

4 Month Newsletter



Well Child appointments can be made online at [ARCPediatrics.com](https://www.arcpediatrics.com).

Your baby's length, weight, head size, along with health screens and immunizations performed will be in the **After Visit Summary**.

Click on the Visit icon in MyChart to see the After Visit Summary related to this visit.



Quick Tips for Parents

- Your baby might be ready for soft, blended foods if they have good head control while they are sitting supported in a seat and they show interest in food, such as opening their mouth.
- In the first few months after starting food, most babies are also ready for you to give them eggs, nut butters, fish, and dairy. If your baby has severe, persistent eczema, talk to your pediatrician or APC at today's visit.
- Many babies are ready to learn the skill of falling asleep on their own in their crib by this age.
- Babies this age are unpredictable in their movements. Make sure they are strapped into chairs or seats or leave them on the ground to keep them safe from falls.

NUTRITION

Breastfeeding or Formula Feeding Patterns

Breastfed Infants

Most infants need at least six to ten breast-feedings in a 24-hour period until solid feedings are well established.

Formula-Fed Infants

Most formula-fed infants take four to six bottles a day. At this age, 32–36 oz a day of formula is typical.

We recommend that instead of feeding a certain amount each day that you continue to gauge your infant for signs of fullness.

At 4 months, signs that your baby may not want to eat any more include:

- Bites nipple
- Blocks mouth with hands
- Turns away
- Cries or fusses if feeding persists
- Releases nipple and withdraws head

SOLID FOODS: WHEN TO START

Non-milk baby foods are referred to as solid foods or solids. Solids may be started between 4–6 months of age, although most experts recommend closer to 6 months than four months. When to start solid foods has more to do with

developmental readiness and nutritional needs rather than age. Many babies are content with exclusive breastmilk or formula until 6 months of age. Here are some common clues to help decide if your baby is ready to start solids.

Increased Appetite

One common clue that your baby is ready to start solids is an obvious increase in appetite. Your baby may start to feed more frequently. A single day or two of increased appetite may only mean a growth spurt, but a growth spurt that seems endless probably means that a milk-only diet is not enough and it is time for solids.

Avoid putting cereal in your baby's bottle, unless directed by your physician or advanced practice clinician (APC). Contrary to popular belief, having cereal in bottles does not help your baby sleep through the night. Sleeping through the night is actually stimulated by good sleep hygiene which includes having a sleep routine and teaching your baby to fall asleep without being held or being fed. Cereal in your baby's bottle can lead to your baby being overfed.

Improved Head Control and Neck Strength

Your baby should be able to hold their head up well. Even cereal and pureed baby foods should not be offered until a baby holds their head up well when sitting.

Interest in Foods

Your baby may start to show an interest in food. They may start watching you intently as you eat. Some babies will even open their mouths as you eat. Remember, you are the most important person to establish healthy eating habits for your baby. Evidence shows that infants' feeding patterns too often reflect our society's poor dietary habits. When you eat healthy meats and vegetables, it plants the understanding in your baby of what healthy foods they can look forward to.



SOLID FOODS: HOW TO START

Spoon-feeding

Babies are born with a tongue thrust reflex. Because of this reflex, a young infant will push their tongue against a spoon or anything else placed in the mouth. This reflex goes away around 4 months,

allowing a baby to be fed with a spoon. Be careful not to interpret this reflex as your baby “not liking” a certain food.

Learning to be spoon-fed teaches your baby the process of eating and allows them to stop when full. At first you may need to at least partially breastfeed or give part of a bottle to take the edge off your baby's hunger immediately before attempting to spoon-feed. Use a spoon that will easily fit into your baby's mouth and place a small amount of food on the spoon. If at the first few bites your baby rejects being spoonfed, then offer it another day. Over time they will catch on.

