

# Four Month Check Up



**Cedar Park Pediatric  
& Family Medicine**  
Complete Medical Care for your Family  
[www.cedarparkdoctors.com](http://www.cedarparkdoctors.com)

LENGTH \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEAD \_\_\_\_\_

## RECOMMENDATIONS FOR TODAY

### Immunizations

The following vaccinations will be provided today as long as your child is up-to-date on their vaccines:

- DTaP       Hib       Polio       Prevnar       Rotateq
- Hepatitis B (only if it was not given at birth)

It is common for children to experience some discomfort from today's vaccines.

The following are **NORMAL** side effects:

- Soreness, redness, swelling, tenderness where shot is given
- Fever (usually low grade)

For **relief**, you may apply ice for the first 24 hours and give Tylenol (please see dosage table located towards the back of this packet)

### Should your child experience:

Streaking at the site of injection, difficulty breathing, hoarseness, wheezing, swelling of the throat, weakness, fast heartbeat, dizziness, or hives **CONTACT THIS OFFICE IMMEDIATELY 512-336-2777.**

## NUTRITION

### Feeding Patterns

**Breast Fed Infants:** The AAP and WHO recommend exclusive breastfeeding until 6 months of age to support optimal growth and development. Most infants need at least 6 breast-feedings in a 24-hour period. The introduction of complementary solid foods can begin gradually at 6 months of age, but breastmilk should still be the main source of nutrition.

**Formula Fed Infants:** Most formula fed infants take 4 to 5 bottles a day of 6 to 8 ounces each. If your infant consistently takes more than 32 to 36 ounces of formula a day he may be ready for solid foods.

**Vitamin D Supplementation** – Starting soon after birth, the American Academy of Pediatrics recommends that 400 IU of Vitamin D supplementation be given to all infants. You can purchase solely Vitamin D drops or Poly-Vi-Sol, which is a multivitamin at grocery or pharmacy stores. Alternatively, mothers who are breastfeeding can take 6000 IU's Vitamin D daily to provide adequate Vitamin D through breast milk for your infant. If your baby is exclusively formula fed and takes more than 32 oz in a day, you do not need Vitamin D supplementation.

## **Solid Foods**

**When to Start:** There are no hard and fast rules for when to begin solid foods. Your goal should be to notice when your baby is reaching his limit of a milk-only diet. One common clue that your baby is ready for solids is an obvious increase in appetite. Your baby may start to feed more frequently and may even start waking more during the night. Some parents feel like they are going back to the newborn days. A single day or night of increased feeding may only mean a growth spurt, but a growth spurt that is “endless” probably means that your baby is ready for solid foods.

**Spoon-Feeding:** Between 4 & 6 months of age, the tongue thrust reflex disappears. This enables an infant to master spoon feeding. If your infant is unable to spoon feed, then she is not ready for solids.

**Sitting:** Being able to sit without assistance occurs closer to 6 months of age. This helps your infant to lean forward to food and indicate hunger. Sitting makes feeding easier.

**Another clue:** Your infant may start to show an interest in food. He may start watching you intently as you eat. Some infants will even open their mouths as you eat. Having a consistent family centered (i.e. not television centered) mealtime will help with feeding your baby.

## **SOLID FOODS- HOW TO START**

**Spoon-feeding:** Spoon-feeding teaches your child the process of eating and allows your child to stop when full. Initially, you may need to partially breastfeed or give part of a bottle to take the edge off your baby’s hunger prior to attempting to spoon-feed. Use a spoon that will easily fit into your baby’s mouth and at first place only a half a teaspoon or less on the spoon. Keep trying even if your baby doesn’t like it and turns her head. She will catch on. Increase the amount on the spoon and of the feeding as your baby gets used to spoon-feeding. If your baby absolutely refuses or is unable to spoon-feed after a reasonable trial then stop, go back to exclusive breast or bottle feeding for a week or so, and then try the spoon again. After spoon-feeding is mastered, your baby can have a breast or bottle feeding after eating. (As solid intake increases, milk intake will decrease.)

**Frequency of meals:** Once spoon-feeding is mastered, two meals a day with solids are sufficient. Once your child has eaten well for a month or two, you may move up to 3 meals a day. Most babies are up to 3 meals a day by ~8-9 months of age.

