

Anticipatory Guidance Four Months

FEEDINGS:

Sometime between 4-8 months, babies will start to show a real interest in foods. In years past, nearly all babies at this age were eating a variety of foods. You may feel pressure from friends or family to start foods. There is no need to add foods into your baby's diet during the first 6 months. The only food baby really needs is breast milk and/or infant formula. If your baby has been on a low-iron formula for some reason, it is important now to change to a formula with iron; your baby may become anemic. Babies that have been breast-fed now need iron. They may have used their iron stores from birth. Breast milk does not have enough iron for your baby's growth. Most babies at 6 months will do well with a few simple foods, mashed bananas, rice cereal, or applesauce. If you give baby apple juice between feedings, remember to mix using ½ juice and ½ water. Too much apple juice can cause loose bowel movements.

DO NOT give your baby whole, low-fat, or non fat milk or milk products. Your baby's stomach is not yet ready for those foods. Stay with the milk based formula of iron. **REMEMBER; DO NOT FEED HONEY TO YOUR BABY UNTIL 12 MONTHS OF AGE.**

SAFETY:

At this age, the baby's first thought with any new object is: Can I eat it? They will put everything into his/her mouth, so be very careful that their world is free from the little objects that could be dangerous if put into their mouth: buttons, hard candies, peanuts, small toys, you name it. It is up to you to make your baby's world safe to play in and enjoy.

Your baby will soon start crawling. Put up some kind of barrier at stairways when your baby does start to crawl, or other areas that he/she could be hurt. Have you turned down the temperature of your hot water heater? Not only will the water be safer for your child, it will also save you money on your electric bill.

Keep this number readily available: **Poison Control Center— 1-800-492-2414 or 410-706-7701.**

SLEEPING POSITION:

Recent study has shown that babies should not sleep on their stomachs. Babies who sleep this way have a greater risk of sudden infant death syndrome (SIDS). Babies should be put to sleep on their back or sides. If placed on their side, place a cushion so they cannot roll onto his/her stomach.

COLDS:

Most babies begin to get colds and runny noses at this age. The protection that was transferred to baby from their mother has now worn off. Most colds need no treatment. Medicines may have side effects and it is generally best to avoid using unnecessary

medicines for infants. It is normal for a child to run a fever the first few days of a cold. If your baby has a fever on the fourth day, there is a possibility that the cold has turned into a secondary infection. Your baby may have an ear, sinus, or bronchial infection. You may want to call your baby's doctor. **DO NOT** use over-the-counter cold medicines without your doctor's advice. For a cough, a cool-mist vaporizer in your child's room may allow your baby to sleep better. To remove clear mucus from your baby's nose, use a nasal aspirator. Salt water nose drops and bulb suction may help loosen mucus and will soothe the mucus membrane and make it easier to breathe.

TEETHING:

The average for baby's first tooth to break through is six months, but he/she may have pain as the tooth is cutting through the deeper layers of the gums. Teething may cause a slight change in bowel habits, a slight nasal discharge, and/or fussiness and crankiness. The common teething creams and gels will help when first applied and give only temporary relief. For teething pain you may use liquid Tylenol or Tylenol, which may be repeated every 4 hours for discomfort. Teething does not cause fever. If your baby is fussy or grouchy and has a fever, contact your doctor.

IMMUNIZATIONS:

Your baby now should have received his/her secondary set of vaccines (shots). Remember to ask your baby's doctor to update your record book. Be sure to report any unusual reaction after the shots to your baby's doctor. Always bring your child's shot record with you.

Growth and Developmental Milestones

Babies need much more than food and water to grow up healthy. Among other things, they need love, understanding, guidance, and security. They need you to help them learn about their world, develop skills, and adjust to their ever-changing needs.

Playing an active role in your baby's development can be exciting, enriching and rewarding. You will notice changes in appearance, behavior and language almost daily, and soon you'll realize your baby's successful development depends greatly on your participation in the process.

As you observe your baby's growth, keep in mind that no two children are exactly alike. While there are certain "typical" stages of growth, your baby may develop at a different pace than another baby. Additionally, your baby may develop quickly in one area, but not as quickly in another.

If you believe your child is having difficulty in a particular developmental area, *don't panic*. Many challenges related to development can be helped through early intervention—a *system of services offered to enhance a child's potential for growth and development before the child reaches school age*.

The information contained in this brochure is not intended to be comprehensive. It may, however, be useful as a general guide to what your baby may be doing at a particular age.