Feeding your baby should be fun for both of you. If your baby absolutely refuses or is unable to spoon-feed after a few days then stop, go back to exclusive breast or bottle feeding for a while, and then try spoon-feeding later. Try again in a few weeks. This is a time to learn how to eat off a spoon, but don't be surprised if your baby doesn't eat a lot. Follow their cues and make it enjoyable. Once your baby becomes skilled at spoon-feeding, you may wait until after eating solid foods before breast or bottle feeding. As solid intake increases, milk intake will gradually decrease.

Gauge the amount of solid food to feed your baby by your baby's signs of hunger and fullness. An infant shows hunger by moving their head forward to reach the spoon and swiping the food toward the mouth. A baby this age can show they are full or doesn't want food by blocking or closing the mouth, increasing attention to surroundings, turning away, or crying.

Frequency of Meals

One to two solid feedings a day are sufficient at this age. It is also fine to wait until 6 months of age to start solids if your baby is content and growing well.



What is Baby Led Weaning?

This refers to a different plan of feeding your baby. Parents who choose baby led weaning often skip baby foods that are pureed and instead feed their baby soft table foods. Typically soft table foods are offered starting after 6–7 months old. If you choose to do this, it is important that foods which could be choking hazards (round or hard foods) are not offered until your baby is past 4 years old and can tear and grind foods effectively. As with all feeding plans, it is important to offer a wide variety of fruits, vegetables, and meats or proteins.

SOLID FOODS: WHAT TO START

While there are many opinions about feeding babies, there is no clear medical evidence that introducing solid foods in any particular order has an advantage for your infant. We do recommend that you wait 3 days between each new food ingredient you start. That gives you time to watch for any allergy or response your child might have to that new food. Then add in the next food item. **Allergy experts no longer recommend avoiding certain foods like eggs, nut products, fish, dairy, or wheat to prevent food allergies.**

Infant Cereals

The traditional first food for most infants is single grain iron-fortified cereals. Infant cereals are iron-fortified and easy to digest. For many years families have offered rice cereal as a first food, often daily. The FDA has found variable levels of arsenic (a poison) in rice and rice products. Because of this, the American Academy of Pediatrics has recommended that babies and children eat foods that come from a wide variety of grains. Many families have changed to offering oat infant cereal as the first cereal in an infant's diet.

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. It is fine to puree your own cooked vegetables and fruits or use prepared or packaged baby foods. Do not add seasonings such as salt or sugar.

Meats

Meat introduction between 4–7 months is helpful to reduce iron and zinc deficiency in breastfed babies. If you will raise a vegetarian child who is breastfeeding, see the section in the next column about preventing anemia.

Water and Juice

For the first 6 months, additional water is not necessary. Most babies will get all the fluid they need from breastmilk or formula. Juice is not recommended, except perhaps to occasionally help with constipation (ask your doctor or APC about how much to give).

Preventing Anemia

Infants born at term have sufficient iron stores until 4–6 months of age. Babies and toddlers between the ages of 6 to 24 months are at risk of iron deficiency, especially breastfed infants. This is a period of rapid growth when newborn iron stores are low and dietary iron intake is frequently inadequate.

Starting at 4 months of age, the American Academy of Pediatrics (AAP) recommends iron supplementation for breastfed infants. One can provide sufficient iron by giving either one mL a day of a multivitamin with iron, like Tri-Vi-Sol with Iron or Poly-Vi-Sol with Iron. This shouldn't be too much of a change since your breastfed baby should be taking a vitamin D supplement already. Another way to supply iron to breastfed babies is to feed 8 tablespoons per day of dry iron-fortified infant cereals or meats. Discuss options with your child's doctor or APC if you have questions. Formula-fed infants receive sufficient iron in formula and do not need iron supplementation.



Can I even give things others are allergic to?

Once your baby has had some fruits, vegetables, and cereals, you should also add in other foods. We do recommend that if your baby has severe, persistent eczema or an egg allergy, you should talk with your doctor or APC about how to introduce food allergens at 4 months of age. The American Academy of Pediatrics now recommends that infants who are low risk for food allergies be given foods such as dairy, soy, wheat, nut butters, fish, shellfish, and eggs starting at 6 months old.

