



Date: _____

Weight: _____

Height: _____

Head Circumference: _____

Well Child Care at 4 Months

Feeding

Your baby should still be taking breast milk or infant formula. Most babies now take about 6 to 7 ounces every 4 to 5 hours. If you give your baby breast milk, it is a good idea to sometimes feed your baby with pumped milk that you put in a bottle. Then your baby will learn another way to drink milk and other people can enjoy feeding your baby. Babies will respond gleefully when they see a bottle, but don't give your baby a bottle just to quiet him when he really isn't hungry. Babies who spend too much time with a bottle in their mouth start to use the bottle as a security object, which makes weaning more difficult. They are also more likely to have ear infections and tooth decay problems. Find another security object like a stuffed animal or a blanket. We recommend 1ml of Poly-vi-sol daily for breast-fed babies.

Development

Babies are starting to roll over from stomach to back. Your baby's voice may become louder. He may squeal when happy or cry when he wants food or to be held. In both cases, gentle, soothing voices are the best way to calm your baby. Babies at this age enjoy toys that make noise when shaken. It is normal for babies to cry. At this age you can't spoil a baby. Meeting your baby's needs quickly is still a good idea. Sleep: Many babies are sleeping through the night by 4 months of age and will also nap 4 to 6 hours during the daytime. If your baby's sleeping patterns are different than this you may want to ask your doctor for ideas about ways to keep your baby alert and awake during the day and sound asleep at night. Remember to place your baby in bed on her back.

Reading and Electronic Media

As the baby gets older, read to her every day. Choose books that are durable (cloth or board books). Pick books with bright colors and large simple pictures. Never prop your baby in front of a television.

Teething

Teething, or eruption, is the process by which a child's first teeth, the deciduous or primary teeth appear in the mouth. Teething is a prolonged but intermittent process that begins when a child is approximately six months old and continues for the next five or six years.

Teething is not a disease; if you see fever or other symptoms of illness during teething, look for a concurrent disease (another illness that is going on at the same time). There are some risks associated with teething. However, these risks arise not from the process itself but from pain treatments that can cause a child to choke, aspirate food into the lungs, or suffer from other medical conditions that go unnoticed.

While more than one tooth can emerge, (erupt) at once, the following sequence serves as a good guide to the order of tooth appearance.

- Bottom front teeth (incisors): These teeth are likely to erupt when a child is approximately six months old.
- Top front teeth (incisors): These teeth are likely to erupt when a child is approximately six to eight months old.
- Top lateral incisors (either side of the top front teeth): These teeth are likely to erupt when a child is approximately nine to 11 months old.
- Bottom lateral incisors (either side of the bottom front teeth): These teeth are likely to erupt when a child is approximately 10 to 12 months old.
- Canines (on either side of the incisors): These teeth are likely to erupt when a child is approximately 16 to 20 months.
- Molars (back teeth): These teeth are likely to erupt when a child is approximately 12 to 16 months old.
- Second molars: These teeth are likely to erupt when a child is approximately 20 to 30 months old.

What Causes Teething?

Teething is a growth process that occurs naturally during a child's first few years of life, together with genetically encoded schedules of skeletal growth.

What Are Signs and Symptoms?

Teething and associated gum discomfort may produce the following symptoms:

- Increased drooling
- Restless or decreased sleeping due to gum discomfort
- Refusal of food
- Intermittent fussiness or crankiness
- Bringing the hands to the mouth
- A mild rash around the mouth due to skin irritation secondary to excessive drooling
- Rubbing the cheek or ear region in referred pain areas during the eruption of the molars

How Is Teething Diagnosed?

Emerging primary teeth can be recognized either by site or by an area over the tooth that is slightly red or swollen.

What Are Common Treatments?

Most teething problems do not require care beyond informed home treatment. Wise treatment focuses on reducing pain while ensuring safety. Take precautions against the following dangers:

- Masking other medical conditions that need attention
- Compromising reflexes: For example, if the gag reflex is impaired, the risks of both choking and aspiration increase.