**Cereal:** Infant cereals are generally the 1st solid foods given. They are easy to digest and are iron-fortified. Infants are at higher risk for iron deficiency anemia between 9 and 18 months of age. This is a period of rapid growth when newborn iron stores are depleted and dietary iron intake is frequently inadequate. The AAP recommends that 2 servings of infant cereal a day be given, starting 4 to 6 months until a year of age, to prevent iron deficiency anemia. A serving is considered 4 tablespoons (1/4 cup, 2 ounces) of dry cereal.

In the 2<sup>nd</sup> year, one serving a day of infant cereal may be continued to help prevent anemia. Premixed cereals are easier to use, but the dry cereals are richer in iron and allow you to control the thickness of cereal. The first cereals are usually offered in this order: oatmeal and then barley. The infant cereals contain more iron than regular cereals. If your child does not enjoy cereal ask your doctor about starting Poly Vi Sol with iron in order to ensure adequate iron intake. With new foods watch for diarrhea, stool changes, vomiting, skin rashes, or unusual fussiness as possible food responses.

**Fruits and Vegetables:** It is not important whether or not you give fruits or vegetables first. Babies are born with a preference for sweets & the order of introducing foods does not change this. For vegetables, start with carrots, 1-2 teaspoons per feeding. The yellow vegetables (carrots, squash, and sweet potatoes) are thought to be easier to digest.

For fruits, start with applesauce. The white fruits (apples, pears, bananas) are thought to be easier to digest. Cooked vegetables can be pureed or put in a blender. Fresh fruits such as apples, pears, bananas, or peaches can be peeled, mashed, or strained. Do not add seasoning such as salt or sugar.

**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 and screen for nitrates. Avoid buying these vegetables in areas where nitrates have been found. Because you cannot test for this chemical yourself, it is safer to use commercially prepared forms of these foods. 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.

**Meats:** After your baby is tolerating cereal, vegetables, and fruits, meat can be introduced at 4-6 months of age and is a good source of iron. Iron stores from birth become depleted at 6 months of age.

### **What is a typical meal?**

On average, after 2 to 3 months on solids, your baby's diet should include breast milk or formula, cereal, vegetables, fruit, and possibly meat. The solids will be distributed between 2 to 3 meals. At this point, a daily meal is about 4 ounces of solids. This is an average. Your baby will guide you on how much he needs. If your child is growing and developing well, his nutrition is likely adequate.

### **Introducing Highly Allergenic Foods**

New studies now recommend that it is not necessary nor recommended to wait to introduce highly allergenic foods to your baby. Foods such as cheese, yogurt, eggs, soy, wheat, fish, shellfish, peanuts/tree nuts (in the form of a thin paste) can become part of your child's regular diet at age 4-6 months to reduce his/her chance of developing allergies. These highly allergenic foods can be introduced as soon as your baby has tried and tolerated other solids foods such as oatmeal cereal, bananas, carrots, applesauce, sweet potatoes, etc. Introduce smooth peanut butter as soon as possible and continue to offer this at least weekly. Nuts can be prepared by crushing them into a thin paste to prevent choking. Each new food should be given for 3-7 days before another new food is tried. These first time trials are best started at home rather than at day care or a restaurant. Honey and milk should not be given before a year of age due to other nutritional reasons.

Contact your baby's medical provider before starting highly allergenic foods if your infant has had an allergic reaction to food, has had a positive food allergy test, atopic dermatitis (eczema) or a sibling has a peanut allergy.

### **Stool Changes**

You may notice that your child's stools change in color, consistency, and frequency (decreased) when solids are added into the diet. This is normal and to be expected. Should the stools become hard or painful to pass, this may indicate your child is constipated. It is beneficial to add water to the diet and provide foods rich in fiber. If the hard stools persist or your child's stools become loose, extremely watery, and have a significant amount of mucous please talk to your provider for further advice.

### **Your Diet During Pregnancy and Lactation**

It is recommended that breastfeeding mothers continue to take prenatal vitamins daily. It was once recommended for mothers to refrain from consuming highly allergenic foods during pregnancy and lactation. However, recent evidence

suggests that it is not necessary to avoid these foods. There is no significant allergy prevention benefit to your baby by avoiding highly allergenic foods during this time.

