4 month well child guide to whole health

Weight _____ *Length* _____ *Head* _____

Notes for the 4 month visit

4 mo

4 month well child guide

Development

Your baby:

- May be rolling over! (If not, that's okay too, babies typically roll between 3 and 7 months of age.)
- Should be pretty comfortable on his belly.
- Should be doing "airplanes" on her belly (lifting her arms and legs).
- Should be babbling and cooing using consonants. (You may hear "Ahhbahabbahagaga")
- Will wait for you to finish talking to start babbling. (You guys are having a little "conversation!")

Nursing

Please let us know if you are having difficulty breastfeeding. It is normal for the breasts to be less engorged and less full - you may notice your bra size decrease between 3 and 4 months postpartum. It does not necessarily mean that you have reduced your milk supply! Continue giving your breastfed baby 400 IU of vitamin D daily, or according to your physician's recommendation.

If using formula or donor breastmilk

Continue to **feed your baby 3-6 ounces of pumped breastmilk or formula every 3-4 hours.** Do not prop the bottle or allow the baby to feed himself. Remember that babies under 6 months should not be fed homemade formula.

Food introductions

This is brand new!! New research shows that **babies who have had small amounts of foods that are considered traditional "allergens" between 4 and 6 months are less likely to have food allergies**. Because of this we have changed our recommendations and now advise our patients to begin solid food introductions at 4 months. We consider the time between 4 and 6 months to be the time for babies to begin tasting food. We believe that this is more developmentally appropriate - that children should begin with tiny amounts ("tastes") and work up to larger amounts ("jar-sized" portions) by 6 months of age. **Again, we recommend allowing your child to "taste" food at 4 months, including foods like peanut butter, eggs, gluten and shellfish - foods that are common allergens**. You can simply dip your finger or a baby spoon in any of the foods that you are eating and let your baby taste your food. Please hold off on giving your child large amounts ("jar-sized" portions) until at least 6 months of age. Please note that many internet sources and providers have not caught up with these new recommendations.

Do not give:

- Honey or corn syrup due to risk of botulism.
- Chokeable foods

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Sleep

Most breastfed babies typically wake 1-3 times per night at 4-6 months. By 6 months of age babies no longer "need" to feed during the night, but our experience is that most breastfed babies typically continue to wake at least once per night until around 12 months of age.

If your baby is waking more than this, or you have very disruptive sleep you can begin "sleep training." **We recommend waiting until your baby can play Peekaboo (and find it fun)**. With Peekaboo your baby is learning concept of object permanence. This means that they now understand that when you disappear behind your hands or a cloth you are not really gone! It is very important to wait until this developmental stage before beginning sleep training that involves leaving the baby on his/her own for any period of time. **Please understand that you do not HAVE to sleep train your baby. We recommend sleep training *only* if your sleep is excessively disrupted.** It is absolutely developmentally normal for babies to have some night wakings.

4 months is a common age for sleep regression

There are many methods of sleep training. In general, only the most mellow of babies can tolerate a whole night of "Cry It Out." Other methods include the Ferber Method, Pick Up Put Down Method, the Fading Sleep Training Method, and the Chair Method. These methods tend to be gentler, though most do involve some amounts of crying. **The goal should be to "fuss it out" rather than cry it out.** We prefer that if you do a method that involves crying (particularly the Ferber Method) that you reduce the recommended time to a few minutes at most, as this is more developmentally appropriate for an infant. (Example, check-ins at 30 seconds, 1 minute, 2 minutes, 5 minutes, etc.) For cosleeping babies we particularly like Dr. Jay Gordon's method "Sleep Changes and the Family Bed." He recommends this method for babies older than 12 months, but we find it is also effective for younger babies, except using shorter periods of time.