How do I know if my baby is low risk? If your baby has no eczema or food allergies

or they have mild eczema that only sometimes needs prescription creams, then they are considered low risk. As mentioned above, you should start introducing dairy, soy, wheat, nut butters, fish, shellfish, and eggs with other solid foods. Only give these allergen foods in a texture that your baby can tolerate (soft and mushy). It will be important to give these foods regularly to prevent the development of food allergies. If your baby has to use regular prescription creams for their eczema, then please discuss with your doctor or APC before giving these foods.

How will you know if your baby is having an allergy to a food? If your baby has a rash all over their body within a few hours of starting a new food or they vomit within a few minutes of having a new food item, then call our clinic and let us know. **If your baby has signs of facial swelling, cough, or trouble breathing after starting a new food, call 911.**

SLEEP

Prevention of Sleep Problems

Your baby should get between 9–12 hours of sleep at night and 1–4 naps a day that last between 30 minutes and 2 hours.

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 themselves to sleep. Learning to fall asleep without being rocked or fed to sleep is a skill that must be learned before being able to sleep through the night.

All babies, like the rest of us, have several partial awakenings each night. Soon after 4 months most babies learn how to self-soothe and fall back to sleep on their own when these awakenings occur. You can help by making middle of the night contacts brief and boring. Try to resist the urge to rush in when you first hear your baby cry out during the middle of the night.

If the crying continues, go to the crib, pat your baby in a calming manner, but try not to pick them up. Discuss any concerns about sleep you may have with your baby's pediatrician or APC.

Safe Sleep

Continue to put your baby onto their back to fall asleep. However, as your baby rolls from their back to their stomach, then it is OK for them to stay sleeping on their tummy. If you are swaddling your baby,

we recommend to stop using the swaddle when they are able to roll over. We do not recommend having any pillows or soft items in the crib with your baby. We also do not recommend the use of weighted blankets or weighted sleep sacks. There have been reports of overheating or death in some infants who were using weighted baby products.

Sleep On Your Back

To prevent possible suffocation and reduce the risk of Sudden Infant Death Syndrome (SIDS), your baby should always sleep on their back alone on a sleep surface separate from parents or siblings.

Never place your baby to sleep on the couch/sofa, water bed, bean bag, or anything that is soft enough to cover the face up and block the nose.

Do not use crib bumper pads. Bumper pads, especially soft, pillow-like pads, are suffocation risks.



DEVELOPMENT

Language

Your baby should be able to laugh and turn their head to voices. Some babies will even mimic sounds.

Social

Babies this age enjoy looking around and are entertained by direct social interaction.

Gross Motor (Movement)

Your baby should start rolling over soon. While on their stomach they should start lifting their trunk and supporting themselves with their wrists.



Early Childhood Intervention (ECI) Programs:

If your child has a condition that could lead to delays or you are worried that your baby is not hitting their milestones, reach out to ECI.

You may also call 1-800-628-5115 or visit the ECI website at www.hhs.texas.gov/services/disability/early-childhood-intervention-services for the ECI program closest to you.



Fine Motor (Hand and Finger Skills)

Babies at this age reach out with both arms in unison. They may grasp a rattle well but will not reach out with only one hand very well.

Suggestions for Play

- Sing to your baby and let them shake a rattle or other noise maker.
- Hold your little one in front of a mirror and ask “who is that?” Point and call them by name.
- Read books together daily.

Engaging and interacting with your baby helps your baby learn. We do not recommend having videos or games playing while you are playing with your baby. This has been shown to lead to speech delays. **Your baby learns to talk by hearing you talk to them, not from hearing videos or other recorded voices.**

First Teeth

Your child's first teeth usually appear around 6–8 months of age but there is a lot of variability. First teeth may appear as early as 3–4 months of age or as late as 12–15 months of age.

Your baby will begin to drool and chew on objects even though first teeth are usually months away. Opinions on what this behavior represents and how painful teething actually is varies from physician to physician and parent to parent. If you choose to treat teething, use teething rings or cool cloths rather than medications that numb the gums. We don't recommend teething solutions such as Orajel or other teething tablets.