Keep this information in a safe and accessible place so that you can refer to it easily—perhaps in a scrapbook, baby book or wherever you keep family records. If you have questions, call your local Infants and Toddlers Program.

Birth—2 months

Physical Development

- Barely lifts head to clear surface
- Keeps hands tightly fisted

Speech Development

- Coos and makes grunting sounds
- Babbles

Social Development

- Sleeps a lot
- Cries a lot
- May have erratic sleeping and feeding patterns
- Quiets in response to parent's face and voice

2 months

Physical Development

- Lifts head while lying on stomach
- Has smooth motions
- Relaxes fist, unfolds fingers
- Waves hands and kicks feet when on back

Speech Development

- Coos and gurgles increasingly, especially when talked to
- Cries differently for different needs

Social Development

- Begins to smile, show excitement and distress
- Turns to familiar voices
- Quiets when held
- Enjoys being tickled
- Maintains brief eye contact while being fed
- May suck thumb or finger to quiet self

4 months

Physical Development

- Can see across a room
- Sits erect when supported
- Rolls over from tummy to back
- Reaches for toys
- Holds objects
- Reaches for feet and brings them to mouth
- Turns head to localized sounds
- Follows people with eyes

Speech Development

- Laughs, squeals, and babbles
- Coos and gurgles with joy
- Says "ooh" and "ahh"

Social Development

- Loves to play with own feet
- Sees colors rather than black and white
- Fusses when wanting to be picked up and held
- Can tell the difference in family members
- Reaches out hands and arms to play
- Smiles

7 months

Physical Development

- Sits up by self for a short time
- Holds toys and feeds self pieces of food
- Stands when held, takes some of the weight on own legs
- Reaches for objects, transfers them from hand to hand
- Begins teething, which may disturb sleep

Speech Development

- Combines vowel sounds
- Imitates sounds
- Responds to "no" and own name
- Uses body language to initiate interaction

Social Development

- Plays alone
- Plays longer with people and toys
- Enjoys other children
- Grows more responsive to sound
- Withdraws from strangers, clings to familiar caregivers

10 months

Physical Development

- Crawls using different crawling styles
- Crawls over objects
- May stand leaning against an object
- Picks up small objects with thumb and fingers

Speech Development

- Says "no," "bye-bye," "dada," and "mama"
- Uses voice to get attention

Social Development

- Is becoming more independent—may be more interested in playing alone than being held
- Imitates hand and facial gestures
- Crawls around to look for parents
- Crawls to you when name is called
- Likes to play "peek-a-boo"
- Turns handful of pages books and magazines
- Likes to play sound games
- Waves "bye-bye"
- Understands simple directions

12 months

Physical Development

- Begins to change from a crawl to a tottering walk with legs wide apart
- Feeds self finger foods
- May begin to use a spoon
- Squats

Speech Development

- Uses "Dada" and "Mama" to refer to specific persons
- May have a vocabulary of 3 to 10 "real" words
- Adds gestures to own body language

Social Development

- Loves an audience
- Scribbles with crayons
- Has more variety in play
- Exhibits stronger likes and dislikes
- Flirts with and kisses self in mirror
- Plays with dolls and stuffed animals
- Points to objects in books and identifies them
- Understands simple words and phrases like "Come to Daddy."

15 months

Physical Development

- Stands and walks alone
- Uses a spoon to feed self
- Picks up things from a walking position

Speech Development

- Uses simple words and phrases
- Says some words spoken by parents

Social Development

- Likes to listen to music and dance to rhythms
- Says “no” and refuses food
- Is more aware of surroundings
- Is growing more independent
- Is very active

18 months

Physical Development

- Runs stiffly
- Uses whole arm when playing ball
- Feeds self, eats with a spoon, tries a fork
- Takes off shoes, hat, mittens
- Loves to tug, tug, dump, push, and pull
- Goes up and down stairs without help

Speech Development

- Knows names of objects
- Uses personal pronouns

Social Development

- Loves to explore
- Often refuses foods

24 months

Physical Development

- Undresses self (large items such as pajamas)
- Begins to kick
- Handles a cup well
- Takes things apart and puts them together again

Speech Development

- Speaks more clearly
- Replaces “baby” language with short sentences
- Likes to talk to self
- Repeats words others say
- Combines words and actions

Social Development

- Identifies with surroundings
- Enjoys helping Mommy and Daddy
- May enjoy cleaning up after playing
- Is very active
- May have periodic temper tantrums
- May point to named body parts

