair near a counter or table. Your child may be able to push hard enough against these surfaces to tip the chair over.

Never leave a young child alone in a high chair and do not allow older children to climb or play on it, as this could tip it over.

A high chair that hooks on to a table is not a good substitute for a more solid one. If you plan to use this type of chair when you eat out or when you travel, look for one that locks on to the table. Be sure the table is heavy enough to support your child's weight without tipping. Also, check to see whether your child's feet can touch a table support. If your child pushes against the table, it may dislodge the seat.

### **Good eating habits start early**

Babies and small children do not know what foods they need to eat. Your job as a parent is to offer a good variety of healthy foods. Watch your child for cues that she has had enough to eat. Do not overfeed!

Begin to build good eating habits. Usually eating five to six times a day (three meals and two to three snacks) is a good way to meet toddlers' energy needs. Children who "graze," or eat constantly, may never really feel hungry. They can have problems from eating too much or too little.



If you are concerned that your baby is *already* overweight, talk with your pediatrician before making any changes to her diet. During these months of rapid growth, your baby needs a balanced diet that includes fat, carbohydrates, and protein. It is not wise to switch a baby under 2 years of age to skim milk, for example, or to other low-fat substitutes for breast milk or formula. A better solution might be to slightly reduce the amount of food your child eats at each meal. This way, your child will continue to get the balanced diet she needs.

Your pediatrician will help you determine if your child is overfed, not eating enough, or eating too many of the wrong kinds of foods. Because prepared baby foods have no added salt, you do not have to worry about salt at this age. However, be aware of the eating habits of others in your family. As your baby eats more and more "table foods," she will imitate the way you eat, including using salt and nibbling on snacks. For your child's sake as well as your own, cut your salt use and watch how much fat you consume. Provide a good role model by eating a variety of healthy foods.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

American Academy  
of Pediatrics

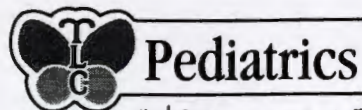


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American Academy of Pediatrics  
PO Box 747  
Elk Grove Village, IL 60009-0747  
Web site — <http://www.aap.org>

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16611 S. 40th Street  
Suite 160  
Phoenix, AZ 85048  
Telephone (480) 940-8527

## Feeding Schedule

Food Groups	0-1 Month	1-2 Months	2-3 Months	3-4 Months	4-5 Months	5-6 Months	6-7 Months	7-8 Months	8-9 Months	9-10 Months	10-11 Months	11-12 Months
Breast Milk	On demand 5-15 min each breast each feeding	On demand 5-8 x/day 10-20 min each breast each feeding	On demand 5-6 x/day 10-20 min	On demand 5-6 x/day 10-20 min	On demand 5-6 x/day 10-20 min	4-5 x/day 10-20 min	4 x/day 10-20 min	4 x/day 10-20 min	3-4 x/day 10-20 min	3-4 x/day 10-20 min	3-4 x/day 10-20 min	3-4 x/day 10-20 min
Iron-fortified formulas	16-26 oz TOTAL 6-8 x/day	24-32 oz TOTAL 5-7 x/day	24-32 oz TOTAL 5-6 x/day	24-32 oz TOTAL 5-6 x/day	24-32 oz TOTAL 4-5 x/day	24-32 oz TOTAL 4-5 x/day	24-32 oz TOTAL 3-4 x/day	24-32 oz TOTAL 3-4 x/day	24-32 oz TOTAL 3-4 x/day	20-26 oz TOTAL 3-4 x/day	20-26 oz TOTAL 3-4 x/day	20-26 oz TOTAL 3-4 x/day
Water							May offer 2x/day 4-5oz	May offer 2x/day 4-5oz	May offer 2x/day or with meals 4-5oz or more	May offer 2x/day or with meals 4-5oz or more	May offer 2x/day or with meals 4-5oz or more	May offer 2x/day or with meals 4-5oz or more
Dry infant cereals (Oatmeal fortified with iron)					2-3 Tbsp total daily By spoon 1-2 x/day  Amounts	4-6 Tbsp total daily By spoon 1-2 x/day  indicated	4-6 Tbsp total daily By spoon 1 x/day  are for dry	4-8 Tbsp total daily By spoon 1 x/day  cereal	4-8 Tbsp total daily By spoon 1 x/day  before	4-8 Tbsp total daily By spoon  liquid is	4-8 Tbsp total daily By spoon  added	4-8 Tbsp total daily By spoon
Vegetables, home prepared or commercial					2-4 Tbsp Total daily	4-8 Tbsp Total daily	8 Tbsp Total daily	8 Tbsp Total daily	8-12 Tbsp Total daily	16 Tbsp Total daily	16 Tbsp Total daily	16 Tbsp Total daily
Fruits, home prepared or commercial						4 Tbsp Total daily	8 Tbsp Total daily	8 Tbsp Total daily	8-12 Tbsp Total daily	8-16 Tbsp Total daily	8-16 Tbsp Total daily	16 Tbsp Total daily
Meat, home prepared or commercial						2-4 Tbsp Total daily	4 Tbsp Total daily	4 Tbsp Total daily	4-8 Tbsp Total daily	4-8 Tbsp Total daily	7 Tbsp Total daily	7 Tbsp Total daily
Egg							1 egg yolk 3/week	1 egg yolk 3/week	1 egg yolk 3/week	1 egg 3-4x/week	1 egg 3-4x/week	1 egg 3-4x/week
Dairy products other than whole milk										May offer 1-2 daily  Such as yogurt	May offer 1-2 daily  cheese, and	May offer 1-2 daily  cottage cheese
Peanut butter							Introduce	3x/week	3x/week	3x/week	3x/week	3x/week

