

Five-Six Months



REACHING...
LAUGHING....

...GRASPING
...ROLLING

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DEVELOPMENTS:

This month your baby may...

- Love to stand (with a lot of support) and bounce.
- Babble, varying speed and pitch.
- Like to look at things upside down.
- Starts to roll.
- Transfer a toy from hand to hand and rotate her wrist.
- Sleep all night through.
- Signal parents for help, attention.
- Watch or play with brother, sister or other baby.
- Begin to show a strong personal taste in toys and people. Baby may show own individual style in activity level
- Resists sleep time.
- Have his first solid food, usually cereal mixed with formula, according to your pediatrician's recommendation.
- Scoot on her tummy.
- Turn to your voice when you talk to her.
- Squeal, coo, babble and laugh.
- Cry when she is with people she doesn't know.
- Drop toys just to listen to the sound they make and watch you pick them up.

ENCOURAGING ACTIVITIES:

- Talk to your child, making sure he can see your mouth. Begin reading simple stories or showing him books with simple objects and stating what they are.
- Make simple facial expressions for your baby to imitate.
- Take her for a walk, identify the objects she is seeing, and allow her to touch some of them.
- Play games he can take a more active part in.

BABY HINTS:

- Remove dangle or hoop earrings when holding the baby. These are easy targets and temptations for little hands.
- Give baths before feedings. Baby gets tired after eating.
- Before she begins to crawl, get her point of view of things. Get down on your hands and knees and make a room-by-room crawling tour of your home. Look for things such as a long lamp cord, dangerous stairway, uncapped outlets, etc.

I AM FIVE-SIX MONTHS OLD

Dear Mom and Dad,

I get scared now when I am with people I do not know. I have learned to trust you because you feed me when I am hungry and you hold me when I am hurt. Do not get mad at me if I cry when you have someone else hold me. It will take time for me to trust them as I do you.

SAFETY:

Smoke from cigarettes is not good for my growing lungs and body. If any family or friends need to smoke, they should smoke outside,.

Prevent me from ever being burned by not drinking hot beverages or tea when you are holding or playing with me. Check my bath water temperature with your wrist before putting me in the bathtub. Continue using my car seat when I am riding in a car.

I may be crawling soon so please make sure all rooms are as safe as possible. Cover electric outlets, and keep small objects, medications, cleaners, makeup, and plants out of my reach.

IMMUNIZATIONS:

I should be getting my 3rd DTaP, HIB, Prevnar, and Polio shot into my thigh at my six month well baby check. Please contact my doctor or clinic before giving me fever-reducing medicine like Tylenol, Tempra, Panadol, or Liquiprin.

Call the clinic if:

- I am crying and irritable for more than 24 hours after the shot.
- I have a fever higher than 101 degrees by rectum.
- I have diarrhea or vomiting for longer than 24 hours after the shot.



FEEDING:

If you begin feeding me cereal, feed me with a spoon to help me strengthen my mouth muscles. (2 teaspoons, 1-2 times per day).

It is important for me to have my meals at the same time my family has their meals.

DENTAL:

Wipe my gums and teeth off with a moist wash cloth to prevent tooth decay.



STOOLING:

My poop may look different because I have started eating foods of different colors. Please contact my doctor or clinic if my stools are hard and ball-shaped.

BANGING OBJECTS FOR PLAY

I am learning to hold and purposefully hit objects against various surfaces as a new way to play and to make a fun sound. This skill encourages more voluntary control of my arm movements and expanding methods for interacting with and exploring objects!

Examples of toys for banging: banging a spoon on a pan or highchair tray; banging a rattle on a crib mattress, the floor, or a can; banging a squeak toy against my leg, the bars of my crib, or the floor.

