

# GUIDE FOR PARENTS 4 MONTHS

## INFANT CARE

*Normal Sleep Patterns*—By 4 months your baby should be sleeping through at least one nighttime feeding or even through the entire night. “Through the night” could mean 7:00 PM to 7:00 AM or 10:00 PM to 6:00 AM, depending on your baby’s internal clock. Your baby should be able to go at least eight hours at night without being fed. Since your baby is more active and alert through the day now, he may have trouble winding down at the end of the day. Usually a consistent bedtime routine will help. Consider a warm bath, a massage, rocking, a story or lullaby, soft music, and/or a breast- or bottle-feeding. Many babies at this age still need two naps a day from 1-3 hrs. each. If your baby has difficulty falling asleep at his normal bedtime consider waking him a little early from his afternoon nap.

## CHILD CARE PROVIDERS

*Baby Sitters*—Your baby sitter becomes a “surrogate parent” when you are away and should be selected with care. Make sure you give explicit instructions to the sitter. The following are some guidelines you should use.

1. Leave a written note stating where you will be, how you can be reached, and when you will return.
2. Post important numbers by the phone including police, fire, poison control center, hospital, doctor, ambulance, and nearby friend, neighbor, or relative.
3. Explain rules about friends, TV, stereo and telephone (applies to sitter).
4. Explain baby’s routine including feedings and sleep.
5. Make sure they know the location of first aid supplies, emergency exits, fire extinguishers, toys, clothing, etc.
6. Rough or otherwise dangerous play is not tolerated and child should never be left alone.

*Day Care*—If day care is needed there are several options to choose from including center-based day care, home day care (care in someone else’s home), and in-home day care (care in your home). There are advantages and disadvantages to each and which you decide to use is a personal and individual decision. Before choosing any day care environment, you should be familiar with the state licensure regulations for childcare, check references, and observe the caregiver(s) with your child. For preliminary information you may contact the State Department of Social Services, United Way, religious organizations, the yellow pages, your doctor, or word-of-mouth from friend and relatives. Check out a number of different child care arrangements and facilities by telephoning and asking questions about openings and admission requirements; meeting with the directors and staff or caregiver to discuss your expectations; and talking with other parents from the facilities.

## INJURY AND ILLNESS PREVENTION

*Car Restraints*—All 50 states have passed laws that require children to ride in approved child passenger safety seats. Use a rear-facing, federally approved, properly installed infant safety seat until your child is over 20 pounds and able to sit up by himself. Keep your child facing backward as long as possible, up to one year of age. The safest place for a child to be restrained in a car is in the middle of the back seat. DO NOT put a rear facing infant seat in the front seat of a car or truck with a passenger side air bag.

*Crib Safety*—Your baby’s crib should have 12 slats per side, and no more than 2 and 3/8 inches between the slats. No crossbars on sides. Drop side should not release too easily. Metal hardware should be smooth with no rough edges. Mattress should fit tightly with no more than two-fingers width between mattress and side of crib. If crib is painted, make sure it is lead-free paint. The top rail of the crib should be at least 3/4 the height of the child to keep the baby from falling out. Use bumper pads for the crib until the baby is able to stand up.

*Sleeping Position*—In 1996, the American Academy of Pediatrics recommended that all healthy infants be put to sleep on their backs (supine) to reduce the risk of SIDS (sudden infant death syndrome). The prone or “tummy” position is recommended when babies are awake to prevent any flattening of the back of the head.

*Smoke-free Environment*—Passive smoke comes from two sources: Secondhand smoke, which is exhaled by

the smoker, and Sidestream smoke, which arises from the end of a burning cigarette. Children exposed to passive smoke have more frequent and more severe respiratory tract infections than non-exposed children. Other problems made worse by exposure to passive smoke include: pneumonia, cough, bronchitis, croup, laryngitis, wheezing, bronchiolitis, asthma, flue, ear infections, middle ear fluid and blockage, sore throats, eye irritation and SIDS. If you smoke, QUIT. If you can't quit, NEVER SMOKE INSIDE YOUR HOME, NEVER SMOKE IN THE CARE, and NEVER LEAVE YOUR CHILD WITH SOMEONE WHO SMOKES.