36 months

Physical Development

- Swings and climbs
- Jumps in place
- Walks backward
- Peddles tricycle

Speech Development

- Talks in short sentences, uses plurals
- Sings short songs
- Language is understood by others besides parents
- Says own name
- Increasingly uses “no”
- Announces fears and dislikes

Social Development

- Feeds self well with spoon and fork
- Drinks from a straw
- Strings large beads
- Dresses self well
- Begins to identify gender roles
- Explores environment outside of home

Tips for Parents

- Babies learn to talk when they hear others. Talk, sing, and read to your baby.
- Babies like physical contact. Touch, rock and hold your baby.
- Babies sense tension. Responds to your baby's cries quickly and tenderly. Be sensitive when talking to your baby and to others in his presence.
- Nature stimulates babies' interest in the outside environment. Take frequent outdoor walks with your baby. The fresh air is also helpful.
- Provide toys that are appropriate for your child's age and development. Mobiles, colorful boxes, push/pull toys, large blocks, big balls and musical instruments are all good ideas.
- Handle your baby with care. Babies and young children should NEVER be shaken!

MARYLAND STATE DEPARTMENT OF EDUCATION

Division of Special Education/
Early Intervention Services
Maryland Infants and Toddlers Program
200 West Baltimore Street, 9th Floor
Baltimore, MD 21201
Phone: 410-767-0261
Toll free: 1-800-535-0182
Fax: 410-333-2661
TDD: 410-333-0731

Robert L. Ehrlich, Jr.
Governor

MARYLAND STATE BOARD OF EDUCATION

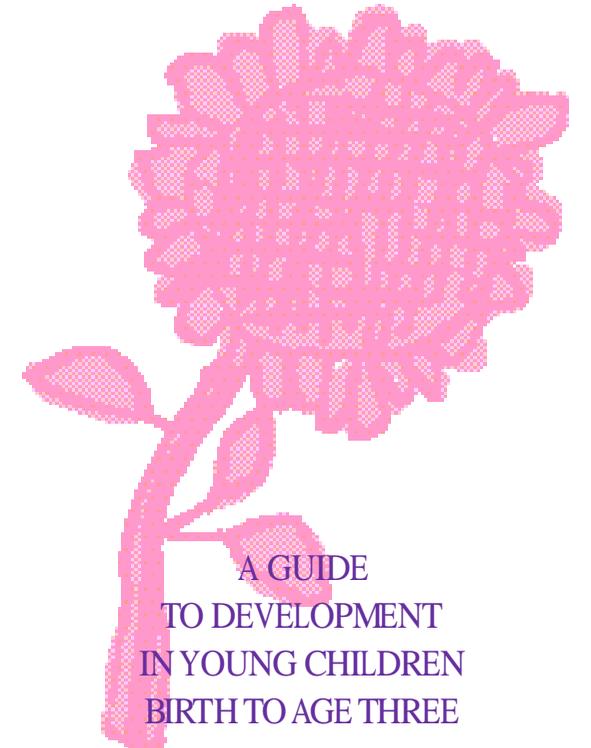
Edward L. Root, *President*
Jo Ann T. Bell, *Vice President*
Philip S. Benzil
Dunbar Brooks
Calvin D. Disney
Clarence A. Hawkins
Walter S. Levin
Karabelle Pizzigati
Maria C. Torres-Queral
John L. Wisthoff
Christopher J. Caniglia

Nancy S. Grasmick
State Superintendent of Schools

Carol Ann Baglin
*Assistant State Superintendent, Division
of Special Education/Early Intervention Services*

The Maryland State Department of Education does not discriminate on the basis of race, color, sex, age, national origin, religion, or disability in matters affecting employment or in providing access to programs. For inquiries related to departmental policy, please contact the Equity Assurance and Compliance Branch at 410-767-0246 Voice, 410-333-8165 Fax, or 410-333-6442 TDD. ♦ This document was developed and produced by the Division of Special Education/Early Intervention Services, **IDEA, Part C, grant #H181A020124**, funded by the U.S. Department of Education, Office of Special Education and Rehabilitative Services. The views expressed herein do not necessarily reflect the views of the U.S. Department of Education or any other federal agency and should not be regarded as such. The information is copyright free. Readers are encouraged to copy and share it, but please credit the Division of Special Education/Early Intervention Services, Maryland State Department of Education. ♦ In accordance with the American with Disabilities Act (ADA) this document is available in alternative formats, upon request. Contact the Division of Special Education/Early Intervention Services, Maryland State Department of Education, 410-767-0249 Voice, 410-333-8165 Fax, 410-333-0731 TDD.