HELP ACTIVITIES:

- Show me how much fun it is to bang an object or toy against something to make a fun sound. Give me a similar object to try to copy you. Provide gentle physical guidance for two or three "bangs" if I seem interested and have had a minute or two of exploration time.
- Play an imitation game during playtime. Quietly observe me when I am exploring a few objects for play. When I accidentally or purposefully bang something, imitate the sound and banging motion I made with a similar object. See if I'll repeat my banging to keep the game going!
- Playfully say "bang, bang, bang," to the rhythm of the banging sounds during play!
- Compliment my new banging skills when I look at you while banging a toy, e.g., "Yes, I hear that sound you're making" Terrific!"
- Change the surface or the toy if I start to bang on something I could damage, e.g., if I am banging on a good piece of furniture with a spoon, give me a soft squeak toy to bang, or lead me to the floor and give me a box to bang my spoon on.
- Demonstrate a new interaction or introduce a different toy if I seem to be "stuck" in banging during play, e.g., if I have banged my squeak toy continuously for more than five minutes on my tray, show me how I can poke or squeeze it to make a sound, or give me a piece of paper to crumple.



STRANGER ANXIETY

Earlier I may have accepted the friendly gestures of others quite freely, with perhaps a little initial wariness. Now, however, I may actively resist, reject or cry in protest if someone other than a familiar loved one tries to hold, play with, or even looks at me!

This "stranger anxiety" is a typical stage for many children and sometimes it may seem to happen overnight. For some children, it may begin as early as five months, for others it may not occur for several more months. Frequent or long hospitalizations or other medical procedures may cause more exaggerated or prolonged stranger anxiety responses.

As tough as this stage is for both of us, stranger anxiety is evidence of positive social-emotional growth! It is a sign of my ability to discriminate between familiar and unfamiliar people, and a sign of the strong attachment and trust I feel towards you.

HELPFUL SUGGESTIONS:

- Introduce me to new people gradually in the security of your arms. Give and show me your confident reassurance during introductions, e.g., "It's okay, she's my friend!" Don't push me to go to another person to help me get over this stage, that can make matters worse.
- When possible, avoid leaving me with unfamiliar people during this stage. Arrange for short visits in your presence with potential sitters to help me get use to them.
- Encourage new people to approach me slowly or to wait for me to make the first move before interacting, e.g., ask them to wait until I look and babble to them before they look or talk to me. Give them a toy to offer me. If I accept the offering, I may be ready to interact.
- Remain nearby with supportive smiles and confident nods when I venture out to play with, or be held by others. This way I can frequently "check-in" with you to make sure you are still there.
- Remember, your body tension or worry is quickly communicated to me; be relaxed and confident. Your trust and confidence can help me feel more secure around strangers.
- Continue to enjoy exposing me to new people and places with the security of you nearby. This will help me learn that new people and places are okay!



BATHING IN THE BIG TUB

Taking the plunge into the family bathtub may seem a frightening prospect for both you and the baby; he is, after all, such a little-and-slippery-fish for such a big pond. However, if care is taken both to prevent accidents and to alleviate baby's fears, the big tub can turn into a veritable water wonderland for the six-month old, and bath time into a favorite family ritual. For a happy water baby, try the following:



Wait until he is a sitting duck.

You will both be more comfortable with big-tub bathing if your baby is capable of sitting alone, or with only minimal support.

Ensure safe seating.

A wet baby is a slippery baby, and even a baby who sits well (even an adult for that matter) can slip in the tub. If he should go under the water momentarily, it will not be hazardous, but could be very scary for baby. **Of course, if he slips and you are not there, he could be very seriously injured or drown.** Fortunately today's parents have an alternative to having to keep one hand on baby at all times during bathing: The bath seat with rubber suction cups that attach it securely to the bottom of the tub. The seat can be as simple as a ring for baby to sit within, or as elaborate as a large plastic seahorse to sit on. Some seats have foam pads to place under your baby so he will not slide around. If yours does not, put a clean washcloth or small towel under baby's bottom to achieve the same effect. Use a fresh cloth every bath time to prevent multiplication of germs. If the seat has a foam pad, dry it in the dryer between baths.

Let your baby test the waters in a familiar boat.

For a few nights before he graduates from the small tub, bathe him in his baby tub placed in an empty grown-up tub. This way the new tub will not seem so fearful when it is filled with water and him.

No swimming after eating.