## CARE OF YOUR CHILD

### Prevention of Sleep Problems

As discussed in the 2 month visit newsletter, establish a soothing bedtime routine and place your baby to bed drowsy, but not asleep. Your baby must learn to put herself to sleep. It is unsafe to place pillows, bulky covers, & large stuffed toys in your infant's crib.

Make any middle of the night contacts brief and boring. Try to discontinue the middle of the night feeding if you are formula feeding. If you are breastfeeding, actively night weaning can impact milk supply, but it is fine if your baby does this on their own. All children have 4 or 5 partial awakenings each night. They must learn to go back to sleep on their own. Most babies learn to self-soothe at this age. If your baby cries for more than 5 minutes, visit, but do not turn on the light or pick him up. Comfort your baby with soothing words & limit contact to under a minute. Try patting him. If crying continues, repeat your visits at increasingly longer intervals, but no longer than 10 minutes at this age.

### Teething

Your child's first teeth usually appear around 6-8 months of age. There is a lot of variability and first teeth may appear as early as 3-4 months of age or as late as 12-15 months of age. Your child may begin to drool excessively or put everything in her mouth months before the first tooth erupts. Teething rings and cool washcloths (wet wash clothes placed in the freezer for 5-10 minutes) are usually sufficient. Another method of relief is gum massage with your finger or ice. Homeopathic teething tablets and numbing ointments are NOT recommended and can possibly be harmful to your child.

The first teeth need proper cleaning. Clean the gums and first teeth with a soft wet washcloth or a soft infant toothbrush. You may use a tiny dab of fluoridated toothpaste (the size of a grain of rice) on the toothbrush.

## DEVELOPMENT

- **Language:** Baby should be able to laugh & turn her head to voices. Some babies will even mimic sounds.
- **Social:** Babies this age enjoy looking around and are entertained by social interactions.
- **Gross Motor (Movement):** Your baby will start rolling over soon. While on her stomach, she should start raising her trunk and supporting herself with her wrists.
- **Fine Motor (hand & finger):** Babies at this age reach out with both arms in unison. She may grasp a rattle well, but will not reach out with one hand very well.
- **Suggestions for Play:** Clap your hands together while singing. Hold her on your lap and make interesting noises. See if she copies you. Play peek-a-boo. Hold her in front of a mirror and ask "who's that baby?" Point & call her by name.

### **EARLY CHILDHOOD INTERVENTION (ECI) PROGRAMS:**

The State of Texas has a network of local community programs that provide services to Texas families and their children, birth to age 3, with developmental delays. The costs of services provided are based on family income. Children are eligible for ECI services if they are under age 3 and have developmental delays or conditions (such as Down Syndrome, prematurity, vision or hearing impairments) that have a high possibility of resulting in a developmental delay. Anyone may refer a child for ECI services. If you believe that your child is delayed or has a condition that could lead to delays, call 1-800-250-2246 or visit the ECI website at [HYPERLINK "http://www.eci.state.tx.us"](http://www.eci.state.tx.us) [www.eci.state.tx.us](http://www.eci.state.tx.us) for the ECI program closest to you.

**Screen Time Recommendations:** Helping children develop healthy media use habits early on is important. The American Academy of Pediatrics recommends the following guidelines:

- For children younger than 18 months of age, use of screen media other than video-chatting, should be discouraged.
- Children ages 18-24 months may be introduced to high quality programming/apps if parents use them together with their children. Children learn best when interacting with parents/caregivers.
- For children older than 2 years, limit screen use to no more than 1 hour per day of high quality programming. Co-viewing with your child is recommended.
- All children and teens need adequate sleep, physical activity, and time away from media. Designate media-free times to be together as a family and media-free zones. **Children should not sleep with electronic devices in their bedrooms, including TVs, computers, ipads and smartphones.**
- Parents are encouraged to develop personalized media use plans for their children taking into account each child's age, health, personality and developmental age. Plans should be communicated with caregivers and grandparents so that media rules are followed consistently.

## **SAFETY**

### **Falls**

Since your baby will roll over any day now, never leave your baby on a changing table, bed, sofa or chair. If left unprotected, he will fall. Put him in a safe place, such as a playpen or crib when you cannot hold him. If he is in an infant seat or stroller, make sure that he is buckled in properly, even if it is "just a minute." It does not take long for an unprotected or unbuckled infant to fall off the couch or out of a stroller or infant seat. Infants can be unintentionally "thrown" out of infant seats if the seat is picked up & the baby is not buckled in place properly.