Growth Developmental MILESTONES



A GUIDE
TO DEVELOPMENT
IN YOUNG CHILDREN
BIRTH TO AGE THREE

DANGER: The Hazards of Baby Walkers

A baby walker can pose a hazard to your child's well-being. How? Emergency room physicians in Delaware Valley hospitals have noted an increase in the number of small children being injured in baby walker falls during the past few months.

Robert S. Walter, M.D. attending pediatrician in Emergency Services at the Institute, says that the incidence of baby walker falls heightens during the winter and early spring months because children are indoors more. In the cases he is aware of, parents could not intervene in time to stop the accidents from happening.

In three incidents, a four-month-old baby toppled off a porch in a walker and sustained a depressed skull fracture; a 10-month-old boy suffered a concussion after he fell down a flight of steps in a walker, and a none-month-old girl sustained a traumatic brain injury when she slid in her walker off the deck of her home.

Dr. Walter urges parents to decrease the changes of baby walker accidents by seriously considering NOT USING walkers at all. He indicated in his own investigations, most people use walkers to keep children quiet, occupied and happy and help them learn to walk. The pediatrician counters that walkers do not promote walking and, in some cases, may impede walking skills and promote bad walking habits, especially in children who have special needs.

Dr. Walter reports that most walker injuries occur to children who spend one hour or more daily in the contraptions. Citing a report from the American Medical Association on the use of infant walkers, Walter says that

over a million are sold annually. Over 70 percent of ALL infants born in the U.S. in a year will use a walker, usually between the ages of five and twelve months. Of these infants, 30 to 40 percent have some type of walker mishap.

The types of injuries that result most frequently from walker accidents range from contusions, abrasions and lacerations to more serious head trauma, fractures and burns. Most injuries happen when the child falls down stairs (approximately one-half of these falls occur while stairwell gates are in use), tips over, pulls objects on top of him or gets his fingers caught in various entrapments around the home.

Dr. Walter notes that if parents must use a walker, limit it to one-half hour a day on the ground floor, away from stairs, with direct supervision. He reminds parents that even the edge of carpets can sometimes trip the baby.

"This type of accident can happen to any child," relates Dr. Walter. "I've worked in inner city areas and suburban areas and I've seen walker accidents in both. I'd advise parents to think twice before purchasing a walker for their child."

For more information about child and walker safety, contact the Alfred I. DuPont Institute children's hospital at **1-800-829-KIDS**.

Introducing Solid Foods to Your Baby

You may begin introducing solid foods between now and the six month visit. Do this if your child shows that he is ready. There is no rush! Starting after the six month visit is fine, too.

- Begin with infant rice cereal once or twice a day. Mix two teaspoons of dry cereal with breast milk, formula or water until it becomes a thin soup. Use a baby spoon and place the cereal about half way back on your baby's tongue. As he or she learns to handle cereal this way, gradually increase its thickness. Also increase the amount fed to two tablespoons. Ripe bananas can be offered next, followed by other fruits, vegetables, and meat.
- Introduce one new food at a time. Feed your infant the new food a few times over three or four days before starting a new food to make sure your infant doesn't have an allergic reaction. Vomiting, diarrhea or skin rash are signs that a food doesn't agree with your baby. Do not serve the food again for a few months if this happens.
- Talk, sing, make faces and touch your infant during meals. Meals should be a fun time for you and your baby.
- Be relaxed about the first few weeks of introducing solids. It is not important how much cereal or fruit your baby eats. Your infant needs to adjust to the tastes, textures and a new way of eating. The majority of your baby's nutritional needs are still being met by formula or breast milk for the next few months.
- Honey should not be given to your baby until he or she is one year old.

Choking Prevention and First Aid for Infants and Children



When children begin crawling, or eating table foods, parents must be aware of the dangers and risks of choking. Older infants and children less than 5 years of age can easily choke on food and small objects.

Choking occurs when food or small objects get caught in the throat and block the airway. This prevents oxygen from getting to the lungs and the brain. When the brain goes without oxygen for more than 4 minutes, brain damage or even death may occur. Many children die from choking each year. Most children who choke to death are younger than 5 years of age. Two thirds of choking victims are infants younger than 1 year of age.

Balloons, balls, marbles, pieces of toys, and foods cause the most choking deaths.

The American Academy of Pediatrics believes that parents and other caregivers can prevent choking. The Academy offers the following choking prevention and first aid information for parents and caregivers of infants and children.