Whether your mother's summer chant was medically sound is debatable. But it does make sense not to bathe your baby directly after meals, because the increase in handling and activity could cause more spitting up.

Be there.

Your baby needs adult supervision every moment of every bath, and will continue to for his first five years of bathing. **Never leave him in a tub unattended, even in a baby seat, even for a second.**

Let baby make a splash.

For most babies, splashing is a large part of bath time fun, and the wetter he can make you, the more fun it may be. However, he may love making a splash but he will probably not like being the target of one.

BATHING IN THE BIG TUB

Avoid the big chill.

Babies dislike being cold, and if they connect being cold with taking a bath they may rebel against bathing. Make sure that your bathroom is comfortably warm, and wait to undress him until the tub is filled and you have checked the water temperature of the bath. Have a large, soft towel, even a towel with a hood, ready to wrap him in as soon as you lift him from the water. Dry baby thoroughly, being sure to get into the creases, before unwrapping and dressing him.

Be prepared.

Towel, washcloth, soap, shampoo, tub toys, and anything else you will need for baby's bath should be on hand before you put baby in the tub. If you do forget something and you have to get it yourself, take baby out of the tub, bundle him up and take him with you. Also, make sure to remove everything from the tub side that is potentially dangerous, such as soaps, razors and shampoos.

Do the elbow test.

Your hands are much more tolerant of hot water than is a baby's skin. To make sure the temperature of the water you are running is just right, test it with your elbow or wrist before putting baby in the tub. It should be comfortably warm, but not hot. Turn the hot tap water off first, so that any drips from the faucet will be cold and baby will not be scalded. A safety cover on the tub spout will protect baby from burns and bumps.

HOT WATER SCALDING CAN OCCUR IN:



2 seconds at 150F
5 seconds at 140F
30 seconds at 130F
10 minutes at 120F



Have entertainment on hand.

Make the tub a floating playpen for your baby so that he will be diverted while you tend to the more serious task of washing him. Specifically designed tub toys (particularly those that bob atop the water) and plastic books are great, but so are plastic containers of all shapes and sizes. To avoid mildew build-up on toys, towel off after use and store in a dry container.

Do not pull the stopper until the baby is out of the tub.

Not only can it be a physically chilling experience to be in an emptying tub, it can be scary too. The gurgling sound can frighten even a young infant, and an older baby who sees water rushing down the drain may fear that he is going next.

* Adapted from *What to Expect the 1st Years, 1989.*

GUN SAFETY

Although gun related injuries peak in adolescence, they can affect infants and younger children also. Young children are most likely to be injured, either shooting themselves or a play-mate, after playing with a gun they found in the home, not realizing the gun is real or that it is loaded. To keep your child safe and prevent firearm related injuries, it is important to restrict their access to guns, either by not having a gun in the home or by storing the gun properly.

Proper storage of a gun includes keeping the gun in a gun safe, lock box, or a locked cabinet or drawer. The gun should also be stored unloaded with the bullets locked separately. Other steps you can take to ensure gun safety include:

- Use a gun lock or trigger lock
- Make sure that your child doesn't have access to the keys used to lock your guns and bullets
- Teach your children to not handle guns without adult supervision
- Avoid letting your child play with realistic toy guns and non powder firearms, such as pellet guns, air guns, air rifles and BB guns
- Teach young children not to touch guns and to tell an adult if they find one

You should also discuss gun safety with other parents or family members if your child spends time in their homes. It is not enough to assume that if they do have guns in the house that they are stored properly.

Taken from about.com pediatrics

INFANT VISION

Babies are born with an undeveloped visual system. The area of the brain for vision is not completely wired at birth. As with other areas of development, your baby's vision grows and develops. At birth an infant's vision is foggy, objects need to be close, bold and bright for the baby to see. Babies will be able to see their caregivers facial expressions within a week of birth.

During this time it is important that your infant has interesting things in her environment to look at. Your baby's active looking will help the vision area of the brain to develop. Visual activity develops over a period of several years.