To reduce pain safely, your pediatrician may recommend treatments that include massage, cold applications, and medication.

- Cold: Experiment with freezing damp washcloths, or teething rings. Try filling a pacifier with water and freezing it.
- Gentle pressure: Often, the infant's gums feel better when the gums feel gentle pressure. For this reason, many doctors recommend gently rubbing the gums with a clean finger or having the child bite down on a clean washcloth.
- Medication: Medication can be effective but must be used cautiously.

Medication Treatments

In general, medications for teething should be used only after other treatment has failed. Two types of medication are available: topical and systemic (taken by mouth for distribution through the circulatory system).

- Systemic medications: These include acetaminophen, (children's Tylenol®) and ibuprofen (children's Advil® or Motrin®). However, ibuprofen should not be given to children who are under six months old.
- We **DO NOT** recommend topical medications such as oral-gel.

Can Teething Problems Be Prevented?

Most teething problems can be prevented by taking the treatment precautions that the prior section lists.

Should I Call My Doctor?

If you see symptoms of fever, nasal congestion, cough, or extreme discomfort in your child, call your doctor for a prompt appointment. These symptoms may appear to come from teething because they coincide with teething. However, teething cannot produce these symptoms; they warrant prompt diagnosis and any necessary treatment.

Safety Tips

Choking and Suffocation

- Remove hanging mobiles or toys before the baby can reach them.
- Keep cords, ropes, or strings away from your baby, especially near the crib. Ropes and strings around the baby's neck can choke him.
- Keep plastic bags and balloons out of reach.
- Use only unbreakable toys without sharp edges or small parts that can come loose.

Fires and Burns

- Never eat, drink, or carry anything hot near the baby or while you are holding the baby.
- Turn down your water heater to 120°F (50°C).
- Check your smoke detectors to make sure they work.
- Check formula temperature carefully. Formula should be warm or cool to the touch.

Falls

- Never leave the baby alone on a high place.
- Keep crib and playpen sides up.
- Do not put your baby in a walker.

Car Safety

- Use an approved infant car seat correctly in the back seat.
- Never leave your baby alone in a car.
- Wear your safety belt.

Smoking

- Children who live in a house where someone smokes have more respiratory infections. Their symptoms are also more severe and last longer than those of children who live in a smoke-free home.
- If you smoke, set a quit date and stop. Set a good example for your child. If you cannot quit, do NOT smoke in the house or near children.

Normal Development: 4 Months Old

Here's what you might notice your baby doing between the ages of 4 months and 6 months of age.

Daily Activities

- Is active, playful, and likes people.
- Reaches and grasps some objects.
- Shakes rattle when placed in hand.
- Carefully studies objects placed in his hand.
- Explores things by putting them into his mouth.
- Plays contentedly with fingers and hands.
- Usually sleeps through the night.
- Laughs and giggles while playing and socializing.
- Basks in attention.
- Just begins to realize objects exist even when out of sight.

Hearing

- Turns head in response to human voice.
- Smiles and coos when talked to.

Motor Skills

- Rolls from front to back.
- Holds up chest when lying on tummy.
- Supports head when held in sitting position.
- Sits with support for longer periods.
- Enjoys using the legs in kicking motions.

Vision

- Focuses clearly.
- Fascinated with mirror image.

Each child is unique. It is difficult to describe exactly what should be expected at each stage of a child's development. While certain behaviors and physical milestones tend to occur at certain ages, a wide range of growth and behavior for each age is normal. These guidelines show general progress through the developmental stages rather than fixed requirements for normal development at specific ages. It is perfectly natural for a child to reach some milestones earlier and other milestones later than the general trend. If you have any concerns about your child's own pattern of development, check with your healthcare provider.