Dangerous foods

Do not feed children younger than 4 years of age any round, firm food unless it is chopped completely. Round, firm foods are common choking dangers. When infants and young children do not grind or chew their food well, they may attempt to swallow it whole. The following foods can be choking hazards:

- Hot dogs
- Nuts and seeds
- Chunks of meat or cheese
- Whole grapes
- Hard, gooey, or sticky candy
- Popcorn
- Chunks of peanut butter
- Raw vegetables
- Raisins
- Chewing gum

Dangerous household items

Keep the following household items away from infants and children:

- Latex balloons
- Coins
- Marbles
- Toys with small parts
- Toys that can be compressed to fit entirely into a child's mouth
- Small balls
- Pen or marker caps
- Small button-type batteries
- Medicine syringes

What you can do to prevent choking

- *Learn cardiopulmonary resuscitation (CPR)* (basic life support).
- *Be aware that balloons pose a choking risk* to children of any age.
- *Keep the above foods from children* until 4 years of age.
- *Insist that children eat at the table*, or at least while sitting down. They should never run, walk, play, or lie down with food in their mouths.
- *Cut food for infants and young children* into pieces no larger than one-half inch and teach them to chew their food well.
- *Supervise mealtime* for infants and young children.
- *Be aware of older children's actions.* Many choking incidents occur when older brothers or sisters give dangerous foods, toys, or small objects to a younger child.
- *Avoid toys with small parts* and keep other small household items out of reach of infants and young children.
- *Follow the age recommendations on toy packages.* Age guidelines reflect the safety of a toy based on any possible choking hazard as well as the child's physical and mental abilities at various ages.
- *Check under furniture and between cushions* for small items that children could find and put in their mouths.
- *Do not let infants and young children play with coins.*

First aid for the child who is choking

Make a point to learn the instructions on the reverse side of this brochure. Post the chart in your home. However, these instructions should *not* take the place of an approved class in basic first aid, CPR, or emergency prevention. Contact your local American Red Cross office or the American Heart Association to find out about classes offered in your area. Most of the classes teach basic first aid, CPR, and emergency prevention along with what to do for a choking infant or child. Your pediatrician also can help you understand these steps and talk to you about the importance of supervising mealtime and identifying dangerous foods and objects.

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



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 57,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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

Copyright ©1998, Revised 09/01
American Academy of Pediatrics

CHOKING/CPR

LEARN AND PRACTICE CPR

IF ALONE WITH A CHILD WHO IS CHOKING...

- 1. SHOUT FOR HELP. 2. START RESCUE EFFORTS FOR 1 MINUTE. 3. CALL 911 OR AN EMERGENCY NUMBER.**

YOU SHOULD START FIRST AID FOR CHOKING IF...

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough, talk, or make a normal voice sound.
- The child is found unconscious. (Go to CPR.)

DO NOT START FIRST AID FOR CHOKING IF...

- The child can breathe, cry, talk, or make a normal voice sound.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR INFANTS LESS THAN 1 YEAR OF AGE

INFANT CHOKING

Begin the following if the infant is choking and is unable to breathe.

However, if the infant is coughing, crying, speaking, or able to breathe at all, **DO NOT** do any of the following. Depending on the infant's condition, call 911 or the pediatrician for further advice.

INFANT CPR (Cardiopulmonary Resuscitation)

To be used when the infant is unconscious or when breathing stops.



1 FIVE BACK BLOWS

ALTERNATING



2 FIVE CHEST THRUSTS

Alternate back blows and chest thrusts until the object is dislodged or the infant becomes unconscious. If the infant becomes unconscious, begin CPR.

(Health care professionals only: *assess pulse before starting CPR.*)

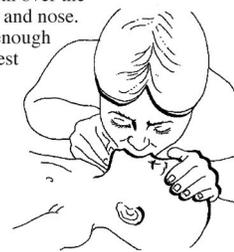
1 OPEN AIRWAY

- Look for movement of the chest and abdomen.
- Listen for sounds of breathing.
- Feel for breath on your cheek.
- Open airway as shown.
- Look for a foreign object in the mouth. If you can see an object in the infant's mouth, sweep it out carefully with your finger. **Do not** try a finger sweep if the object is in the infant's throat, because it could be pushed further into the throat.



2 RESCUE BREATHING

- Position head and chin with both hands as shown — head gently tilted back, chin lifted.
- Seal your mouth over the infant's mouth and nose.
- Blow gently, enough air to make chest rise and fall 2 times.



If no rise or fall, repeat 1 & 2. If no response, treat for blocked airway. (See "INFANT CHOKING" steps 1 & 2 at left.)