Sometimes babies eyes are turned in, turned out or do not work together. Sometimes erratic eye movement will be present, the eyes wiggle, dance, go back and forth. If these conditions exist past three months of age, consult with the baby's pediatrician.

Your baby's eyes should be checked by the pediatrician at well baby visits. It is recommended that children have eye examinations at 6-9 months, 3.5 years and 5 years of age. Often vision problems can be corrected early. This is an opportune time because the brain is making connections among the brain cells for vision.



MOLD IN MY HOME: WHAT DO I DO?

**Adapted from City of Menasha Health Department*

ABOUT MOLD

What is it? Molds are simple, microscopic organisms, found virtually everywhere. Mold growths can often be seen in the form of discoloration, ranging from white to orange and from green to brown and black.

Should I be concerned about mold in my home? Yes, if the contamination is extensive. When airborne mold spores are present in large numbers, they can cause allergic reactions, asthma episodes, infections, and other respiratory problems for people. Exposure to high spore levels can cause the development of an allergy to the mold.

What does mold need to grow?

- Food sources—such as leaves, wood, paper, or dirt
- A source of moisture
- A place to grow

How much mold can make me or my baby sick? It depends. For some people, a relatively small number of mold spores can cause health problems. For other people, it may take many more. The basic rule is, if you can see or smell it, take steps to eliminate the excess moisture, and to cleanup and remove the mold.

Who is at greater risk when exposed to mold? Exposure to mold is not healthy for anyone inside buildings. It is important to quickly identify and correct any moisture sources before health problems develop.

- Infants and children
- Elderly
- Immune compromised patients (people with HIV infection, cancer chemotherapy, liver disease, etc.)
- Pregnant women
- Individuals with existing respiratory conditions, such as allergies, multiple chemical sensitivity, and asthma

What symptoms are common? Allergic reactions may be the most common health problem of mold exposure. Typical symptoms reported (alone or in combination) include:

- Respiratory problems, such as wheezing, and difficulty in breathing
- Nasal and sinus congestion
- Eyes—burning, watery, reddened, blurry vision, light sensitivity
- Dry, hacking cough
- Sore throat
- Nose and throat irritation
- Shortness of breath
- Skin irritation
- Central nervous system problems (constant headaches, memory problems, and mood changes)
- Aches and pains
- Possible fever

MOLD IN MY HOME: WHAT DO I DO? (cont.)

How can I tell if I have mold in my house? If you can see mold, or if there is an earthy or musty odor, you can assume you have a mold problem.

The simplest approach is: if you can see or smell mold, you have a problem. Unless the source of moisture is removed and the contaminated area is cleaned and disinfected, mold growth is likely to reoccur.

GENERAL CLEAN-UP PROCEDURES

- Identify and correct the moisture source
- Clean, disinfect, and dry the moldy area
- Bag and dispose any material that has moldy residues, such as rags, paper, leaves, or debris

What can I save? What should I toss? Substances that are porous and can trap molds, such as paper, rags, wallboard, and rotten wood should be decontaminated and thrown out. Harder materials such as glass, plastic, or metal can be kept after they are cleaned and disinfected.

Ultimately, it is critical to remove the source of moisture first, before beginning remedial action, since mold growth will return shortly if an effected area becomes re-wetted.

How can further damage to my home be prevented? Check regularly the following:

- Moisture condensation on windows
- Cracking of plasterboard
- Drywall tape loosening
- Wood warping
- Musty odor

If you see any of the above, seek out and take steps to eliminate the source of water penetration, as quickly as possible. **Source: Neenah Public Health*

WEANING FROM THE PACIFIER

If your baby is bonded to the pacifier, six months is a good age to stop giving it to him or her. This way, they are still young enough to learn to use their thumbs or another nurturing device. As you helped your baby start this habit, you can be the one to end it. Just stop putting it in their mouth to keep them quiet. Try more attachment instead. A baby with an ever-present plug as their way of self-soothing could become addicted to always having something in their mouth.