Learn your baby's cries (see our article "7 types of baby cries*") - sleep training will work for a baby who is mad or overtired (common causes of crying), but it will NOT work (and will typically backfire) if your baby is crying because she is scared or in pain. **Do not sleep train a baby who is fearful or in pain. Your baby needs you!**

The most important part of sleep training: **pick a method you believe is best for you and your child.** Write down your plan and tape it to the bedroom door. Absolutely stick to the plan for a full 7 days. There is often a "regression" at around day 4 as your baby realizes that these changes are permanent and starts to resist them. Stick with it! Remember that the goal of sleep training is to help your baby soothe herself, which is an excellent and invaluable life skill.

If you plan on transitioning your baby to a crib or to her own room make plans to do so by the time she is 6 months of age. It is much more difficult to transition after 6 months. **For naps**: at 4 months of age **your baby should be put back to sleep after he has been awake for 1-2 hours**. (Usually 1.5 hours.)

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Safety

- Keep your baby **out of the sun**. Dress her in a hat with a brim and clothes that cover the arms and legs. Keep your baby in the shade.
- Your baby will be crawling soon! Please work on **baby-proofing your house** including removing small objects that could be choking hazards. Install **electrical outlet covers**.
- **Avoid infant walkers and jumpers**, as these are a major cause of injuries in babies. Walkers place strain on the spine and do not allow your baby to develop the major muscles that are needed for walking and crawling. If you do have a walker or jumper and insist on using it, please limit use to no more than 15 minutes per day in a supervised environment.
- Continue to use a **rear-facing carseat** until age 2.
- Never leave your baby alone in a sink, bathtub or in the car.
- Never shake your baby.

Fevers

Your baby may get his **first fever*** soon. A first fever can be scary for parents. Remember that most fevers are normal and are a sign that the immune system is working. Here are a few guidelines:

- Pay more attention to how the child is looking/feeling than what the thermometer says. A very sick looking baby is very sick no matter what the temperature! Babies who are listless, stop crying, cannot be stimulated, are incredibly irritable or are crying uncontrollably are probably very sick and should be seen immediately.

- Normal fevers are typically between 100 and 104° F. Please contact your provider if your child's fever is higher than this.

- Tylenol is not necessary to break a fever. The brain has a set-point at which the fever will top out - it is a myth that without treatment a fever will keep rising indefinitely. Breaking a fever will not make the infection go away faster.

- Here is a great article from Seattle Children's Hospital about fevers: http://www.seattlechildrens.org/medical-conditions/symptom-index/myths-about-fever/

What you may be feeling

Tired! Remember to keep using your prenatal vitamins and supplements recommended by your physician. Take a nap if at all possible. If nighttime sleep is fragmented you may need to adjust your bedtime earlier and aim for 12 hours in bed.

Sad, anxious or depressed. Postpartum depression* affects up to 20% of women and is entirely treatable with naturopathic medicine. Postpartum depression typically is at its worst at about 4 months postpartum, as this is when progesterone is at its lowest level. Please contact your provider immediately if you answer YES to either of these questions, or if you have concerns about your mood:
Over the past two weeks have you ever felt down, depressed or hopeless?
Over the past two weeks have you felt little interest or pleasure in doing things?

What is NOT normal: seeing or hearing things that are not there (hallucinations), paranoia, suicidal thoughts or actions, disorientation, bizarre behavior, thoughts of harming yourself or killing your baby. Postpartum psychosis is a treatable medical condition. If you are having these thoughts please call 911 and contact your provider immediately.

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Teething

Your baby is probably drooling and gnawing on his hands and objects. This is normal at 4 months regardless of whether teeth are coming in soon.

Other signs of teething: flushed cheeks, swollen gums, possible diaper rash or low-grade fever (not consistent, but does happen for some babies). Please remember to try to **avoid Tylenol*** whenever possible.

Great tricks for soothing teething babies: cold or frozen washcloths, wooden spoons, breastmilk popsicles or lemon-balm tea popsicles in a mesh teething bag, lemon balm glycerite (0.25 ml is typically appropriate for a 3-4 month baby, but confirm with your physician first), passionflower glycerite, a few teaspoons of cooled chamomile tea. **Do not rub essential oils* on your baby's gums.** Avoid numbing agents like Orajel or clove oil as these can also numb your baby's gag reflex, which may cause them to choke on their own saliva.