The first teeth need proper cleaning. Clean the gums and first teeth with a soft wet washcloth or a soft infant toothbrush. As soon as your baby's first tooth appears, begin brushing with a smear of toothpaste with fluoride (the amount of a grain of rice).

Dental cavities are caused by bacteria that can pass from parent to child. Do not share spoons or cups with your child and do not

clean your child's pacifier in your mouth, as you can pass on early cavity-causing bacteria to your child.

SAFETY

Falls

Since your baby may be rolling over any day now, never leave your baby on a changing table, bed, sofa, or chair. If left unprotected, they will fall. Put your little one in a safe place such as a play yard (playpen) or crib when you cannot hold them. If you put your baby in an infant seat or stroller, make sure that they are buckled in properly, even if it is "just for 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 a car seat if the seat is picked up and 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 electrical outlets and be sure electrical 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, newspaper, and wastebaskets out of your baby's reach.

Keep the number to the Poison Center in your cell phone and posted on your refrigerator: 1-800-222-1222. If you ever suspect your child has swallowed or put any non-food item in their mouth that may be poisonous, call the Poison Center. You can call 24 hours a day, 7 days a week.



Car Injuries

Most injuries can be prevented by the use of a car seat. Make certain that your baby's car seat is installed correctly. Read and follow the instructions that come with the car seat and the sections in the owner's manual of your car on using a car seat correctly. Use the car seat every time your child is in a car. Your infant should ride in the back seat in a rear-facing car seat as long as possible, at least until 2 years of age. For questions about car safety seats you may also call the Safe Riders Program at 1-800-252-8255 or visit www.nhtsa.gov/vehicle-safety/car-seats-and-booster-seats.

Burns

At 3-5 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. You can't handle both. 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 cool (not ice cold) water. Keep the burned area in cool water until they quit crying, then cover the burn loosely with a bandage or clean cloth and call your baby's doctor or APC.

To protect your baby from house fires, be sure that you have working smoke alarms outside of each bedroom or room where people sleep. Also be sure there is a working smoke alarm on every floor of your home and every end of a mobile home. Change the batteries at least once a year on dates that you'll remember, like the days that time changes for Daylight Saving and Standard Time.

To prevent sunburn and reduce skin cancer risk as an adult, avoid direct sun exposure, especially from 10 am to 4 pm. Use a wide brim hat to shield the face and cover arms and legs with lightweight clothing.

Smoking and Vaping

If you or another family member is a smoker, smokes, or vapes, one of the best ways to protect your family's health is to quit smoking or vaping. Smoking increases your baby's risk of respiratory illnesses, cancers, and SIDS. Talk to your ARC care team about ways to help yourself quit.

Reading Suggestions and Resources

All parents should have a copy of the Austin Regional Clinic Newborn Booklet. We also encourage parents to invest in one or more reference books on care of your child. Below are a few we recommend. The public library or bookstore can be helpful in deciding what book is best for you. Selected websites are also included.

Books

Caring for Your Baby and Young Child, Revised Edition: Birth to Age 5

The American Academy of Pediatrics

Baby 411: Clear Answers and Smart Advice for Your Baby's First Year

Ari Brown, MD and Denise Fields

Your Baby and Child: From Birth to Age 5

Penelope Leach

Websites and Apps

healthychildren.org

The American Academy of Pediatrics parenting website with online articles covering many topics related to infant care and feeding.

www.nhtsa.gov/vehicle-safety/car-seats-and-booster-seats
Information about car seats.

CDC's Milestone Tracker App

This app created by the CDC helps parents track their child's developmental milestones. It allows you to add multiple children, too.

KidsDoc – from the AAP App

The KidsDoc Symptom Checker allows parents to choose from a wide range of symptoms, then follow the symptom decision chart to determine the appropriate action to take, whether it be home care or a trip to the emergency room.