### **Childproofing your home**

The time to be sure your house is safe is before your baby is mobile. Put all medicines, poisons, cleaning supplies, and vitamins in locked cabinets. Plug up electric outlets and be sure electric cords are secured behind furniture so your baby will not pull on a cord, bite on it, or pull a lamp off a table. Put gates at the top and bottom of stairs. Close the doors to other rooms, especially bathrooms. Become accustomed to keeping books, magazines, newspapers, and waste baskets out of your baby's reach.

### **Burns**

At 3 to 5 months, babies will wave their fists and grab at things. Never carry your baby and hot liquids, such as coffee or foods at the same time. To protect your family from tap water scalds, reduce the maximum temperature of your hot water heater to 120 F.

If your baby gets burned, immediately put the burned area in cold water. Keep the burned area in cold water until she quits crying, then cover the burn loosely with a bandage or clean cloth and call your baby's doctor.

To protect your baby from house fires, be sure that you have a working smoke alarm in your home. Test the batteries in your alarm every month. Change the batteries at least twice a year on dates that you'll remember, such as Daylight Savings and Standard Time.

Avoid direct sun exposure, especially from 10am to 4pm. Use a wide brim hat to shield the face and cover arms and legs with lightweight clothing.

### **Sleep Safety Guidelines**

To prevent possible suffocation and to reduce the risk of Sudden Infant Death Syndrome (SIDS), the American Academy of Pediatrics has come out with the following recommendations:

- Until their first birthday, babies should sleep on their backs during naps and nighttime. If your baby falls asleep in a car seat, move him or her to a firm sleep surface on his/her back as soon as possible. If your baby is comfortable rolling both ways (back to tummy, tummy to back) and you find that he/she has rolled onto their tummy, you do not have to return the baby to his/her back.
- Use a firm sleep surface. A crib, bassinet, portable crib or play yard that meets the current safety standards is recommended along with a tight-fitting mattress and fitted sheet designed for that particular product. Nothing else should be in the crib except for the baby. Keep soft, loose bedding out of your baby's bed.
- Room sharing in which baby sleeps in his/her crib in the same room where you sleep is encouraged for the first 6 months of age.
- Co-sleeping/bed sharing is NOT recommended. Only bring your baby into your bed to feed or comfort.
- Never place your baby to sleep on a couch or armchair.
- It is fine to swaddle your baby. Stop swaddling when your baby looks like her or she is trying to roll over.
- Try giving a pacifier at nap time and bedtime. This helps to reduce the risk of SIDS. If the pacifier falls out after the baby is asleep, you don't have to put it back in. If you are breastfeeding, wait until breastfeeding is going well for approximately 2-3 weeks before introducing the pacifier.
- In-bed sleepers and bedside sleepers that attach to your bed have not been fully researched as to their effects on SIDS so the American Academy of Pediatrics has not made recommendations for or against these products.

To prevent the development of a "flat head" or other positional skull deformities, it is advisable to alternate the infant's head position so that he/she is facing the opposite way each time you lay the child in the crib. This will prevent pressure from consistently being in one region of the skull and also help to maintain long healthy neck muscles. It is not recommended to use a boppy or infant pillow to position your infant's head.

### **Smoking**

If your or another family member is a smoker, one of the best ways to protect your family's health is to quit smoking. Smoking increases your baby's risk of respiratory illnesses, cancer, and SIDS.

**For more helpful tips and information regarding your child's health, check out our website at [www.cedarparkdoctors.com](http://www.cedarparkdoctors.com)**

**Your baby's next appointment is at 6 months of age.**

## Car Safety Recommendations

We highly recommend following the recommendations provided by the American Academy of Pediatrics:

**Infants and toddlers:** keep in a **rear-facing car safety seat** until they reach the highest weight or height allowed by the car safety seat manufacturer. It is important to keep your child rear-facing for as long as possible. This is a change from the previous recommendation and your child will be rear facing until at least age two.