Vaccines*

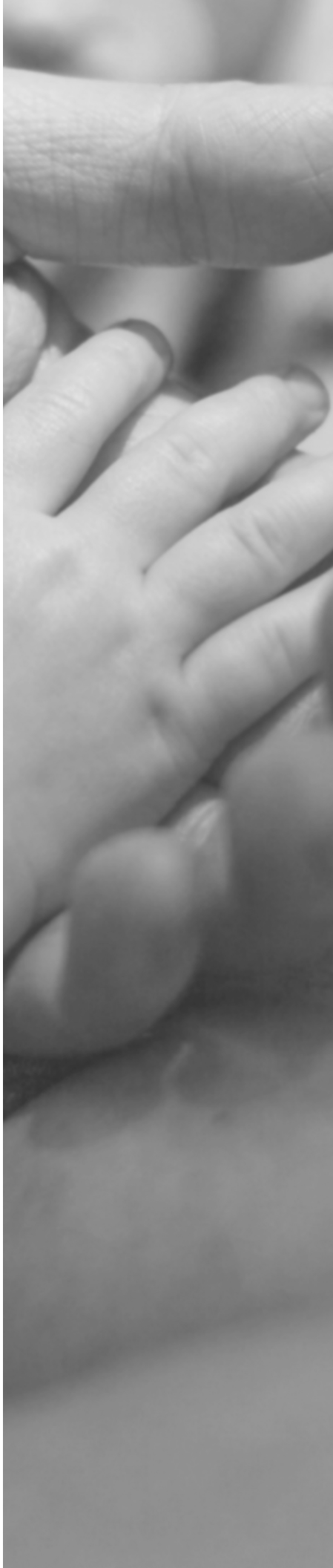
Again, **we want to make it clear that we support families regardless of whether/how they choose to vaccinate**. It is our goal to provide unbiased information on vaccines to allow parents to make a choice they feel good about!

In the United States the following vaccines are recommended by The Advisory Committee on Immunization Practices (ACIP) at 4 months: **Rotavirus**, **IPV** (Polio), **DTaP** (Diptheria, Tetanus and acellular Pertussis), **Hib** (Haemophilus influenza B - this is not the flu vaccine, it is a bacteria that can cause meningitis), and **PCV** (Pneumococcal).

If you are concerned that your baby is having a vaccine reaction please see the Naturopathic Pediatrics 2 month well child guide or see the Vaccine Reactions* blog post on the website. Notify us immediately. Again, watch for car-seat straps that may be rubbing on the leg where the shot was administered.

Check off which vaccines were given at this visit for your records (circle which leg).

- ❑ **DTaP** R/l
- ❑ **IPV** R / L
- ❑ **Rotavirus** (oral)
- ❑ **Hib** R / L
- ❑ **PCV** R / L



Coming up...

What to expect from your baby between 4 months and 6 months:

- He will have a **Wonder Week** at around 4.5 months.
- He will probably have a growth spurt at around 6 months.
- She will probably roll reliably, begin to sit on her own, babble and gurgle, recognize her own name, and grab objects with a "raking" grasp.