3 ASSESS RESPONSE

- Place your ear next to the infant's mouth and look, listen, and feel for normal breathing or coughing.
- Look for body movement.

If you cannot see, hear, or feel signs of normal breathing, coughing, or movement, start chest compressions.



4 CHEST COMPRESSIONS

- Place 2 fingers of one hand over the lower half of the chest. Avoid the bottom tip of the breastbone.
- Compress chest 1/2" to 1" deep.
- Alternate 5 compressions with 1 breath.
- Compress chest 100 times per minute.



Check for signs of normal breathing, coughing, or movement every minute.

If at any time an object is coughed up or the infant/child starts to breathe, call 911 or the pediatrician for further advice.

Ask the pediatrician for information on Choking/CPR instructions for children older than 8 years of age and on an approved first aid course or CPR course in your community.

CHOKING/CPR

LEARN AND PRACTICE CPR

IF ALONE WITH A CHILD WHO IS CHOKING...

1. SHOUT FOR HELP.
2. START RESCUE EFFORTS FOR 1 MINUTE.
3. CALL 911 OR AN EMERGENCY NUMBER.

YOU SHOULD START FIRST AID FOR CHOKING IF...

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough, talk, or make a normal voice sound.
- The child is found unconscious. (Go to CPR.)

DO NOT START FIRST AID FOR CHOKING IF...

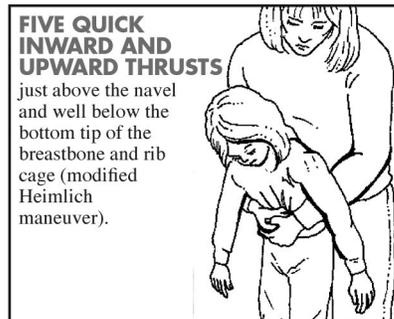
- The child can breathe, cry, talk, or make a normal voice sound.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

FOR CHILDREN 1 TO 8 YEARS OF AGE

CHILD CHOKING

Begin the following if the child is choking and is unable to breathe. However, if the child is coughing, crying, speaking, or able to breathe at all, DO NOT do any of the following, but call the pediatrician for further advice.

CONSCIOUS



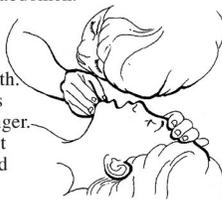
CHILD CPR (Cardiopulmonary Resuscitation)

To be used when the child is UNCONSCIOUS or when breathing stops.

1 OPEN AIRWAY

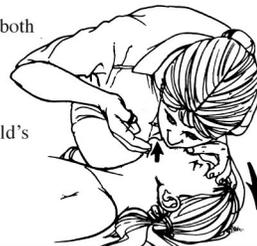
- Look for movement of the chest and abdomen.
- Listen for sounds of breathing.
- Feel for breath on your cheek.
- Open airway as shown.
- Look for a foreign object in the mouth.

If you can see an object in the child's mouth, sweep it out carefully with finger. Do not try a finger sweep if the object is in the child's throat because it could be pushed further into the throat.



2 RESCUE BREATHING

- Position head and chin with both hands as shown.
- Seal your mouth over child's mouth.
- Pinch child's nose.
- Blow enough air to make child's chest rise and fall 2 times.



2A HEALTH CARE PROFESSIONALS ONLY:

- Use abdominal thrusts to try to remove an airway obstruction.
- Continue steps 1, 2, and 2A until the object is retrieved or rescue breaths are effective.
- Assess pulse before starting CPR.

If no rise or fall, repeat 1 & 2. If still no rise or fall, continue with step 3 (below).

3 ASSESS RESPONSE

- Place your ear next to the child's mouth and look, listen, and feel for normal breathing or coughing.
- Look for body movement.

If you cannot see, hear, or feel signs of normal breathing, coughing, or movement, start chest compressions.



4 CHEST COMPRESSIONS

- Compress chest 1" to 1½".
- Alternate 5 compressions with 1 breath.
- Compress chest 100 times per minute.

Press with the heel of 1 hand on the lower half of the chest. Lift fingers to avoid ribs. Do not press near the bottom tip of the breastbone.



Be sure someone calls 911 as soon as possible, and by 1 minute after starting rescue efforts.

If at any time an object is coughed up or the infant/child starts to breathe, call 911 or the pediatrician for further advice.

Ask the pediatrician for information on Choking/CPR instructions for children older than 8 years of age and on an approved first aid course or CPR course in your community.