**Preschool and early school-age:** children who have **outgrown the rear-facing weight or height limit** for their car seat should **switch to a forward-facing car safety seat** with a harness. They should remain in this seat for as long as possible and until they reach the highest weight or height allowed by their car safety seat manufacturer.

**School-age:** children who have outgrown the forward-facing car safety seat should use a **belt-positioning booster seat** until the lap and shoulder seat belt fits properly. The seat belt typically fits properly when they have reached 4 ft 9 inches in height and are between the ages of 8 and 12 years.

**Older school-age:** when the seat belt alone fits properly, they should always use lap and shoulder seat belts for optimal protection.

**All children less than 13 years:** must remain in the rear seats of vehicles no matter what. An airbag deployed in the front seat can seriously injure or kill children under the age of 13 years.

**Winter season:** Do **not** restrain your child while he or she is wearing a thick winter jacket.

**Important:** Have your child buckle up for **every** trip, no matter the length of time.



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## **Baby Food Guide**

Infant feeding recommendations have changed dramatically in the last few years. The American Academy of Pediatrics (AAP), based on studies looking at the development of allergy to foods in infants and children, determined that infants can be introduced to a wide variety of foods as early as 6 months of age. Cedar Park Pediatric & Family Medicine (CPPFM) offers some guidelines in starting solids:

1. Infants should be fed solely by breast and/or with formula only until 4 to 6 months of age. (Solids may be started as early as 4 months in some infants, but first discuss with your pediatrician.)
2. First foods should be high in iron content, such as iron fortified whole grain infant cereals or single-grain infant oatmeal.
3. All foods, other than honey (which can contain botulism spores), can be given to an infant if there is not a strong family history of food allergies. Foods should be chosen based on **nutritional value** and **texture**. Start with purees, and proceed to coarse puree, chunky, then solid dice over 6-9 months of age.
4. New foods can be introduced fairly quickly - no need to feed an individual food multiple times to determine tolerance.
5. Higher allergenic foods (peanut, tree nut, sesame, soy, dairy, egg and fish) should be introduced on their own as a new food (not in a mixture of other new items); so that if an adverse reaction occurs, you know that food is the culprit. If your infant develops a rash, excessive gas or fussiness, vomiting or diarrhea, discontinue that food until meeting with your doctor. Some infants do develop a mild, red irritated rash on their chin/cheeks as a reaction to saliva and food on their skin - this alone **does not** represent food intolerance.
6. A young infant can eat eggs, fish, berries and citrus as long as they are in a manageable texture. We now believe early exposure to these foods (after 6 months of age) can actually reduce the likelihood of allergies.\*

*\*This does not mean your child won't be allergic - so be sure to have Benadryl in the house to use if your child develops hives after eating one of these foods. Signs of more severe allergy (persistent vomiting, swelling of the mouth/lips, difficulty breathing) need immediate treatment with an epipen- please call 911. If your child has hives or a more severe reaction to a food, please discontinue it and schedule a visit for us to discuss possible testing and treatment.*

### **Where to start?**

Traditionally, single-grain cereals are usually introduced first. However, there is no medical evidence that introducing solid foods in any particular order has an advantage for your baby. Historically it has been recommended to start vegetables before fruits; however there is no evidence that your baby will develop a dislike for vegetables if fruit is given first. Babies are born with a preference for sweets, and the order of introducing foods does not change this.



If your baby has been mostly breastfed, he or she may benefit from baby food made with meat, which contains more easily absorbed sources of iron and zinc that are needed by 6 months of age. Once your infant starts solids, you can expect his stools to change dramatically. They may become more or less frequent, more pasty/firm, and quite colorful! Sometimes foods may appear to pass through undigested - **this is normal**. If your infant has hard, pellet like stools or is straining excessively, avoid constipating foods such as rice, apple, banana and soy. A daily serving of stone fruits; such as prunes, apricots and peaches will help get things moving.

## **Cereals:**

Baby cereals, found as powdered flakes in the supermarket, are iron fortified, which is important for your fast-growing infant, and are easy to prepare.

- Start with infant **single grain oatmeal**.
- **Brown rice cereal** is fine in limited amounts, but recent FDA precautions advise limited intake due to very small amounts of arsenic found in rice and rice products.
- **Mixed grain cereals** containing barley and wheat are also fine after 6 months of age.