My child's milestones:

_____ _____

_____ _____

_____ _____

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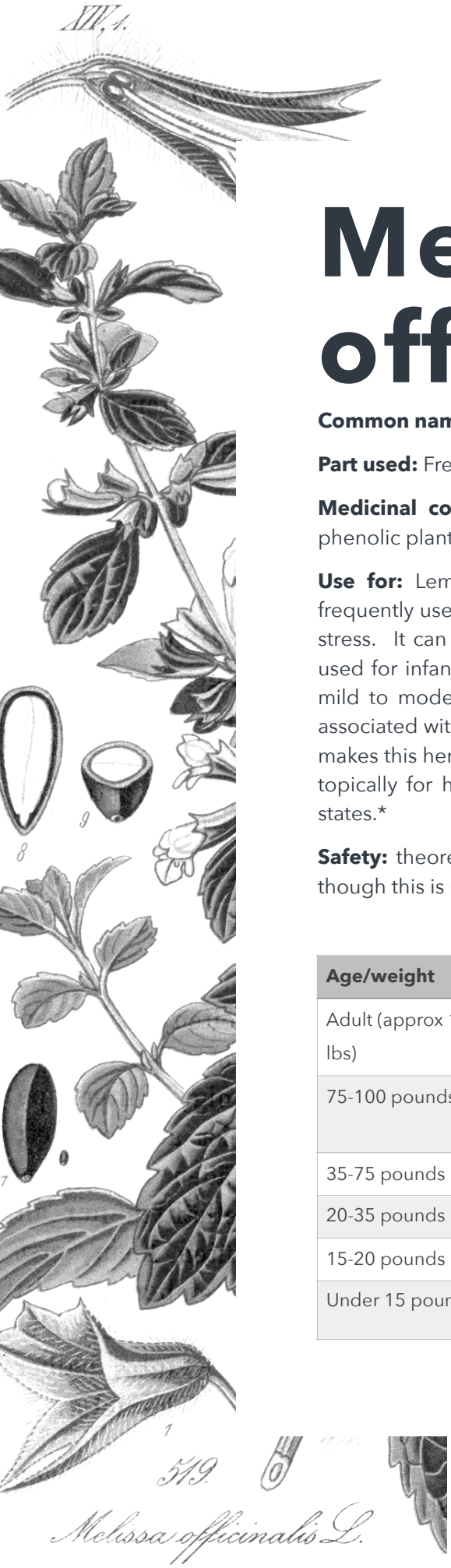
Topics listed with an asterisk (*) have more information published on www.naturopathicpediatrics.com. Simply type the underlined phrase into the search box to find additional articles.



Spotlight on:

Melissa officinalis

Common name: Lemon Balm

Part used: Fresh Leaf

Medicinal constituents: monoterpenoids, sesquiterpenoids, flavonoids, tannins, phenolic plant acids.

Use for: Lemon balm has nervine, carminative and antiviral properties. It is frequently used for mild to moderate anxiety, mild to moderate insomnia, and acute stress. It can be used for menopausal irritability or anxiety. Lemon balm is often used for infantile colic and intestinal gas. It is often used to calm a child who has mild to moderate teething pain. Lemon balm is sometimes given for discomfort associated with fevers, but will not artificially suppress a fever. Its antiviral properties makes this herb perfect for children with a viral infection (like a cold). It can be used topically for herpes lesions. It is also used for Graves disease and hyperthyroid states.*

Safety: theoretical possibility of hypothyroidism with long term or high dose use, though this is more likely in patients who already have hypothyroidism.

Typical dose recommended by herbalists**

Age/weight	Dose	Times per day	Form
Adult (approx 150 lbs)	5-7 ml tincture or glycerite	3 times daily for chronic conditions, up to 5 times per day for acute conditions. Recommend no more than 4 times daily for children.	Tea: 3-5 grams in 8 oz (250 ml) hot water, steep covered for 15 minutes, let cool. to desired temperature. Tincture: 1:2 or 1:3 herb:solvent ratio in 50-60% alcohol. Glycerite 1:2-1:5 in glycerine.
75-100 pounds	2-4 ml tincture or glycerite		
35-75 pounds	1.5-3.5 ml glycerite		
20-35 pounds	1-2 ml glycerite		
15-20 pounds	0.5-1 ml glycerite		
Under 15 pounds	See your physician		

**These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease. This monograph is provided for informational purposes only and is not medical advice. Always consult your physician before using any herbal substance. **Always consult a physician for appropriate dosage before use.*