Immunizations

At the 4-month visit, your baby should be receiving vaccinations. Vaccines can be combined to reduce the total number of shots for your baby. Your baby may run a fever and be irritable for about 1 day after the shots. Your baby may also have some soreness, redness, and swelling where the shots were given. You may give acetaminophen in the appropriate dose to prevent the fever and irritability. For swelling or soreness, put a wet, warm wash cloth on the area of the shots as often and as long as needed for comfort. Call your child's healthcare provider if:

- Your child has a rash or any reaction other than fever and mild irritability.
- Your child has a fever that lasts more than 36 hours.

Next Visit

Your baby's next routine visit should be at the age of 6 months. At this time your child will get the next set of immunizations.

Toy Safety: Infants (0 to 18 months)

Children need few toys during infancy. Parents' love and attention is more important for infants' healthy development and well-being. In fact, newborns are more attracted to human faces than inanimate playthings, and infants continue to prefer people over toys. Being gently and playfully cuddled, touched, and talked to contribute to children's earliest impressions that the world is wonderful and safe and can be explored without fear. Infants need very close almost constant, supervision. They are engaged in the process of self-discovery, and are getting to know their new world by looking, listening, tasting, smelling,

and grasping. Most of their learning comes through play. They need safe toys that appeal to all of their senses and stimulate their interest and curiosity. Talk with other parents who have infants and small children. They may be able to suggest safe toys and let you know of any recalls. Read the label on the toy. Always buy toys that are age appropriate.

Toy Safety Checklist

- The toy is sanitary.
- The toy is washable.
- The toy is not too heavy for your child's strength.
- The toy is well-constructed. (A poorly made toy can break or come apart, easily exposing hazards like wires or springs.)
- The toy does not have sharp edges that can cut or scratch.
- There are no small parts or decorations that can get loose and be swallowed, inhaled, or stuffed into an ear. (Examples include the eyes on a stuffed animal or the squeaker in a squeak toy.)
- The toy itself is big enough so it cannot be put into your child's nose, mouth, or ears. (Marbles and beads are examples of toys that are too small.) Check the size of handles and ends of rattles, squeeze toys, and teething toys to be sure they aren't too small. A good way to check if the toy is too small is if it will fit inside of a cardboard toilet paper tube.
- No part of the toy, including print and decoration, is poisonous. Make sure the toy is labeled non-toxic.
- The inside of the toy is not filled with a potentially harmful substance like small pellets.
- Old baby furniture and toys have not been painted or repainted with lead-based paint.
- There are no slots or holes that can pinch your child's fingers.
- The toy cannot break and leave a sharp, jagged edge.
- There are no pointed objects your child can fall on.
- No part of the toy, such as a doll's hair bow, is attached with a straight pin or staple.
- All moving parts are securely attached.
- No string or cord on the toy is longer than 6 inches. Longer cords can strangle a baby.
- A broken toy is repaired or thrown away.
- The toy is not stored in a plastic bag.
- The windup mechanism in a mechanical toy is enclosed to avoid catching hair, fingers, and clothing.
- Toys made with cloth carry the labels "flame resistant", "flame retardant", or "nonflammable".
- Keep uninflated balloons out of reach and throw away all broken balloons. More children have suffocated on uninflated balloons and pieces of broken balloons than on any other type of toy.

Suggested Play Materials

- Interesting objects hung within view
- Brightly colored mobile
- Colorful wall posters
- Sturdy rattle
- Large plastic rings
- Soft toys for throwing
- Colorful balls
- Light plastic blocks
- Washable cloth cubes
- Music box to listen to
- Teething toys

- Floating animals for the bathtub
- Washable squeak toys
- Washable, unbreakable doll
- Washable cuddly toy
- Books: Rough-smooth touching books, Washable cloth picture books Sturdy, colorful picture books

Look for toy recalls posted on the U.S. Consumer Product Safety Commission (CPSC) homepage, <http://www.CPSC.gov>; toll free number 1-800-638-2772. You can search by toy description and manufacturer. Public Interest Research Group (PIRG) provides good information on toy safety at <http://www.toysafety.net>. @ Published by RelayHealth.

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