Once your infant has mastered the art of eating cereal, we recommend introducing vegetables, fruits, meats, and other proteins as dietary mainstays.

Your infant's first meal can be at any time of the day, just be sure to pick a time when he or she is alert, happy, and not starving - 30 minutes before a scheduled feeding works well. Your infant should be on your lap, in a bouncy seat, or a high chair (provided the torso and head can be held steady.) Use a bib, or strip your baby down to the diaper – feeding can be a messy job!

**DAY 1:** Mix 1 teaspoon of cereal with enough formula or breast milk to make a very thin paste. Tickle the chin or cheek to get the baby to open wide, then place a small baby-spoonful of cereal in the middle of the tongue. Wipe, then repeat. Follow with a bottle or nursing.

**DAY 2:** Increase to 1 tablespoon of cereal, mixed to a paste.

**DAY 3:** Increase to 2-5 tablespoons of cereal, again mixed to a slightly thicker paste. Your infant may not finish a full bottle feeding after this, which is OK.

Many infants prior to 6 months of age will still have a “tongue thrust” whereby they push the food out, rather than in. Some infants may have no interest in food yet, and get upset with feedings. If this persists, wait a week and try again.

## **Proteins:**

Meats and non-meat proteins are a valuable source of iron and zinc. Infants generally outgrow the supply of iron they are born with by 6 months of age, making this category of solids the most important for young infants to start with.

Easy proteins to prepare include eggs, poached fish or chicken, lentils, beans and chickpeas. Meats are best prepared baked, as the food will retain the most nutrients. Once cooked, chill before pureeing for best results, and add a bit of water to the puree to create the right consistency.

You can also boil, poach or stew meats (try a slow cooker.) You may lose very small amounts of nutrients in the water, so use the cooking liquid when pureeing the food. Add vegetables and grains such as barley, quinoa, or brown rice when cooking the meat to create a meal all at once.

*Not enough time to cook your own purees?* Prepared baby foods can be both easy and nutritious - look for brands that avoid fillers and additives such as *Earths Best* and *Happy Baby* which. You can also often adapt parts of your own meals into baby purees (throw the leftover baked salmon and sweet potato into a blender, puree and freeze in ice cube trays. Small amounts of spice and seasonings are fine.)

If you plan on bringing up your child vegetarian, we do recommend a daily multivitamin (such as Poly Vi Sol with iron) for both iron and B vitamin supplementation.

### **Dairy:**

You can introduce yogurt and cheeses at 6 months of age as part of a balanced meal. Start with plain, tart yogurt (whole or reduced fat is fine) as infants usually enjoy the taste, and it is far healthier than sweetened versions. Add pureed fruit if you wish. Large amounts of whole milk is not advised, as it is not a whole food like breast milk or formula and can cause anemia in infants less than 12 months. However, milk in small amounts for baking or pureeing is safe. Goat milk is low in folate and can cause severe anemia, it is not recommended as a sole food or formula.

### **Fruits and vegetables:**

Use **STAGE 1** (smooth puree form.) Many fruits can easily be made at home by pureeing with water to the correct texture (banana, pear, peach, prune, apricot) Vegetables and some fruits (apple) will need to be cooked before pureeing to improve texture and digestibility. Do not add sweeteners or salt.

*NOTE: If you make your own baby food, be aware that home-prepared spinach, beets, green beans, squash, and carrots are not good choices during early infancy. They may contain large amounts of nitrates. Nitrates are chemicals that can cause an unusual type of **anemia** (low blood count) in young babies. Commercially prepared vegetables are safer because the manufacturers test for nitrates. Peas, corn, and sweet potatoes are better choices for home-prepared baby foods. Once your infant is eating table foods, these vegetables are fine to prepare at home (once not pureed and given in concentrated form.)*

Cereal or meat and fruits/vegetables can and should be given at the same feeding as Vitamin C increases iron absorption. It doesn't matter if you mix the two or give them separately.

Once your infant is happily eating a variety of foods, you may advance to 2 and 3 meals a day. An average feeding is **4 ounces**, but your child may eat a little more or less depending on the time of day and infant preference. By 9 months of age, food consumption increases, at which point breastfeedings may decrease to as little as 3 times a day, or bottle feedings to a minimum of 16 ounces a day.

