



# Wellness Check Informational Handout

## 4 Month Check-Up

### Immunizations

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

Vaxneuvance #2 (Pneumococcal)	Vaxelis #2 (DTaP, Hib, Polio, Hep B)	Rotateq #2 (oral vaccine)
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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 pack for up to five minutes at a time throughout the day for the first 24 hours and give Tylenol (see dosage chart on well check card).

**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 OUR OFFICE IMMEDIATELY.**

### Other Recommendations:

- EPDS - Postpartum Depression Screening

### Nutrition

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#### Feeding Patterns:

1. **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.
2. **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.
3. **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 of Vitamin D daily to provide adequate Vitamin D through breastmilk 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 they are 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. They 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 2nd 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 prepared formulations of 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 6-8 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.

## Development

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### Hearing:

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 their stomach, they should start raising their trunk and supporting herself with their wrists.

### Fine Motor (Hand & Finger):

Babies at this age reach out with both arms in unison. They 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.

### 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.

## Care Of Your Child

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### 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.

## Safety

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### 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.

### Safe Sleep 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 he 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 spot on the head" or other positional skull deformities, it is advisable to alternate the infant's head position while sleeping so that he/she is facing the opposite way each time the child is 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 you or another family member is a smoker, one of the best ways to protect your newborn's health is to quit smoking. Smoking in the household increases respiratory illnesses, frequency of ear infections, and increases your child's long-term cancer risk. Household smoking also increases the risk for Sudden Infant death Syndrome (SIDS). We encourage you to discuss smoking cessation with your family provider.

## Car Safety Recommendations

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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.

## Next Appointment

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Your baby's next appointment is at 6 months of age. Check out our website for additional resources regarding your child's health.