For an older child there are more techniques to discontinue pacifier use. If your child is old enough not to be sucking on a pacifier, they will more than likely be able to settle for a better toy. Either take your child to the store and have them pick out a soft teddy bear or stuffed animal or use a favorite toy or blanket that you already have at home. You can also use relaxing substitutes. Put on a favorite tape or CD and start singing as soon as your child gets the urge to reach for the pacifier. Keep yourself relaxed and peaceful, and offer a lot of quiet connection, such as reading books together or just snuggling in a rocking chair together. Always keep the pacifier out of reach. Help your child give up the pacifier by not giving them the opportunity to realize that they don't have it. You can do this by keeping it out of sight completely.

**some information taken from askdrsears.com*

DEVELOPMENT - MONTHS FIVE AND SIX

Excerpts taken from: Your Baby's First Year

Your baby will become noticeably more active and alert as she moves through the fifth and sixth months of infancy. Now she will reach out and grasp things entirely on her own initiative, not just when you dangle them in front of her. Even when lying on her tummy, she will stretch to grab a toy out of easy reach. She babbles more and more, and with increasingly complex sounds. Her explorations and discoveries are very exciting to her, and she may spend up to two hours at a time happily playing, either with you or by herself. Although she may sleep through the night by now, she probably will awake at sunrise, eager to begin the day.

Muscle Control & Body Awareness

A baby's trunk and arm muscles continue strengthening during these months. When on her stomach, she props herself up on her sturdy arms for much longer periods than before. And now it is not only her head that moves from side to side; she will twist her whole torso to one side as she looks back over her shoulder at something behind her. Most babies love lying on their tummies, waving their arms and legs in a smoothly coordinated fashion like a swimmer practicing her strokes.

Soon your baby is rolling over so well, first from front to back and later from back to front, that she may use this new skill to travel across the floor. Or she may propel herself by scooting along, rocking and pivoting on her stomach. Babies of this age usually do not actually crawl yet, but some bend their knees and push themselves up into a crawling position, then stay there rocking back and forth.

Her increasing strength and coordination enable her to sit up briefly without any support, but she will probably topple to one side or the other within a few moments—though not before first trying to balance herself by planting her hands on the floor. If you pull her from a lying to a sitting position, she will help by drawing in her legs and bending at the waist. And when you lift her to a standing position and hold on to keep her from falling over, she may support her own weight, even bouncing up and down by flexing her legs.

When your baby uses her newfound agility to pick up an unfamiliar toy, she is determined to learn all about it—and at this age she knows that one way to do that is by putting it in her mouth and exploring it thoroughly with lips and tongue, turning it this way and that. Near the end of these two months, many children are able to transfer an object from one hand to the other.

Hearing and Language

Babies in their fifth and sixth months find their own sounds endlessly fascinating, and they begin to experiment with making all sorts of noises. For instance, your child may cough involuntarily and—intrigued by the sound of the cough—repeat it again and again.

Around this time, too, a baby's shapeless babbling will begin to take more definite form. Occasionally she will combine a consonant such as "b" or "d" with her airy vowels, producing a short string of syllables like "ba-ba-ba." If you imitate her sounds, she will probably stop to listen intently, then resume babbling even more enthusiastically. She learns to vary the rate, pitch and volume of her vocalizing. Most importantly, she begins to use language for a purpose, babbling to get your attention, for example.

Your baby enjoys other sounds, too, whether a pleasant voice or a song on the radio. Now she can distinguish each of several voices in a conversation around her. Upon hearing the sound of her name, she may turn her head to face the speaker. She also notices differences in tone and may frown or cry in response to an angry voice. And you may sometimes find her humming and swaying to music. By about six months of age, she laughs out loud when she is happy.

Activities & Games

(4, 5, and 6 months old)

Muscle Control & Body Awareness

**Source: Your Baby's First Year*

Pull-ups

Place your infant on her back. Grasp her fore-arms and gently pull her up into a sitting position. She will assist you by bending her legs up out of the way, hold her head steady and leaning her trunk forward, strengthening neck, back and abdominal muscles.