### **Finger foods:**

Once your baby is tolerating chunky purees (try mashing an avocado, banana or baked sweet potato) you can start giving finger foods to encourage self-feeding. To avoid choking, we recommend not giving hot dogs, whole grapes, raisins, whole nuts, popcorn, raw vegetables or apple, chunks of peanut butter, or other firm pieces of food not cut into small dice.

Good starters include small pieces of banana or ripe melon, wafer style crackers, scrambled egg, well cooked whole grain pasta or noodles, soft bits of meat from stews/soups, mashed beans or peas, chunks of sweet potato/squash, cut up whole grain pancakes and waffles, and soft cheeses.

**Water:**

Until your infant is weaned from breast milk or formula at 12 months of age, the majority of their fluids should be from those sources. However, at 6 months we encourage you to start offering a sippy cup or straw cup with a few ounces of water at each meal. If the cup has a valve, initially remove it to help reduce the suction needed to get water out. Soft straw cups that can be squeezed to push water up the straw are ideal- as sucking hard on a sippy cup while tilting the head back can push secretions up into the middle ear.

**Introducing Whole Milk:**

You can try introducing whole milk into your child's diet at 12 months of age (11.5 months is fine if you need to wean early, or want to try prior to your 1 year appointment.) Many children will accept a cup of milk straight up. Fussier infants may require gradual dilution of breastmilk or formula with milk over a few days. Whole milk should be limited to 16 ounces a day, less if they are constipated with the change. If your infant drinks as little as 8 ounces a day, but eats other sources of calcium (yogurt, cheeses, dark green veggies) the rest of their liquid can be water. No amount of juice is recommended, as most varieties are straight sugar with minimal nutritional value.

**Resources:**

*Child of Mine: Feeding with Love and Good Sense* by Ellen Satter – a terrific book to take you from first purees thru childhood, how to encourage healthy and conflict free eating habits in your children.

*Food Fights: Winning the Nutritional Challenges of Parenthood Armed with a Bottle of Ketchup* by Laura Jana MD and Jennifer Shu, MD – tons of practical advice on how to handle routine introduction to feeding thru to picky eating, behavioral issues with feeding and more.

*Nutrition: What Every Parent Needs to Know*, American Academy of Pediatrics – a comprehensive guide to pediatric nutrition.

# Dosing for Infants and Children

Infants'  
**TYLENOL**

Children's  
**TYLENOL**

From Your Healthcare Professional

**DOSE: Every 4 hours as needed. DO NOT GIVE MORE THAN 5 DOSES IN 24 HOURS.**

If possible, use weight to dose; otherwise use age.

mL = milliliter  
tsp = teaspoon



## Infants' TYLENOL® Oral Suspension

Active Ingredient:  
Acetaminophen 160 mg  
(in each 5 mL)

Available in:  
Grape  
Cherry

Use only as directed.



## Children's TYLENOL® Oral Suspension

Active Ingredient:  
Acetaminophen 160 mg  
(in each 5 mL or 1 tsp)

Available in:  
Grape  
Cherry

Use only as directed.

WEIGHT	AGE	Infants' TYLENOL®	Children's TYLENOL®
6-11 lbs	0-3 mos	1.25 mL 	—
12-17 lbs	4-11 mos	2.5 mL 	—
18-23 lbs	12-23 mos	3.75 mL 	—
24-35 lbs	2-3 yrs	5 mL 	5 mL (1 tsp) 
36-47 lbs	4-5 yrs	—	7.5 mL (1½ tsp) 
48-59 lbs	6-8 yrs	—	10 mL (2 tsp) 
60-71 lbs	9-10 yrs	—	12.5 mL (2½ tsp) 
72-95 lbs	11 yrs	—	15 mL (3 tsp) 

## IMPORTANT INSTRUCTIONS for Proper Use

Today's Date: \_\_\_\_\_

This dosing recommendation from your doctor will expire in 14 DAYS.

- Read and follow the label on all TYLENOL® products.
- Take every 4 hours as needed. Do NOT exceed more than 5 doses in 24 hours.
- Do NOT use with any other product containing acetaminophen.
- Use only the dosing device that comes with a specific product.
- **All Infants' TYLENOL® and Children's TYLENOL® Oral Suspension products have the same acetaminophen concentration (160 mg/5 mL).**