Plain foods are recommended (no added salt).

Fruit desserts contain unneeded sugar.

More than one new food every 3 days may make it difficult to sort out the cause of a food allergy (i.e. vomiting, diarrhea, or rash)

NO JUICE.

Can introduce finger foods at 6 months of age (diced, chopped, soft foods like bananas, avocados, etc).

Fresh is best, but canned foods are fine if rinsed first.

4 Tbsp: one small jar of strained, pureed baby food

7 Tbsp: 2<sup>nd</sup> stage jar (thickened pureed food)

11 Tbsp: 3<sup>rd</sup> stage jar (soft chunks)

4 Tbsp: one jar of strained meat



## Activities for Infants 4-8 Months Old



Put a windup toy beside or behind your baby. Watch to see if your baby searches for the sound.	Give your baby a spoon to grasp and chew on. It's easy to hold and feels good in the mouth. It's also great for banging, swiping, and dropping.	While sitting on the floor, place your baby in a sitting position inside your legs. Use your legs and chest to provide only as much support as your baby needs. This allows you to play with your baby while encouraging independent sitting.	Gently rub your baby with a soft cloth, a paper towel, or nylon. Talk about how things feel (soft, rough, slippery). Lotion feels good, too.	Let your baby see herself in a mirror. Place an unbreakable mirror on the side of your baby's crib or changing table so that she can watch. Look in the mirror with your baby, too. Smile and wave at your baby.
Common household items such as measuring spoons and measuring cups make toys with interesting sounds and shapes. Gently dangle and shake a set of measuring spoons or measuring cups where your baby can reach or kick at them. Let your baby hold them to explore and shake, too.	Play voice games. Talk with a high or low voice. Click your tongue. Whisper. Take turns with your baby. Repeat any sounds made by him. Place your baby so that you are face to face—your baby will watch as you make sounds.	Fill a small plastic bottle (empty medicine bottle with child-proof cap) with beans or rice. Let your baby shake it to make noise.	Make another shaker using bells. Encourage your baby to hold one in each hand and shake them both. Watch to see if your baby likes one sound better than another.	Place your baby on her tummy with favorite toys or objects around but just slightly out of reach. Encourage her to reach out for toys and move toward them.
Fill an empty tissue box with strips of paper. Your baby will love pulling them out. (Do not use colored newsprint or magazines; they are toxic. Never use plastic bags or wrap.)	Safely attach a favorite toy to a side of your baby's crib, swing, or cradle chair for him to reach and grasp. Change toys frequently to give him new things to see and do.	Place your baby in a chair or car seat, or prop her up with pillows. Bounce and play with a flowing scarf or a large bouncing ball. Move it slowly up, then down or to the side, so that your baby can follow movement with her eyes.	With your baby lying on his back, place a toy within sight but out of reach, or move a toy across your baby's visual range. Encourage him to roll to get the toy.	Play Peekaboo with hands, cloth, or a diaper. Put the cloth over your face first. Then let your baby hide. Pull the cloth off if your baby can't. Encourage her to play. Take turns.
Place your baby in a chair or car seat to watch everyday activities. Tell your baby what you are doing. Let your baby see, hear, and touch common objects. You can give your baby attention while getting things done.	Place your baby on your knee facing you. Bounce him to the rhythm of a nursery rhyme. Sing and rock with the rhythm. Help your baby bring his hands together to clap to the rhythm.	Your baby will like to throw toys to the floor. Take a little time to play this "go and fetch" game. It helps your baby to learn to release objects. Give baby a box or pan to practice dropping toys into.	Once your baby starts rolling or crawling on her tummy, play "come and get me." Let your baby move, then chase after her and hug her when you catch her.	Place your baby facing you. Your baby can watch you change facial expressions (big smile, poking out tongue, widening eyes, raising eyebrows, puffing or blowing). Give your baby a turn. Do what your baby does.