### **EARLY SIGNS OF ILLNESS**

*Fever*—If your child has a rectal temperature greater than 101.0 degrees F, call your doctor. A temperature this high is usually the sign of a significant infection which may need treatment.

*Failure to eat*—Breast-fed babies who are refusing to nurse or formula-fed babies who are refusing the bottle may be in the early stages of an illness.

*Vomiting*—You should also inform your doctor about any vomiting that persists for more than 12 hours, or is associated with diarrhea and/or fever.

*Diarrhea*—Watery stools are usually caused by a viral infection. The danger from diarrhea is the possibility of dehydration. If stools are watery or occur more often than 6-8 times per day, baby's mouth is dry, baby is not making tears, or there is a decrease in the number of wet diapers in a day, call your doctor.

### **NUTRITION**

*Introduction of Solid Foods*—At this time your baby's diet has consisted solely of breast milk or formula. At 4-6 months of age most babies are ready to try solid foods. Start with rice cereal mixed with formula or breast milk. Vary the consistency to suit your baby. Always use a spoon to feed your baby solids. Always make sure your baby is sitting up when introducing solid foods to minimize the chances of choking. Start with a few teaspoonfuls of cereal at whichever meal is most acceptable to you and your baby. Don't worry if he refuses by crying or turning away at the first few attempts at feeding. Go back to all formula or breast milk feedings for a week or two then try again. Introduce only one new food at a time and wait at least two to three days before starting another. Watch for allergic responses such as rash, diarrhea or vomiting. If any of these reactions occur stop the offending food and call your doctor. Once your baby is taking rice cereal well you may try oatmeal and/or barley cereals, then introduce strained vegetables, then strained fruits. You may also start juice at this time but do so in small quantities (2-4 ounces per day). Avoid orange juice and other citrus fruit until after 6 months of age.

### **ORAL HEALTH**

Clean baby's mouth with a soft cloth after each feeding. Never put your baby to bed with a bottle. This can cause ear infections and when they get teeth, can cause cavities. Never prop bottle to feed infant.

Teething usually starts between 4 and 7 months of age. Teething occasionally may cause irritability, crying, low-grade fever (<100.0 F), excessive drooling, and a desire to chew on something hard. Teething rings made of hard rubber are helpful as is massaging the baby's gums with your finger. Once your baby has a new tooth clean it by using a soft children's toothbrush in the morning and at night. Do not use toothpaste.

### **PATIENT-INFANT INTERACTION**

Talk to your baby as much as possible. Read to your baby as often as you can. Sing to your baby. Play soft music. Cuddle, rock, and touch your baby often. Stimulate your baby by playing social games like pat-a-cake, this little piggy, etc., using musical toys and see through rattles that show the pieces making noise, attaching an unbreakable mirror to the crib, and showing baby bright colored pictures from books and magazines.

### **SAFETY**

*Falls*—Never leave baby unattended in high places like on a tabletop or in the crib with the sides down. If your baby does fall and seems to be acting abnormally in any way, call your doctor.

*Burns*—Never hold baby while smoking, drinking a hot liquid, or cooking on a hot stove. Never allow anyone to smoke around your baby. Always test baby's bath water temperature with the inside of your wrist before placing baby in tub. Never heat baby's milk in microwave. Set water heater setting to 120 degrees F or lower to prevent scalding.

*Choking*—Check all toys for sharp edges and for small parts that could be pulled or broken off. Make sure crib

mobiles are fastened securely and tightly so baby can't pull them down and entangle himself. Keep crib away from windows with mini blind cords. Never give baby any food or small object that could cause choking. All foods should be mashed, ground, or soft enough to swallow without chewing.

*Drowning*—Never leave baby alone in the tub or near a pool of water no matter how shallow it is. Infants can drown in just a few inches of water.

## **IMMUNIZATIONS**

At the visit your baby will receive the following vaccines:

DTaP—Diphtheria, Tetanus, and Acellular Pertussis

IPV—Inactivated Polio Vaccine

Hib—Haemophilus influenza vaccine