Follow the toy

Use a toy to help your baby learn to roll from her back to her front. Lay her on her back and get her attention with a toy. (If she does not seem interested in it, postpone the game till another time.) Move the toy slowly in an arc to the side and top of her field of vision, so she will have to turn her head and shoulders and slightly arch her neck and back to keep the toy in sight. If the baby is developmentally ready to roll over, her effort to keep her eyes on the toy may cause her to do so. A gentle push on the backside may help. Even if the infant does not roll over, her muscles will benefit from the exercise.



Reaching up

Seat your baby on the floor, surrounded by pillows in case she topples over. Then hold a toy just beyond her arm's reach, so that she has to straighten her back and stretch a little bit to get it. Give her the toy quickly, even if she does not quite reach it, so that she does not become frustrated. Reward her efforts with smiles and hugs. This game strengthens your infant's back while she practices both sitting on her own and reaching.

Hearing and Language

A symphony of common sounds

Make sure your baby hears a wide variety of pleasing sounds. Let her crumple tissue paper to familiarize herself with the soft crackling noise—while you watch, to make sure she does not eat the paper. If it is autumn, carry her outdoors and rustle your feet through a pile of crisp leaves. Hit the bars of a toy xylophone or the keys of a piano. She will learn that sounds bring pleasure and that she can create them for herself.

Rhythmic language

Although specific words probably mean little to her yet, your infant's response to the rhythm of language continues to develop. It is not too early to start reading to her briefly every day, from a book of Mother Goose or other nursery rhymes, for example.

Babble dialogue

To encourage your baby's vocalization, imitate her sounds when she babbles. Wait until she pauses, then slowly repeat back to her one of her strings of syllables, such as "la la la." She probably will listen intently, then will either try to reproduce the sound or resume random babbling more enthusiastically than ever. Give her smiles and hugs to reinforce her efforts to imitate your imitation of her, but keep playing the game with her even if she does not repeat the original sound. Babies learn language through imitation, and eventually will catch on.



Activities & Games

(4, 5, and 6 months old)

Vision and Perception

Follow the bouncing ball

To give your child yet more practice tracking moving objects with his eyes, play games with a brightly patterned ball—if possible, one that makes a noise. Roll it against a wall so that it comes spinning back. Slowly bounce it up and down. He will be exercising his visual skills while having fun.

Sights for new eyes

Make sure your baby's environment is filled with interesting colors and shapes to look at. By this age, he is attracted to red and blue; try to provide them in his window shades, in posters on his walls or in his crib blankets. Keep moving him from room to room during the day. Childproof a space in the kitchen for him. Arrange for him to have time out of doors, on the porch or in the yard, so he will learn nature's special hues.

Now you see it...

Start teaching your baby to look for things. Half-conceal a toy he likes beneath an overturned plastic bowl, leaving enough of the toy showing for him to recognize it. Ask him where the toy is, and then help him to lift the bowl to find it. Act surprised and delighted that the toy has been uncovered. Once he has caught on, conceal the toy completely under the bowl or a towel, or slowly and obviously move it into hiding behind your back.

Emotional and Social

An expanding social life

Continue to widen your child's circle of acquaintances—even if he does not remember many of them from one encounter to the next. Take him along when you visit friends. Share your guests with him. You should make an effort to introduce him to other children, but beware of exposing him to colds or other illnesses. By getting to know people outside the family, he is building social confidence even at this tender age.



Peek-a-boo

There are many variations on this old favorite. It is probably best to start with the tamest, concealing Teddy or Dolly beneath a light baby blanket, then whipping off the cover as you exclaim "Peek-a-boo!" and laugh. Next you might progress to covering and uncovering your eyes with your hands, then covering and uncovering your baby's eyes to the same peek-a-boo refrain. Keep it jolly so that he will know it is a game. If he seems to like it, try covering yourself with the blanket, then finally drape it over your baby. Besides giving the child a good time, you are helping him to learn that things and people continue to exist when they are out of sight.

For the Toy Box

Toys that make noise, such as rattles, squeaky squeeze toys, bells, a music box. Brightly colored balls. A baby's mirror. Stuffed animals. Toys with handles or loops that are easy to grasp. Safe kitchen measuring cups or ladles.

